

2025 GLOWS Seeding Grant Application

Form Preview

GLOWS Seeding Grant

Privacy Notice

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Applicant Eligibility

* indicates a required field

GLOWS Seeding Grant

The GLOWS Seeding Grant stream aims to provide Aboriginal and Torres Strait Islander community controlled organisations and their partners, the opportunity to identify or explore a research priority within their community, related to HIV and viral hepatitis infections, diagnosis and treatment. This funding will contribute to bringing together key stakeholders and partners to develop a research project ready to be undertaken.

The GLOWS Seeding Grant awards up to \$30,000 in funding over a maximum three-month term. Please note the grant timeframe cannot be extended. Successful applicants will be required to develop a research proposal at the end of the seeding grant period.

Before starting this grant application for the GLOWS Seeding Grant commencing in 2024, you should ensure that you have read and understood:

- [GLOWS Program - Seeding Grant guidelines](#)
- [GLOWS Program - Terms and Conditions](#)

To be eligible for this grant you must meet the following criteria:

- An Aboriginal and Torres Strait Islander person or early career researchers partnering with Aboriginal and Torres Strait Islander community controlled organisations are leading the research (Chief Investigator).
- Applications should be from an Aboriginal and Torres Strait Islander community controlled organisation that is governed by a majority of identified board members (above 51%) of Aboriginal and Torres Strait Islander people, who have been elected by the local Aboriginal and Torres Strait Islander community with an Incorporation Number.
- The Aboriginal and Torres Strait Islander community controlled organisation should have an Australian Business Number (ABN), including an account with an Australian financial Institution.
- The Aboriginal and Torres Strait Islander community controlled organisation should have no outstanding reports, acquittals or serious breaches relating to any Australian Government funding (a serious breach might be one that has resulted in termination of a grant agreement).

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- The Aboriginal and Torres Strait Islander community controlled organisation should not be bankrupt or subject to insolvency proceedings.
- The Aboriginal and Torres Strait Islander community controlled organisation must have the available resources and ability to undertake a research project in accordance with the GLOWS Seeding Grant Contract and Agreement.
- The Aboriginal and Torres Strait Islander community controlled organisation must not be a current recipient of a GLOWS program grant.
- No formal qualifications are required.

Incomplete applications and/or applications received after the closing date will not be considered. Once you have completed this application in full, you will receive confirmation via email that your application has been received.

If you have any questions about the eligibility criteria or require assistance in completing the application form, please contact Glows@lowitja.org.au

Have you read and understood the GLOWS Seeding Grant Guidelines? *

- Yes No

Have you read and understood the GLOWS Seeding Grant Terms and Conditions? *

- Yes No

Are you an Aboriginal and Torres Strait Islander Community Controlled Organisation? *

- Yes No

Who will be leading this research project? *

Please specify how your organisation meets the criteria to be an Aboriginal Community Controlled Organisation *

Word count:

Must be no more than 300 words.

Which National Peaks is your organisation affiliated with? *

Word count:

Must be no more than 300 words.

Must be a number.

How many years have you been an Aboriginal and Torres Strait Islander Community Controlled Organisation (including year of Incorporation)? *

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Please upload a copy of your Certificate of Incorporation. *

Attach a file:

NOTE: Please do not forget to save your form as you progress.

Given the answers you've provided in the Applicant Eligibility Information section, you are ineligible for this grant.

Organisation Overview

* indicates a required field

Organisation Contact Details

Organisation Name *

Organisation Name

Office Phone Number *

Must be an Australian phone number.

Office Email *

Must be an email address.

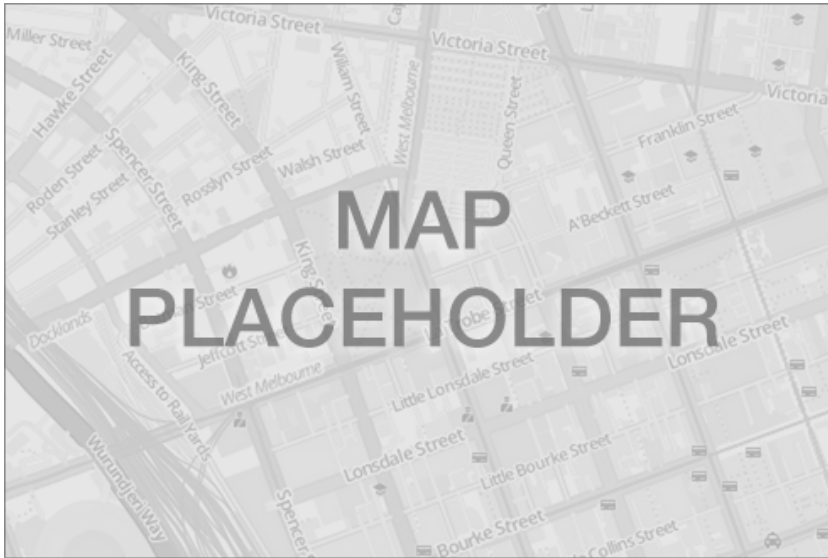
Organisation Website

Must be a URL.

Organisation Address *

Address

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Postal Address *

Address

What is your organisation's purpose, mission, or values? *

Is the organisation a Lowtija Institute member? *

- Yes No Unsure

Are you interested in applying for membership? *

- Yes No

Has your organisation received any previous funding from Lowitja Institute? *

- Yes
 No

What funding has your organisation previously received from Lowitja Institute?

- Seeding Major Grant ADRIA Grant

Other

Has your organisation previously received any GLOWS Program funding? *

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Yes

No

What GLOWS Program funding has your organisation previously received from Lowitja Institute? *

NOTE: Please do not forget to save your form as you progress.

Organisation Details

* indicates a required field

Organisation Tax Details

Does your organisation have an ABN? *

Yes

No

Please provide your organisation's ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

The ABN provided will be used to cross-check your organisation is registered with the Australian Business Register. Please ensure you have entered the correct details.

Please upload ATO Statement of Supplier form *

Attach a file:

Organisation Insurance Details

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Does your organisation have Public Liability Insurance (minimum of \$10 million?) *

- Yes No

Is your organisation willing to obtain Public Liability Insurance? *

- Yes No

Please upload a current Certificate of Insurance (Public Liability). *

Attach a file:

Does your organisation have Professional Indemnity Insurance? *

- Yes No

Please upload a current Certificate of Currency (Professional Indemnity). *

Attach a file:

Is your organisation willing to obtain Professional Indemnity Insurance? *

- Yes No

Does your organisation have Workers Compensation Insurance? *

- Yes No

Is your organisation willing to obtain Workers Compensation Insurance? *

- Yes No

Please upload a current Certificate of Insurance (Workers Compensation). *

Attach a file:

Please upload any other relevant registrations or insurances here.

Attach a file:

NOTE: Please do not forget to save your form as you progress.

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Chief Investigator Details

* indicates a required field

Chief Investigator Contact Details

Note: As per the GLOWS Seeding Grant Guidelines, this person must identify as Aboriginal and Torres Strait Islander. This person may be an Aboriginal and Torres Strait Islander early career researcher, partnering with an Aboriginal and Torres Strait Islander community controlled organisation. This is also the person we will correspond with about this grant.

Chief Investigator *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Role *

Position within partnering organisation *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

How do they identify? *

Who is their mob/s? *

Are you an Alumni of Lowitja Institute *

Yes No Unsure

Alumni include: Aboriginal and Torres Strait Islander Lowitja Institute Scholarship recipients and/or Chief Investigators and/or team members of research funded by a Lowitja Institute grant, no voting rights.

Have you previously received any GLOWS Program funding? *

What GLOWS Program funding have you previously received? *

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Have you received any previous Lowitja Institute scholarship or grant funding? *

- Yes No

What funding have you previously received from Lowitja Institute?

- Seeding
 Major Grant
 ADRIA Grant
 Other:

Are you an individual member of Lowitja Institute

- Yes No Unsure

Individual member categories include Aboriginal and Torres Strait Islander Individual members or Alumni Individual members

Are you interested in applying for Lowitja Institute membership? *

- Yes No

Given the answers you've provided in the Chief Investigator Contact Details section, you are ineligible for this grant.

NOTE: Please do not forget to save your form as you progress.

Project Overview

* indicates a required field

Project Details

Start Date *

Must be a date.

End Date *

Must be a date.

Short project description *

Must be no more than 300 words.

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Provide a short description (100 words recommended) of your project - what are you out to do?

Please upload a project plan using Lowitja Institute's template. *

Attach a file:

Project plan templates are downloadable from the Lowitja Institute SmartyGrants application homepage.

GLOWS Program Funding Priorities

The GLOWS Grant Program 2024-26 aims to support initiatives that align with at least one of the following funding priorities:

- **Prevention and Education:** Reforming and reinvigorating prevention strategies in HIV and viral hepatitis, whilst navigating racism and structures that act as barriers to disease prevention and education.
- **Individual and community agency:** Supporting Aboriginal and Torres Strait Islander-led organisations to strengthen skills, capabilities and infrastructure and ensure the ongoing sustainability of HIV and viral hepatitis services. Additionally, create opportunities to support individual personal development and agency to encourage the next generation of leaders and mentors.
- **Reformed Health Care:** Dismantling structural barriers to improve access to HIV and viral hepatitis prevention and care services and building culturally safe and respectful environments for Indigenous people to navigate care.

Please select ONE of the GLOWS funding priorities your project relates to.

Please tell us how your project aligns with the chosen GLOWS funding priority. *

Word count:

Must be no more than 300 words.

Community Research Priority

Has your community undertaken any work so far to address the identified research priority? *

Yes

No

If yes, please describe the work your community has undertaken so far to address the identified research priority? *

Word count:

Must be no more than 300 words.

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Can you tell us about the community research priority you will be exploring in this project and the plans for research? *

Word count:

Must be no more than 300 words.

Please outline how the Seeding Grant will support the organisation to transform community priorities into a program of research. *

Word count:

Must be no more than 300 words.

Aboriginal and Torres Strait Islander Community Leadership

Please tell us how the project will be led and designed by Aboriginal and Torres Strait Islander people in your community. *

Word count:

Must be no more than 300 words.

Partnerships

Please describe who the project will partner with and their intended role on the grant if funded. *

Word count:

Must be no more than 300 words.

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Budget

* indicates a required field

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Is this project co-funded? *

Total Amount Requested *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Income Description

Please tell us your project income using the table below (all incomes to be included). If co-funded, please outline the contribution in the table below. This includes in-kind support.

Income Description	Confirmed Funding?	Income Amount
		Must be a dollar amount.
		\$

Expenditure

Please tell us your project budget and expenditure utilising the Lowitja Institute funding you are applying for.

Please specify if an expense is in line with Aboriginal and Torres Strait Islander procurement policies.

Type Of Cost	Expense	Amount	Indigenous Procurement
If expenditure differs from your original budget, please note the reasons why.		Must be a dollar amount.	
		\$	

Totals

Total Project Income

\$

This number/amount is calculated.

Total Project Budget

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Finance Officer Contact Details

Finance Officer *

Title First Name Last Name

Phone Number *

Must be an Australian phone number.

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Email *

Must be an email address.

NOTE: Please do not forget to save your form as you progress.

Risk Management and Feasibility

* indicates a required field

Risk Management

Please outline identified risks and how these will be mitigated in your project.

Describe Risk	Risk Category	Mitigation Strategy	Notes

Has your organisation led research before? *

Yes

No

What research has your organisation led before? *

Word count:

Must be no more than 300 words.

Feasibility of Research

Please outline your organisation's capacity and resources to complete the project you have described in this application. *

Word count:

Must be no more than 300 words.

Please outline how you will monitor and report risk to ensure the project is delivered on time. *

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Word count:
Must be no more than 300 words.

Please provide an overview of the feasibility of completing the project within a three-month timeframe. *

Word count:
Must be no more than 300 words.

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Training and Support

* indicates a required field

Have you or your organisation previously accessed any Lowitja Institute training? *

Yes No

Please provide details of the training you or your organisation have accessed. *

Word count:
Must be no more than 300 words.

Are there any areas of support or training your organisation would like to access from Lowitja Institute to support research capacity and workforce capability? *

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Certification

* indicates a required field

Confirmation of Application

This section must be completed by an appropriately authorised person on behalf of the organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the application organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval. *

I agree

Name of person completing this form *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Date *

Must be a date.