# Commonwealth Partnerships for Antimicrobial Stewardship 2

# Application form: category c

This document should be read in conjunction with ***Commonwealth Partnerships for Antimicrobial Stewardship: Call for Applications*** and ***Commonwealth Partnerships for Antimicrobial Stewardship: Questions and Answers*** documents.

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**This grant application form, the** [**CwPAMS AMS Assessment Tool**](https://drive.google.com/drive/u/0/folders/1NefreVCTXC3W26twpGxDtitiaHv3JkKW) **and letters of support should be completed and submitted to** **grants@thet.org** **by 5pm (GMT) on Friday 13th January 2023.**

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.

## 1. Summary Details

|  |  |
| --- | --- |
| **Lead LMIC partner institution** |  |
| **Lead UK partner institution** |  |
| **Project title**  |  |
| **Country** |  |
| **Inception phase (3-month) budget total (£)***Up to £10,000* |  |

## 2. Partnership

2.1 Tick the box that best describes each lead institution. Please note that if you do not tick any of the boxes, your application will be ineligible for funding under the CwPAMS scheme.

|  |  |  |
| --- | --- | --- |
| **Lead UK Partner** |  | **Lead LMIC Partner** |
| ☐ | NHS Hospital or Trust | ☐ | Public/not-for-profit Hospital |
| ☐ | Health Training/Education or Academic Institution | ☐ | Health Training/Education or Academic Institution |
| ☐ | Regulatory Body (health sector) | ☐ | Regulatory Body (health sector) |
| ☐ | Professional Membership Association | ☐ | Professional Membership Association |

2.2 Please provide contact details for *all* partners involved in this application. Please note that a partner here is defined as an organisation that is formally and institutionally involved in the project and partnership (i.e. the relationship is, or will be, formalised through an MoU or contract, and is not just the involvement of one individual associated with the organisation).  If there are more additional partners involved (UK and LMIC partners), please add more boxes as necessary.

|  |
| --- |
| **Lead LMIC partner** |
| Institution |  |
| Lead LMIC project lead (name, role/position, profession) |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | Y/N |
| **Lead UK partner**\*Please note that if the lead is not an NHS trust, we would expect them to be a delivery partner |
| Institution |  |
| Lead UK project lead (name, role/position, profession) |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | Y/N |
| **Additional partner (supporting the delivery of the project)** |
| Additional partner (main focal point name, role/position and profession) |  |
| Institution |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | Y/N |

2.3 Which partner institution will be responsible for signing the contract with THET? (i.e. lead UK partner or lead LMIC partner)

|  |
| --- |
|  |

2.4 Complete the table below outlining the roles and responsibilities that each of the partners above, as well as other key stakeholders, will play in the delivery of the inception phase. Please note that by project partner, we mean the institution rather than the individual.

All partners named above, and any other stakeholders who must be engaged for the inception phase to be successful, should be included here. Add more rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Project partner (institutions)/****Stakeholders** | **Roles and responsibilities in the delivery of this project** | **Project team members (name, role/position, profession and technical expertise)** |
|  |   |  |
|  |   |  |
|  |   |  |

2.5 If applicable, please describe the health system changes each partner has previously achieved both in the UK and/or LMIC, either as individuals or institutions**, in relation to AMS, AMR, IPC, and microbiology**. We are also interested to hear of any UK partner experience in **other health themes in an LMIC**.

|  |  |
| --- | --- |
| **Project partners/ Individuals** | **Health system changes achieved in past projects** |
|    |  |
|    |  |
|    |  |

2.6 Please describe the history of the relationship between partners to date, including how you have developed this proposal together. *(Maximum 200 words)*

|  |
| --- |
|  |

## 3. Justification

3.1 Describe the opportunity, or opportunities that your partnership has identified, and the problem that this project is trying to address. *(Maximum 300 words)*

You might want to include contextual issues which are relevant to this application such as:

* The operational environment at the institution(s) the project will be delivered.
* The health system, or part thereof, in which the relevant department(s)/institution(s)/location(s) is situated.
* Relevant stakeholders, their needs, and whether these needs could overlap/clash.
* How, and how well, needs are currently being met.
* How the needs are aligned to the LMIC government AMR priorities and plans.
* Other AMR or AMS interventions currently being delivered/in planning

|  |
| --- |
|  |

## 4. Project Description

4.1 Briefly describe:

* What you intend to do and achieve during the inception (three month) phase
* What methodology you will use to do this
* Your initial reflections on what activities you might carry out during the implementation (months 4-21) phase. *(Maximum 400 words)*

|  |
| --- |
|  |

4.2 List the main project activities (no more than 10) during the project inception period, April – June 2023. Mark an X in the month(s) in which the activity will take place. A reminder that this should include, as a minimum:

* Sign a Memorandum of Understanding (MoU) for future work together (if not already in place).
* Identify stakeholders for project participation.
* Scoping and development of project plan.
* Develop a fuller proposal for months 4-21

Please review the Q&A document for further details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **April** | **May** | **June** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4.3 Describe how you will recruit and utilise multidisciplinary teams, including a UK team of multidisciplinary NHS volunteers, and in particular how you will ensure that pharmacy professionals in both UK and LMIC are core members within the delivery of your project. *(Maximum 200 words)*

|  |
| --- |
|  |

4.4 Contingency planning: please explain what alternatives to international travel have been considered and provide contingency plans for all project activities relying on international travel and in-person interaction. Please include how the budget for these activities might be repurposed. *(Maximum 150 words)*

|  |
| --- |
|  |

## 5. Project Management and Support

Please describe your individual and organisational project management experience and capacity, including any experience with reporting, volunteer/staff management, budget and financial management, and monitoring, evaluation and learning. *(Maximum 200 words)*

|  |
| --- |
|  |

## 6. Budget

Please complete the budget for the inception phase using the format below (maximum £10,000 available)*:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)** | **Cost (£)** |
| **Project management**(up to 30% of the total) | Staff time | *e.g. Project coordinator @ 2hrs a week (please specify if you are budgeting for THET administrative support or whether you will provide your own)* |  |
| Communications |  |  |
| Office costs |  |  |
| Other (please specify) |  |  |
| **Activity costs**(Please add more rows if necessary) |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Travel** | Flights | *e.g. flights for x no. people* |  |
| Accommodation |  |  |
| Subsistence |  |  |
| In-country travel |  |  |
| Visas/insurance/travel health etc |  |  |
| **Contingency** (up to 1.5% of the budget, e.g. bank charges) | (please specify) |  |  |
| **Total (max. £10,000 available)** | **£**  |