OFFICIAL

Strategic Partnership Grants 2020 Application Form

The Screening and Innovation Team is pleased to offer Strategic Partnership Grants of up to $5500. Grant funding is available to plan, implement and evaluate projects that promote cervical screening to under-screened and vulnerable women within the community.

ELIGIBILITY

Projects will be eligible for funding if they target women aged 25-74 who either:

1. have never had a Cervical Screening Test or Pap Smear (we call these ‘never-screened’)
2. are 2 or more years overdue for screening, eg 4 or more years since last Pap smear (we call these women ‘under-screened’)

Women aged 50-74, are also in the target group for bowel and breast screening. Where women aged 50 and over are engaged, promotion of bowel and breast screening should be included within the project scope.

COVID-19 and screening

The impact of COVID-19 may mean that some women have delayed having their Cervical Screening Test. These grants will provide an opportunity to engage with these groups and encourage them not to neglect regular preventative health checks. There may be restrictions regarding the total number of people allowed to gather for groups and/or events, as well as mandatory physical distancing. It is important to consider how your project will allow for promotion of cancer screening if large gatherings are not possible, and/or where distancing of 1.5 metres is unavailable due to space constraints. Online options, such as zoom or skype may be suitable.

For regular updates about COVID-19 restrictions within South Australia, please visit <https://www.covid-19.sa.gov.au/>

Applications close COB Friday, 29 January 2021

This form can be saved with a new file name to your computer, filled out electronically in Word and emailed to [WellbeingSAcancerscreening@sa.gov.au](mailto:WellbeingSAcancerscreening@sa.gov.au) .Late applications will not be considered. Please note this funding must be expended within 18 Months and reports on outcomes achieved forwarded to Wellbeing SA within 21 months of receiving the grant. Please ensure that you have read the Screening and Innovation Strategic Partnership Grants 2020 Guidelines prior to completing your application located at: <https://openyourworld.sa.gov.au/cervicalscreeninggrants>

Note: If you are planning on targeting Aboriginal and Torres Strait Islander women as part of your application, please contact Sharon Clarke, Senior Project Officer, Aboriginal Well Women’s Screening Program on 0421619641 for details of the Aboriginal Well Women’s Screening Grants.

1. Organisation details

|  |  |
| --- | --- |
| **Organisation** |  |
| **CEO/Manager** |  |
| **Location Address** |  |
| **Postal Address** |  |
| **Local Government Area** |  |
| **Email address** |  |
| **Telephone** |  |
| **ABN** |  |

2. Person responsible for managing the project. NB: this is the person nominated to communicate with the Wellbein SA staff regarding the progress of your project (eg. every 3 weeks during project planning/delivery).

|  |  |
| --- | --- |
| Contact Name |  |
| Position |  |
| Email address |  |
| Telephone |  |

3. Person responsible for managing the project finances.

|  |  |
| --- | --- |
| Contact name |  |
| Position |  |
| Email address |  |
| Telephone |  |

4. How did you hear about these grants?

☐ Email from Cervical Screening Team, wellbeing SA

☐ Email from Jacqueline Riviere

☐ PHN newsletter

☐SA Health facebook post

☐ other (please state)

5. If successful in receiving a grant, do you intend to target:

Under-screened women aged between 25-74 years of age, (for example women whose last test was a Pap smear, 4 or more years ago);

Never-screened women aged between 25-74 years of age (for example women who have never had a Pap smear or a Cervical Screening Test).

6. Background of your community and organisation

Please give a short description of what your organisation does, and outline the sorts of issues women in your community face in regards to women’s health, screening, and accessing appropriate health services. Include any community consultation that has occurred or is planned as part of this project.

(**5%)**

7. Project summary

Please summarise what activities you will conduct to support under- screened and never-screened women to access cervical screening (and where possible, breast and bowel screening).

**(50%)**

8. Please estimate the number of women aged 25-74 that will participate in your project activties.

(5%)

9. Covid-safe plans.

How you will adapt your project if group gatherings are further restricted due to COVID-19?

(5%)

10. Evaluation

Which of the following details will you collect to show that the project was successful in supporting women to participate in cervical screening (and where possible, bowel and breast screening):

Number of women/men who attended activity/education/event (this can include online gatherings)

Number of women who attended clinics as a result of the activities (or how many do you intend to follow-up with GP visit)

Age of attendees

How many years since last cervical screening (if ever)

Any other data? (please specify)………………………

(15%)

11. If your project includes promotion of breast and bowel screening, please indicate which of the following details you plan to collect:

the number of women who book in for mammogram,

number of years since last mammogram (if ever)

the number of women/men who requested a bowel screening kit

number of years since last bowel screen (if ever)

**(10%)**

**12. Budget – Please provide a detailed itemised project budget**

**(25%)**

**Please note: it is a requirement that you provide in-kind support.**

|  |  |  |
| --- | --- | --- |
|  | GRANT $ | IN KIND $ |
| SALARIES AND WAGES |  |  |
| Salaries and wages |  |  |
| Position level |  |  |
| Staff time |  |  |
| Total salaries and wages |  |  |
|  |  |  |
| GOODS AND SERVICES |  |  |
| Catering |  |  |
| Venue |  |  |
| Childcare |  |  |
| Transport |  |  |
| Printing |  |  |
| Telephone |  |  |
| Advertising and promotional materials |  |  |
| Interpreter |  |  |
| Other (Please specify) \*This could be a gift of participation on the prevention of cancer\* |  |  |
|  |  |  |
|  |  |  |
| Total Goods and Services |  |  |
|  |  |  |
| TOTAL BUDGET |  |  |

Submitting your application:

All applications are to be filled in electronically and returned via email to:

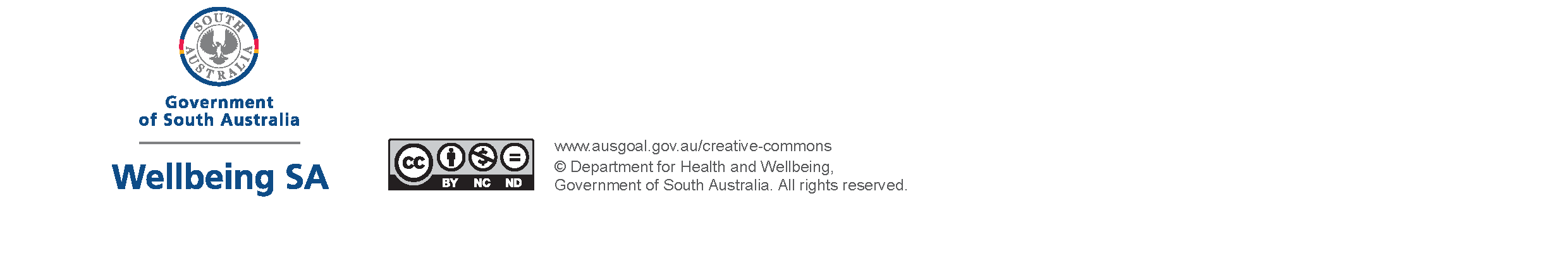
[WellbeingSAcancerscreening@sa.gov.au](mailto:WellbeingSAcancerscreening@sa.gov.au)

Hard copies of applications will not be accepted.

For more information:

Should you have any further queries after reading the guidelines, please email [WellbeingSAcancer screening@sa.gov.au](mailto:WellbeingSAcancer%20screening@sa.gov.au) with your best contact number and we will get back to you asap.

For any other information, please visit [www.sahealth.sa.gov.au/cervicalscreening](http://www.sahealth.sa.gov.au/cervicalscreening)



**For more information**

Screening and Innovation  
Call (08) 8226 7083 or Email [WellbeingSACERVIXSCREENING@sa.gov.au](mailto:WellbeingSACERVIXSCREENING@sa.gov.au)

**Website** [**www.sahealth.sa.gov.au/cervicalscreening**](http://www.sahealth.sa.gov.au/cervicalscreening)