

2024 GLOWS Large Grant Application

Form Preview

Applicant Eligibility Information

* indicates a required field

Privacy Notice

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GLOWS Grant Program 2024-26

The Guiding Local Opportunities for Wellbeing (GLOWS) Grant Program 2024-26 offers scholarships and research grants to Aboriginal and Torres Strait Islander community organisations, and their partners for work relating to HIV and viral hepatitis over the next three years. In partnership with [Gilead Sciences](#), Lowitja Institute aims to further increase health equity, address disparities that continue to drive disease transmission, and work towards elimination of HIV and viral hepatitis in all of our communities.

The GLOWS Grant Program 2024-26 aims to empower Aboriginal and Torres Strait Islander researchers and Aboriginal and Torres Strait Islander organisations, to transform their ideas into aspirations that meet the needs of Aboriginal and Torres Strait Islander peoples through a decolonised and intersectional approach to grants.

The program 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, while navigating racism and structures that act as barriers to disease prevention and education.
- **Individual and community agency:** supporting Indigenous-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.

GLOWS Large Grant

The aims of the GLOWS Large Grant are to ensure that the research commissioned is of high impact for Aboriginal and Torres Strait Islander peoples, that it represents value for money, that the research is led and owned by Aboriginal and Torres Strait Islander people and has direct benefit to Aboriginal and Torres Strait Islander peoples and communities.

Research funded through the GLOWS Large Grant must address the overall goal of the program, being to increase health equity and address disparities that continue to drive the

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transmission of HIV/viral hepatitis within Aboriginal and Torres Strait Islander communities and work towards elimination.

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

- [GLOWS Large Grant Guidelines 2024](#)
- [GLOWS Large Grant Terms and Conditions 2024](#)

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

- An Aboriginal and Torres Strait Islander community controlled organisation or a non-Indigenous organisation partnering with an Aboriginal and Torres Strait Islander community controlled organisation are eligible to apply.
- An Aboriginal and Torres Strait Islander person must be leading the research. A non-Indigenous person can be the Project Lead, but not the Chief Investigator.
- Aboriginal and Torres Strait Islander community controlled organisations who wish to apply must have an Incorporation Number and be governed by a board with majority of Aboriginal and Torres Strait Islander members (above 51%), who have been elected by the local Aboriginal and Torres Strait Islander community.
- Institutions or organisations applying must have an Australian Business Number (ABN). The Aboriginal and Torres Strait Islander community controlled organisation must have an Australian Business Number (ABN) or Indigenous Business Number (IBN), including an account with an Australian financial Institution.
- The institution or organisation must 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).
- The institution or organisation must not be bankrupt or subject to insolvency proceedings.
- The institution or organisation must have the available resources and ability to undertake a research project in accordance with the GLOWS Large Grant Terms and Conditions of the Contract.
- The grant must not be more than 33% of the organisation's revenue.

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 Large Grant Guidelines? *

☐ Yes ☐ No

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

☐ Yes ☐ No

Do all members of the project team have the necessary working with children and vulnerable people clearances required for your state? *

☐ Yes ☐ No

Who is the leading organisation on the proposed project? *

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Does this project involve partners from other organisations? *

☐ Yes

☐ No

If yes, please detail who the partner organisation is on this project. *

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.

Leading Organisation Contact Details

* indicates a required field

Note: Details for the individual completing this application will be asked in the next section.

Organisation Name *

Organisation Name

Organisation Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation Phone Number *

Must be an Australian phone number.

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Organisation Email *

Must be an email address.

Organisation Website

Must be a URL.

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

Please provide a copy of your organisation's most recent Annual Report. *

Attach a file:

If you do not have an Annual Report, please provide a copy of a recent financial statement (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

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

☐ Yes ☐ No

Please upload a Certificate of Incorporation *

Attach a file:

Please tell us how your organisation meets the criteria of an Aboriginal and Torres Strait Islander Community Controlled Organisation. *

Word count:

Must be no more than 300 words.

What National Peaks is your organisation affiliated with? *

Word count:

Must be no more than 300 words.

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

Must be a number.

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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

Is your organisation a Lowitja Institute Member? *

☐ Yes ☐ No ☐ Unsure

Is your organisation interested in becoming a Lowitja Institute member? *

☐ Yes ☐ No

Contact Details continued

NOTE: This is an individual contact from within the lead organisation who Lowitja Institute may correspond with about this grant.

Name *

Title First Name Last Name

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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

Leading Organisation Details

* indicates a required field

Organisation Tax Details

Does your organisation have an ABN? *

☐ Yes ☐ No

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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.

Organisation Details 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.

Please upload an ATO Statement of Supplier Form *

Attach a file:

Organisation Insurance Details

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

☐ Yes ☐ No

Please upload a current Certificate of Insurance *

Attach a file:

Is your organisation willing to obtain Public Liability Insurance? *

☐ Yes ☐ No

Does your organisation have Professional Indemnity Insurance? *

☐ Yes ☐ No

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Please upload a Certificate of Currency *

Attach a file:

Is your organisation willing to obtain Professional Indemnity Insurance? *

☐ Yes ☐ No

Does your organisation have Workers Compensation Insurance? *

☐ Yes ☐ No

Please upload Workers Compensation Insurance *

Attach a file:

Is your organisation willing to obtain Workers Compensation Insurance? *

☐ Yes ☐ No

Please upload any other relevant registrations or insurances here.

Attach a file:

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

Partner Organisation Contact Details

*** indicates a required field**

Partner Organisation Contact Details

Partner Organisation Name *

Organisation Name

Partner Organisation Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Partner Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Partner Organisation Phone Number *

Must be an Australian phone number.

Partner Organisation Website

Must be a URL.

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

Please provide a copy of your organisation's most recent Annual Report. *

Attach a file:

If you do not have an Annual Report, please provide a copy of a recent financial statement (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Please describe your relationship with the lead organisation you are partnering with on this project. *

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

☐ Yes ☐ No

Has your organisation received any previous Lowitja Institute funding? *

☐ Yes ☐ No

Is your organisation a Lowitja Institute Member? *

☐ Yes ☐ No ☐ Unsure

Certificate of Incorporation *

Attach a file:

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

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Must be a number.

Please tell us how your organisation meets the criteria of an Aboriginal and Torres Strait Islander community controlled organisation *

Must be no more than 300 words.

What National Peaks is your organisation affiliated with? *

Must be no more than 300 words.

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

☐ Seeding ☐ Major Grant ☐ ADRIA Grant ☐ Other:

Is your organisation interested in becoming a member of Lowitja Institute?

☐ Yes ☐ No

Contact Details continued

NOTE: This is an individual contact from within the partner organisation who Lowitja Institute may correspond with about this grant.

Name *

Title First Name Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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

Partner Organisation Details

* indicates a required field

Partner Organisation Tax Details

Does your organisation have an ABN? *

☐ Yes ☐ No

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.

Partner Organisation Details 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.

Please upload an ATO Statement of Supplier Form *

Attach a file:

Partner Organisation Insurance Details

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

☐ Yes ☐ No

Please upload a current Certificate of Insurance *

Attach a file:

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Does your organisation willing to obtain Public Liability Insurance? *

- ☐ Yes ☐ No

Does your organisation have Professional Indemnity Insurance? *

- ☐ Yes ☐ No

Please upload Certificate of Currency *

Attach a file:

Is your organisation willing to obtain Professional Indemnity Insurance? *

- ☐ Yes ☐ No

Does your organisation have Workers Compensation Insurance? *

- ☐ Yes ☐ No

Please upload Workers Compensation Insurance *

Attach a file:

Is your organisation willing to obtain Workers Compensation Insurance? *

- ☐ Yes ☐ No

Please upload any other relevant registrations or insurances here.

Attach a file:

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

Contact Details

*** indicates a required field**

Chief Investigator Contact Details

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As per the GLOWS Large Grant Guidelines, this person must identify as Aboriginal and/or Torres Strait Islander. This is also the person which Lowitja Institute will correspond with about this grant.

Name *

Title

First Name

Last Name

Position ***Role on proposed project *****Primary Phone Number ***

Must be an Australian phone number.

Primary Email *

Must be an email address.

How does the Chief Investigator identify? *

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Neither Aboriginal or Torres Strait Islander

Who is the Chief Investigator's Mob? ***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

You have indicated that the Chief Investigator identifies as neither Aboriginal nor Torres Strait Islander. As per the GLOWS Large Grant Guidelines, The Chief Investigator must identify as Aboriginal and/or Torres Strait Islander. Please review the information submitted above and amend to ensure this adheres to the Grant Guidelines.

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Project Lead

Please provide the contact details of the Project Lead.

Name *

Title

First Name

Last Name

Position *

Role on proposed project *

Primary Phone Number *

Must be an Australian phone number.

Primary Email *

Must be an email address.

How does the Project Lead identify? *

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Aboriginal and Torres Strait Islander
- ☐ Neither Aboriginal or Torres Strait Islander

Who is the Project Lead's Mob?

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

Project Details

* indicates a required field

Project Title *

Anticipated Project Start Date *

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Must be a date.

Anticipated Project End Date *

Must be a date.

Please provide a short summary of the project. *

Must be no more than 300 words.

This should be a short overview that will be placed on the website if you are successful in receiving a grant.

Please describe the potential outcomes of this research project? *

Must be no more than 300 words.

Please upload a copy of your research project proposal *

Attach a file:

Project proposal templates are downloadable from the Lowijta 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 Indigenous-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. *

- ☐ Prevention and Education
- ☐ Individual and Community Agency
- ☐ Reformed Health Care

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

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Must be no more than 300 words.

What area of Aboriginal and Torres Strait Islander health and wellbeing is your research focused on specific to HIV/viral hepatitis? *

Word count:

Must be no more than 300 words.

Study Setting

What State(s) or Territory(ies) will your research project be conducted in?

- ☐ Australian Capital Territory ☐ New South Wales ☐ Northern Territory ☐ Queensland
☐ South Australia ☐ Tasmania ☐ Victoria ☐ Western Australia ☐ National

In which Aboriginal and Torres Strait Islander communities will your research project be conducted in? *

Word count:

Must be no more than 300 words.

Types of research

Feasibility: this is a small-scale study that is used to evaluate the success of a program or research project in order to conduct a bigger scale project in the future, or implement the program permanently.

Implementation: this is the process of applying research knowledge, results and/or outcomes into practice through the carrying out of a policy, program, or an intervention.

Evaluation: this is the assessment or appraisal of a program, practice, activity, or system that currently exists in the organisation. This evaluation will then provide information that will be used to make further decisions on the practice and changes.

Discovery: this is a project to create or build new knowledge. This occurs through examining and mapping data to find questions or imperfections that have not been identified or are not yet answered, to provide further context to start a new research project.

Exploratory: this study design is a way to explore or investigate a problem to better understand it and produce results and ideas on how to change or fix it. This can be conducted as yarning interviews or circles with community or research participants (qualitative study).

Other: Another type of research your project aligns with.

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What type of research is your project undertaking and how will you achieve this? *

Word count:
Must be no more than 300 words.

Project Timeline and Milestones

Please upload a copy of your project milestones utilising the Lowitja Institute template provided. *

Attach a file:

Benefit and impact of research

What will be the impact for Aboriginal and Torres Strait Islander individuals, communities or other key stakeholders from the research? *

Word count:
Must be no more than 300 words.

How will your project benefit and positively impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples living with HIV/viral hepatitis? *

Word count:
Must be no more than 300 words.

Capacity Building

How many Aboriginal and Torres Strait Islander people will be employed on this project? *

Must be a whole number (no decimal place).

How does this proposed project contribute to the development of the Aboriginal and Torres Strait Islander health workforce? *

Word count:
Must be no more than 300 words.

Ethics Approval

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Does your project require Human Research Ethics Committee (HREC) approval? *

☐ Yes

☐ No

Please upload HREC approval (if already obtained)

Attach a file:

Where will you seek HREC approval from? *

Word count:

Must be no more than 300 words.

Tell us why your project does not require HREC approval. *

Word count:

Must be no more than 300 words.

Risk Management

Please upload a risk register to outline the expected risks attached to your project, and the mitigation or management strategies to treat the risks.

Please download and utilise the GLOWS Large Grant Risk Register Template provided or use as a guide to develop your own (e.g. risks can be milestone specific or project related).

Upload Risk Register *

Attach a file:

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

Project Details continued

** indicates a required field*

Community Engagement

Please outline previous and current engagement with community and key stakeholders for the proposed project and how feedback from this engagement has informed the design of your project. *

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Word count:
Must be no more than 300 words.

Please outline your Aboriginal and Torres Strait Islander community engagement plan to support the execution of your proposed project and future implementation, monitoring and evaluation. *

Must be no more than 300 words.

Knowledge Translation

What feedback and outcomes from the proposed research project will you provide to participants and stakeholders? Please include how you will achieve this. *

Word count:
Must be no more than 300 words.

What types of knowledge translation activities do you anticipate undertaking? *

Word count:
Must be no more than 300 words.
E.g. Publish a research paper, policy statement, community-based translation to practice etc.

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

Project Team and Governance

* indicates a required field

Project Team

Please complete the information below for each person that will work directly on the project. This must include the Project Lead. To add more people, click 'Add more'.

For example, this may include researchers, clinicians, partners, collaborators, people with lived experience, consultants, IP owners, contractors.

Team member name	What is their role on the project?	Where are they based?	Do they Identify as Aboriginal and or Torres	Who is their mob?	What is their highest qualification?	Are they an individual relevant member?	Is there any other relevant information regarding this team member?
						Lowitja Institute member?	

**Strait
Islander?**

Team Member Experience

Describe the experience of each team member appropriate for delivery of the proposed project and their capability to achieve the proposed objectives of the project.

Team member (as listed in table above)	Experience and involvement with this project

Describe the governance structures that are in place or will be put in place to support the delivery of your project. *

Word count:
Must be no more than 300 words.

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

Organisational Capacity

* indicates a required field

Lead Organisation Capacity

In this section, we would like to find out more about the lead organisation’s capacity to undertake the proposed project.

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

Must be no more than 300 words.

Has your organisation led research before? *
☐ Yes ☐ No

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What research has your organisation led before? *

Word count:

Must be no more than 300 words.

Partner Organisation Capacity

In this section, we would like to find out more about the partner organisation's ability to undertake the proposed project.

Please provide some information that demonstrates the partner organisation has the capacity and resources to complete the project work you have described in this application. *

Word count:

Must be no more than 300 words.

Has the partner organisation led research before? *

☐ Yes

☐ No

What research has the partner organisation led before? *

Word count:

Must be no more than 300 words.

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

Budget

* indicates a required field

Please enter the total amount requested for the GLOWS Large Grant application *

\$

Must be a dollar amount.

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

Total Project Cost *

\$

Must be a dollar amount.

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

Will the applicant or project partner organisation be providing any co-funding? *
☐ Yes ☐ No

Income Description

Please tell us your project income using the table below (all incomes to be included).
If co-funded, please outline the contributions (all values must be in AUD and GST exclusive), and comment on the level of commitment (e.g. in-kind committed, cash investment secured, fundraising etc.) and any relevant key dates.

Income Description	Is Funding Confirmed?	Income Amount
If co-funded, please outline the contribution.		Must be a dollar amount.
		\$
		\$
		\$
		\$

Project Expenditure

Expenditure Type	Description of Expense	Corresponding Project Milestone	Estimated Timeframe	Estimated Cost	Notes
		E.g. Stage 1 - Project initiation, Stage 2 - Stakeholder engagement.	Please specify timeframe in months. Must be a number.	Must be a dollar amount.	

Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Are the activities described in this project already fully or partially funded by another grant program or other investment? *
☐ Yes ☐ No

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If yes, please outline which activities are supported and the source of this funding. *

Word count:

Must be no more than 300 words.

Please provide details of other inputs required to complete this project *

Must be no more than 300 words.

E.g. staff/volunteers not otherwise accounted for, equipment, facilities, pro-bono contributions etc.

Finance Officer *

Title

First Name

Last Name

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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

Certification

* indicates a required field

Conflict of interest

Does the project lead, any other investigators and/or key individuals in the applicant organisation and/or partnering organisation have any conflict of interest with regard to the GLOWS Program? *

☐ Yes

☐ No

Please detail the nature of this conflict of interest. *

Submission Declaration

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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 *

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

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Date *

Must be a date.