

## BACKGROUND

The UK Partnerships for Health Systems programme (UKPHS) aims to work with low and lower middle-income countries (LMICs) to build stronger and more resilient health systems, making progress towards achieving Universal Health Coverage (UHC) through improved health service performance. The programme particularly targets poor and vulnerable populations and will ultimately contribute to better health and wellbeing, including ending preventable deaths. Funded by the UK Foreign, Commonwealth and Development Office (FCDO), UKPHS engages the UK health sector by harnessing the expertise of UK health institutions and professionals in partnerships with LMIC counterparts.

The key aims of the programme are to:

- Support the development of stronger and more resilient health systems through, for example, better governance, information, and management of health institutions
- Improve the quality of health services through systematic approaches to improving the skills and knowledge of health workers and other professionals in the health sector, especially in reproductive, maternal, neonatal, child and adolescent services where this aligns with country priorities
- Build on institutional capacity to decrease any reliance on external support.

UKPHS is managed by the Tropical Health and Education Trust (THET) and our partners the Liverpool School of Tropical Medicine (LSTM), who are providing technical assistance in the areas of health systems strengthening, gender equality and social inclusion (GESI), and monitoring, evaluation, research and learning.

The programme is split into three streams: large grants of up to £350,000 focused on priority health areas in ten strategic countries<sup>1</sup>; small grants of up to £50,000 in any LMIC in Sub-Saharan Africa or South-East Asia, focusing on health system and health challenges within a number of themes; and grants of up to £10,000 responding to the COVID-19 pandemic, again in any Sub-Saharan Africa or South-East Asia LMIC.

UKPHS is proud to support the Nursing Now campaign<sup>2</sup> and £5 million of funding across the programme, and all three streams, has been ringfenced for interventions involving nursing and midwifery. THET may need to know at shortlisting stage what proportion of your proposed funding, if any, will be attributed to working with these cadres, but applications will not be judged based on inclusion of funds for nursing and midwifery.

**It is against this background that THET invites Health Partnerships to apply for funding as part of UKPHS for the second wave of Large Grants being implemented in Ethiopia and Somalia/Somaliland.**

## FOCUS COUNTRIES AND THEMES

### COUNTRIES

The ten countries under the Large Grants stream have been selected based on existing strong FCDO country links, health system need and demand in each country, and on an assessment of the existing footprint of Health Partnership activity between the UK and LMIC health institutions and system.

Under this second round of funding, partnerships implementing projects in Ethiopia or Somalia/Somaliland are invited to apply. **Further information on the timings of other calls for applications for other countries can be found on [our website](#), and full details of each stream will be announced with the call for applications.**

### *Ethiopia*

Those applying for grants in Ethiopia must note that the Ethiopian Federal Ministry of Health has requested that, upon award of a grant, successful applicants:

<sup>1</sup> Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, Somalia/Somaliland, Tanzania, Uganda and Zambia.

<sup>2</sup> [https://www.nursingnow.org/?doing\\_wp\\_cron=1603705865.2099320888519287109375](https://www.nursingnow.org/?doing_wp_cron=1603705865.2099320888519287109375)

1. Approach the regional or zonal health bureau about the intentions of their intervention during project development, with an explanation of the project and how it is relevant to the health care development and priorities of the Federal Ministry of Health.
2. Sign a Memorandum of Understanding with the relevant regional or zonal health bureau, to include roles and responsibilities regarding, for example, the sharing of project documentation, reporting, involvement in final evaluations and the involvement of representatives of regional or zonal health offices in review meetings.

### Somalia

Due to complex security requirements, and extremely high in-country risks, we do not expect UK volunteers to travel internationally to Somalia. Instead, we encourage applicants to explore models of delivery that include, but are not limited to, remote-learning, UK-based capacity development (i.e. with Somalian healthcare workers travelling to the UK), or capacity development based in neighbouring countries (e.g. individuals from Somalian and UK healthcare institutions conducting capacity development initiatives together in Kenya).

If you would like to consider the possibility of travel to Somalia from the UK, we ask that you consult THET at [grants@thet.org](mailto:grants@thet.org) prior to developing and submitting your application.

### Somaliland

Due to the increased risk and complexity of operating in Somaliland, the THET Somaliland office will provide security and logistical support in-country to all grant holders. This will include:

- Pre-trip meetings with the health partnership project manager/s which will include advice on which THET-approved accommodation to book
- Pre-departure and in-country inductions for every volunteer
- The provision of in-country transport and security escorts (applicants must budget for this themselves and transfer an advance to THET Somaliland, see below)
- The provision of a safety equipment pack (phone, satellite phone, emergency cash, first aid kit)
- Daily security reviews and scheduled check-ins with THET Somaliland staff
- Crisis support, including:
  - Access to UN Humanitarian Air Service flights
  - Support in hibernation and evacuation
  - Access to INSO (Somalia/Somaliland security NGO)
  - Access to staff trained in crisis management and HEIST (Hostile Environment Individual Safety Training)
- Support, where needed, with transferring funds from the UK to Somaliland.

The additional support provided by THET Somaliland will not include:

- Booking of international flights
- Booking of accommodation
- Paying for travel insurance
- Provision of per diems
- Visas and vaccinations

The table below outlines the in-country security and logistics-related costs that applicants need to budget for, even where the services will be organised or approved by THET. There will be other in-country costs not shown but THET does not expect to be involved in these. We recommend that applicants contact the THET Somaliland office when developing their budget. Please contact [grants@thet.org](mailto:grants@thet.org) if you would like to do so.

Description	Unit type	Unit cost (USD)	Organised by
Airport pick up and drop off (for up to 3 volunteers)	Trip	\$50.00	THET
Transportation costs within Hargeisa (inclusive of all costs, such as fuel) for up to 3 people	Day	\$30.00	THET
Vehicle Hire to and from Boroma and Berbera (inclusive of all costs, such as fuel) for up to 3 people	Trip	\$120.00	THET
Vehicle Hire within Boroma and Berbera (inclusive of all costs, such as fuel) for up to 3 people	Day	\$60.00	THET

Special Protection Unit Armed Escorts (required for travel outside of Hargeisa)	Day	\$30.00	THET
Accommodation in Hargeisa	Day/Person	\$53	Grant Holder
Accommodation outside of Hargeisa	Day/Person	\$30	Grant Holder

## THEMES

The UKPHS aims to contribute to Sustainable Development Goal 3: ensuring healthier lives and promotion of well-being for all at all ages, including supporting countries to achieve UHC.

The key outcome of the programme will be improved capability of the health system to address national priorities, including meeting the needs of the poor and most vulnerable populations, and all projects should feed into this.

It is crucial to the success of this programme and the sustainability of its outcomes that all project activities feed into nationally identified health system priorities. THET and LSTM therefore conducted scoping visits to each country and worked with national stakeholders to determine the health systems strengthening priorities that Health Partnerships are best placed to address. These are outlined in the Country Health System Priority documents that accompany this call.

All applicants must demonstrate how they address one or more of these health system priorities to achieve the desired health system changes. Applicants will be expected to develop proposals based on a selection of the indicative activities, outputs and outcomes suggested in the accompanying theory of change, although THET will consider other interventions if they broadly fit within the priority categories outlined. We also encourage applicants to consider components in more than one health system block where appropriate (please see [Q&A](#) for more details).

THET will work with successful applicants to ensure that all projects are coordinated to meet the priorities identified for that country. This might require some adjustments to proposed plans following award to streamline the portfolio of projects for that country.

**Please refer to the relevant specific Country Health System Priority document for guidance on the health system priorities which projects should aim to address.**

## APPROACH

All projects must be delivered by Health Partnerships and address health systems strengthening issues, in line with the health priorities identified. This could include, but is not restricted to, health workforce capacity development, strengthening health information systems, leadership development or protocol, policy, or curriculum review. Projects are expected to use approaches which strengthen sustainability of project outcomes, ensure local ownership and support partnership development.

UKPHS will build on the successes of the Health Partnership approach.<sup>3</sup> A well-tested methodology, Health Partnerships are long-term arrangements between UK health institutions and health institutions in LMICs (including hospitals or other health delivery institutions, NHS Trusts and arms-length bodies, professional associations, or health education institutions). They aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge, and experience. For further details about this approach, and a full list of eligible institutions, please refer to the [Q&A](#) document.

Volunteer-led projects are at the heart of the approach. While project management costs such as staff time for organising logistics, travel or financial management can be covered in application budgets, technical expertise such as delivering clinical capacity development is provided by staff from the institution volunteering their time.

Projects must take an approach which enhances GESI, focusing on poor and vulnerable populations. Projects should take a gender sensitive approach, moving towards gender specific and gender transformative approaches where appropriate. Please refer to the [Gender Equality and Social Inclusion toolkit](#) for further information.

Mutual learning should also be an important element of all projects, with knowledge flowing between the UK and LMIC institutions. Projects must ensure exchange in learning is documented and, where possible, the learning is implemented. Where

<sup>3</sup> DFID. (2016). Health Partnership Scheme: Evaluation Synthesis Report. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/589736/Evaluation-of-Health-Partnership-Scheme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/589736/Evaluation-of-Health-Partnership-Scheme.pdf) & THET. (2017). Health Partnership Scheme: Impact Report 2011-2017. Available at: <https://www.thet.org/wp-content/uploads/2017/09/Health-Partnership-Scheme-2011-2017-Impact-Report.pdf>.

appropriate, THET would like to see emphasis in proposals on plans for producing evidence to inform practice, policy, and decision-making in both the UK and the LMIC.

THET understands that this work will take place in highly complex environments with changing needs, and so will encourage a flexible approach that uses learning to continually adapt, ensuring that priorities are met in the most appropriate way.

## SIZE AND DURATION

Under this Grant Call, grants will begin on 1 June 2021 and will last between 24 and 30 months. All project activity must be completed by 30 November 2023 and applicants can apply for grants of £100,000 to £350,000. We anticipate funding 4-8 grants in each country (depending on the size of grants requested).

## NEW AND ESTABLISHED HEALTH PARTNERSHIPS

New and established Health Partnerships are eligible to apply, and applications will be assessed primarily against their ability to deliver projects that contribute to the identified health system priorities. The same level of funding will be available for both types of partnership, however new partnerships will have a six-month inception period in which they will be required to:

1. Conduct their first visit and complete a more thorough scoping/needs assessment
2. Finalise a monitoring, evaluation and learning plan
3. Develop a Memorandum of Understanding and, where practicable, submit a letter of support from a relevant official within the LMIC Ministry of Health
4. Revise and confirm the project plan and budget
5. Develop a partnership development plan aimed at assessing strengths and weaknesses within the partnership, and a strategy for strengthening the relationship going forwards.

Applicants applying as a new partnership will need to budget to complete these activities during the first 6 months of their project in addition to budgeting and planning for the entirety of their project. THET will provide support to partnerships throughout this inception period to assist them with completing these requirements. Applicants applying as an established partnership will have a 3-month inception period where they will be expected to meet the criteria highlighted in the [Q&A](#) document. Funding and approval for the remainder of the project will be contingent upon the satisfactory completion of these activities.

For guidance on setting up a new health partnership, please refer to the [THET website](#). There is also a new partnerships webinar recording [here](#), with the PowerPoint slides [here](#), which explains the processes that institutions may go through to set up a Health Partnership. THET also advises that you read our guidance on [‘How to form a Health Partnership’](#) prior to listening.

If you require support in this area, THET may be able to facilitate new connections between UK and LMIC partners where necessary; if you are interested in this, please complete the [UKPHS Health Partner Survey: brokering new relationships](#) as soon as possible to maximise the time available for initiating a partnership and finalising project plans. The deadline for completing the survey is Friday 27<sup>th</sup> November 2020 and completion of it means that you are agreeing to your contact details being passed on to potential partner institutions.

Alternatively you may be able to find a partner through engaging with the [UK/LMIC Health Partnership Community](#) LinkedIn page.

## ELIGIBILITY CRITERIA AND REQUIREMENTS

### CORE REQUIREMENTS AND COUNTRY ELIGIBILITY

The core requirements for applications are:

- Applications must be made by a Health Partnership between a UK health institution and an LMIC health institution based in one of the countries identified in this Call. We welcome applications from Health Partnership models that involve a number of partners if there are eligible partners from both the LMIC and the UK. **Partnerships will be expected to demonstrate how each of the partners contribute to the project**
- Grants are for single, time-bound projects that are deliverable within the budget and timeframe proposed and agreed with THET

- Projects must operate within Ethiopia or Somalia/Somaliland. **Please note that further Calls for projects working under the other strategic countries will be announced in due course**
- Projects must respond to the priorities identified in the relevant Country Health System Priority document
- Applications must be made in English. Unfortunately, THET cannot accept applications written in other languages.

## INSTITUTIONAL ELIGIBILITY

UK and LMIC institutions leading a Health Partnership must be either a health delivery institution, health training/education institution, regulatory body, NHS arms-length body,<sup>4</sup> professional membership association, or academic institution. While Ministry bodies (including central Ministry departments, or District or Provincial Health Offices) can be involved in the Partnership as sub-partners, they are not eligible to apply for funding as lead partners.

Priority will be given to applications from these types of institutions, but UK or relevant LMIC non-governmental organisations (NGOs) are also eligible to apply as lead partners if:

- The partnership also includes a UK and LMIC health delivery institution, health training or education institution, regulatory body, professional membership association, or academic institution, which primarily delivers the health systems strengthening activities
- The NGO has experience in delivering health-focussed programmes.

NGOs from countries not eligible for this call cannot apply as a lead partner and, where an NGO is involved as lead partner there must be a clear explanation of their role in the project and rationale as to why this cannot be provided by the priority institutions. For example, we acknowledge that some Health Partnerships are predominantly run by clinical staff who do not have the experience in project management or managing complex budgets between countries. In this case, an NGO might play a managing agent role ensuring that project activities and budgets progress in line with plans.

In all cases, a Memorandum of Understanding should be in place between all lead partners and any managing agents within the first six months of the project, setting out the parameters of the relationship and making it clear where responsibilities lie. Either the lead UK partner or the lead LMIC partner will be responsible for signing the grant contract with THET and the whole grant amount will be transferred to that institution, with them then responsible for distributing to other partners. The contract signatory must demonstrate that they have sufficient financial processes and policies in place, as well as completing THET's due diligence process. This should not affect the equitable distribution of power between the lead partners and all partners will be expected to contribute to meeting the reporting and monitoring requirements for the programme.

## PROJECT AND PARTNERSHIP REQUIREMENTS

If the core requirements and country and health theme eligibilities from the Country Health Priority documents are met, applications will then be judged against the following project and partnership criteria:

Project requirements:

- The project clearly contributes to the overall aims of UKPHS
- The project has a clear and measurable goal that is achievable with the resources and time available
- The project is aligned with the LMIC's health priorities and plans, including wider health systems strengthening programmes/initiatives delivered by the government, donors and other organisations. Health Partnerships should avoid duplication of effort by ensuring they have a clear understanding of other Health Partnerships and health systems strengthening actors operating in the context
- The approach to the project is appropriate and relevant to the local context
- The project has considered the wider health system and takes a whole system approach where appropriate
- The project pays careful attention to GESI issues, e.g. access of women, girls and people with disabilities to capacity development and services, and takes a GESI sensitive approach
- The project has a clear methodology and resources for measuring success, including the benefits to UK volunteers and institutions, and is able to evidence the changes which have been brought about as a direct result of project activities

---

<sup>4</sup> Applicable to UK partners only.

- The project demonstrates value for money
- The project is based on recognised good practice and informed by available literature and resources
- The project demonstrates critical reflection on previous work and builds on lessons learnt
- The project impact will be sustained once the project has come to an end
- The project clearly demonstrates a mutual exchange of learning between UK and LMIC partners.

#### Partnership requirements:

- The partnership demonstrates alignment with the [Principles of Partnerships \(PoPs\)](#), with clear understanding and demonstration of the roles and responsibilities of each of the partners
- The partnership has the capacity to deliver the project, including experience in project and financial management and monitoring and evaluation.

Please refer to the [Q&A document](#) for further details on the requirements for projects and partnerships.

## FUNDING RESTRICTION

### THIS CALL FOR APPLICATIONS WILL FUND:

- Training and workshop costs, e.g. venue costs, refreshments and training materials (but not per diems – please see below)
- National and international economy class travel only. International flights will only be covered for travel of periods over 3 days in order to reduce environmental impact. Depending on the situation of the COVID-19 pandemic at the time of travel, grant holders may be required to comply with THET’s travel policy which includes a thorough risk assessment and sign off by THET’s senior management team to ensure that any travel is essential and risks are mitigated
- Travel associated costs, e.g. travel insurance (if not already covered by a central institution policy), accommodation, subsistence, visas and vaccinations
- Project communications costs, e.g. teleconferencing, telephone and eLearning
- Publications and the development of web pages. NB any digital spend, defined as “external-facing service provided through the internet to citizens, businesses, civil society or NGOs”, will need to be authorised by the FCDO Digital Spend Panel.
- Equipment up to a maximum of 20% of the total grant. NB significant assets will need to be approved by the FCDO prior to purchase
- Bank charges for transfer of funds between partners and to others
- Project management costs up to a maximum of 20% of the total grant. This can include project staff salary contributions for part- or full-time posts required to deliver the project within the set project period. Management of projects under this programme will be time intensive so it is important that partners factor in realistic costs. Communication costs, e.g. telephone and internet costs, office costs and administration support, should be included here. Where partnerships take a blended learning approach (i.e. distance-based learning) such that activity costs are relatively small, applicants may be able to exceed the 20% mark by up to 5%, but this should be discussed with THET before submission to ensure it will be eligible
- Consultancy costs up to 5% of the total budget (please refer to [Q&A](#) for details on when this is appropriate)
- Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges
- Monitoring and evaluation costs. THET would expect this to form 10-20% of your budget. Where extensive monitoring and evaluation is required, particularly where activities are having to be managed remotely due to risks attached to the COVID-19 pandemic, costs of up to 25% of the total grant will be accepted.

In addition, applicants must budget for (see Q&A for details):

- Attendance of UK and LMIC lead partners at two-day pre-commencement events in the UK
- Attendance of LMIC lead partners at in-country launch event (UK partners welcome to attend)
- Attendance of UK and LMIC lead partners at annual in-country review meetings.

Where travel is not possible due to travel restrictions as a result of the COVID-19 pandemic, these events will take place online, and alternate activities planned which mitigate the risk of significant underspend.

---

## THIS CALL FOR APPLICATIONS WILL NOT FUND

- Entertainment costs
- Costs relating to the delivery of health services (e.g. clinical staff salaries)
- Large scale infrastructure or refurbishment costs
- Per diems - while attendees at capacity development activities may be reimbursed for their travel and expenses, they will not be paid for their time.

## APPLICATION AND SELECTION PROCESS

---

### PRE-APPLICATION WEBINAR

THET will hold a webinar to run through the application process and project planning on **Wednesday 11 November 10am (UK GMT)**. This webinar will provide clarity on the application form and budget template, as well as being an opportunity for applicants to ask questions about the grant calls and application process. You can register for the webinar [here](#).

**We advise potential applicants to join this webinar or access the recordings online if you are unable to attend. This webinar will be available through [THET's website](#) from Friday 13<sup>th</sup> November.**

---

## APPLICATION AND SELECTION PROCESS

TIMEFRAME	STAGES
<b>2 November 2020</b>	Call for Applications opens
<b>11 November 2020</b>	Pre-application webinar
<b>1 February 2021</b>	Established Partnership application submission deadline
<b>11 February 2021</b>	New Partnership application submission deadline
<b>February 2021</b>	Review of applications and shortlisting by THET/LSTM
<b>February - March 2021</b>	Due diligence assessments and requests for clarifications from shortlisted applicants
<b>March - April 2021</b>	Technical review selection committee
<b>April 2021</b>	Grants awarded and contracting period
<b>1 June 2021</b>	Grants begin
<b>June - August 2021</b>	Established partnerships inception period
<b>June - November 2021</b>	New partnerships inception period
<b>August 2021</b>	UK pre-commencement workshop and in-country launch events
<b>30 November 2023</b>	Grants end

### *Step 1: Application*

Applicants are required to submit the following:

- Application form
- Budget
- Letters of support from lead partners
- Letter of support from a relevant Ministry of Health representative (we understand that this may not be possible in all cases, particularly in the case of new partnerships, so please explain in your application email if you are unable to provide this letter and why).

Applications and budgets must be submitted using the templates provided, with application forms submitted in Word format and budgets submitted in Excel format. If you are unsure whether you are an established or new partnership, and therefore which application form to use, please contact [grants@thet.org](mailto:grants@thet.org).

### *Step 2: Application shortlisting*

An initial shortlisting of all applications will be undertaken by a THET internal selection committee. All applications will be reviewed against the institutional, project and partnership eligibility criteria.

A preliminary due diligence assessment of the lead UK and LMIC partners will then be undertaken by THET staff on shortlisted applicants. The assessment will determine the lead institutions' capacity to manage a large grant, including an assessment of the systems and processes to manage complex budgets across countries.

The due diligence assessment will include the following areas:

- Financial management systems (processes, checks and balances etc.)
- Human resource and management capacity, including safeguarding procedures
- Partnership dynamics and stability (relationship history, nature of agreements, dynamic between partners etc.).

Applicants must ensure they are able to respond to any questions on due diligence in February and March 2021.

### *Step 3: Technical review*

Shortlisted applicants who have passed the preliminary due diligence assessment will then be reviewed by a joint THET/LSTM/technical expertise group, including the relevant country National Oversight Mechanism (see [Q&A](#) document for further information).

Applicants may be asked to provide clarifications to the review group prior to a final decision being made. Partners are asked to ensure that they are available to respond to any questions during this time.

Final decisions as to which projects should be funded will be made by an independent selection panel based on the analysis and assessments provided at earlier stages of the selection process.

### *Step 4: Grant Decisions*

The selection panel decision, which is final, will be communicated via email to all applicants, both successful and unsuccessful, along with feedback.

### *Step 5: Finalisation of project plans and budgets*

THET and LSTM will meet with successful applicants and work with them to integrate any recommendations from the technical review into their proposal and finalise project plans and budgets. If any amendments are requested to the design of any individual project based on the need to align and coordinate all of the projects operating in any one country, we will work with partnerships to incorporate these changes into their project plans.

### *Step 6: Grant contracts*

Grant contracts will be signed between THET and either the lead UK partner or the lead LMIC partner institution. Whoever signs the contract will receive the full grant amount and be responsible for distribution to other partners. The contract will outline:

- The terms of the award of the grant and the restrictions over the use of funds



- Reporting requirements and timeline
- The predicted expenditure and timelines of tranche payments
- Conditions under which funds can be withdrawn/reclaimed.

### *Step 7: Project commencement*

The first tranche of funding will be awarded to grant holders, and projects will begin, on 1 June 2021. Grant holders will be expected to report to THET and LSTM on a six-monthly basis, including narrative and financial reports. Quarterly project meetings will take place between the partners, THET and LSTM.

### *Step 8: Inception period*

In addition to the activities outlined above in the 'New and established partnerships' section, there are several requirements for partnerships during the inception period of the grants:

- Attendance of partners at the UK pre-commencement event – this will be a two-day workshop which should be attended by two representatives from each of the UK and LMIC lead partner institutions (where travel restrictions apply, this event will take place online)
- Attendance of partners at in-country launch events (where travel restrictions apply, these events will take place online)
- Development of a monitoring and evaluation plan
- Development of relevant policies (where not already in existence)
- Partnership development plan
- Finalisation of project plans based on all funded projects within the strategic country.

Please see the [Q&A](#) document for further information.

---

## HOW TO APPLY

Applicants should complete the relevant grant application form (there is one application form for established partnerships and one application form for new partnerships) and budget template collaboratively and, along with letters of support from UK and LMIC lead institutions and a relevant party within the implementation country Ministry of Health (where appropriate), submit to [grants@thet.org](mailto:grants@thet.org) by **18:00 (UK GMT) on 1st February 2021 (established partnerships) or 11th February 2021 (new partnerships)**. Applications received after these dates will not be considered.

All information should be included in the body of the THET grant application form and THET budget template. Additional documents or footnotes will not be considered by the selection panel, and applications not using the provided application form and budget template will not be accepted.

If you do not receive an acknowledgment from us within two working days, please assume that your application has not been received and re-submit it. If you plan to submit more than one application, these need to be submitted in separate emails.

---

## FURTHER SUPPORT

For all enquiries, please read in detail the Country Health System Priority document for the relevant country along with the Q&A document and watch the webinar that will be available on the THET website. If you have further questions, please email the THET Grants Team at [Grants@thet.org](mailto:Grants@thet.org). Unfortunately, we are unable to take telephone calls at the moment.