**ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) Program**

Questions and answers about the request for activity proposals

Updated Friday 31 May 2019

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The opportunity for questions closed on 17 May 2019.

Owing to a technical problem which has now been rectified, several questions submitted before the 17 May deadline were not visible in the CHS inbox and therefore not answered before now. These questions, highlighted in red, are now answered below. As these answers are provided close to the deadline for receipt of proposals, some proponents may feel that their proposals should be revised in light of new information. If so, they may request an opportunity to submit revised proposals via email to chs@dfat.gov.au or by calling +61 2 6162 3376. Any revisions should relate only to the new information provided, should clearly indicate where changes have been made, and should be submitted no later than five working days after the 31 May deadline.

**Questions and answers on APIDDaR**

# **Organisational eligibility – consortia, current DFAT funding, types of organisations**

## Can you please clarify regarding our position on Dot points 8, 9 and 10 - Section 3.1: Organisation eligibility.

## *I was employed as an adviser at an organisation contracted to DFAT until early 2019 and I worked on a number of background projects for the Indo-Pacific Centre for Health Security (CHS) to provide expert advisers and undertake some writing tasks, but did not have a role in quality assurance or any major writing.  The team leader for our potential proposal was engaged on a writing task in 2018 as an expert adviser for CHS.*

We recognise that the pool of leading experts in health security who would propose development projects is relatively small, and many such experts will have current, past and future association with CHS in a variety of ways. Such experts, where they do not meet the definition of current or recent DFAT employees, are not automatically ineligible to be associated with Activity Proposals under the ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) Program and the Pacific Infectious Disease Prevention (PIDP) Program. However, any potential conflicts of interest arising from direct involvement in program design or appraisal work in relation to these two programs must be disclosed and may result in individuals being ruled ineligible.

## Under the Program Guidelines document it is mentioned that “Activity Proposals are open to all organisations – public, private, academic and research, and non-government. Regional and international organisations may participate in or associate themselves with consortia”. Could you please clarify whether a regional or country office of WHO would be eligible to apply for funding independently, or would they only be eligible as part of a consortium?

WHO regional and country offices (as with any organisation), may apply independently, or as part of a consortium. All applicants should consider whether a consortium or independent proposal will present the strongest approach for the specific activity proposed.

## Is an organisation that is already receiving DFAT funding eligible to apply? Would doing similar work to that which is DFAT funded, but extended to new countries be an eligible activity? Would a consortium proposal for expanding to a collection of Pacific locations be in scope?

Potential applicants should thoroughly examine the Program Guidelines, Invitation to Submit a Proposal and the Investment Concept for each of the two programs to help them assess the activities that are eligible for funding.

There is no criterion specifying that organisations in receipt of current DFAT funding are ineligible to apply, but all such funding must be disclosed within the proposal (see the Invitation to Submit a Proposal for the information that must be provided).

Extending proven approaches to new countries is not considered a “duplication of current programs and projects”.

Consortium approaches to expanding proven approaches in more than one country simultaneously are in scope.

## To what extent are international organizations (like UN agencies) eligible? The guideline can read that “Activity Proposals are open to all organisations – public, private, academic and research, and non-government. Regional and international organisations may participate in or associate themselves with consortia”. Does that mean that international organizations like FAO or SPC (for the Pacific) cannot submit a proposal to be the lead organization, but can participate the call as one of the consortia partners.

Regional and international organisations may participate in the proposals, as the sole organisation or as the lead organisation for a consortium, or may associate themselves as a partner organisation with a consortium.

## Could you please confirm how many applications one organisation is allowed to submit?

There are no restrictions on consortium membership, and organisations may be involved in several consortia for the purpose of responding to this call for proposals. However, individuals can apply as project team members for up to a maximum of two (2) proposals for this program.

## Is it imperative that proposals come from a consortium of organisations?

It is not imperative that proposals come only from consortia. However, the grant guidelines state that consortia that include partnerships between Lead Organisations and organisations within the relevant region are encouraged. It should also be noted that the selection criteria require demonstration of a track record of working with in-country partners and stakeholders, and delivering in the region. All applicants should consider whether a consortium or independent proposal will present the strongest approach for the specific activity proposed.

## The overview states that “the partnerships supported through this investment will sit alongside a range of multilateral and other institutional partnerships already supported by the Health Security Initiative”.  Does this mean multilateral organisations themselves are ineligible?

There is no restriction on the types of organisations that can apply, either in their own right or as members of consortia.

## If an organisation is awarded a PIDP or APIDDaR grant, will they be eligible to also administer the DFAT [KESATUAN program](https://dfat.gov.au/about-us/business-opportunities/Pages/kesatuan-support-and-implementation-for-health-security-in-indonesia-and-the-indo-pacific.aspx) either as a lead organisation or member of a managing consortium?

Being awarded a grant under one of these DFAT programs does not affect eligibility for the others, though potential conflicts of interest should be noted so that they can be managed.

## I seek clarification about what is considered a consortium and what types of partnerships are expected in this call. We have organisations and individuals who will be a part of the project. Some organisations are based in Australia and others are in-country implementing partners. Should all the Australian-based groups be consortia members? Or all partnerships?

A consortium is simply a partnership of organisations who agree to work together on a proposed activity. Consortia that include partnerships between Lead Organisations and organisations within the relevant region (PNG, Timor-Leste and the Pacific island countries) are encouraged. Consortium proposals are required to be supported by letters of association from each partner, noting the relationship between the Lead Organisation and partner organisation(s) and expressing the intention to collaborate.

## X is a small organisation of like-minded health care professionals who work in the Y region to build capacity in microbiology, antimicrobial stewardship and infection control. We have long-term relationships with countries in the region and have attracted funding ongoing work in microbiology laboratories in two countries in the region. Given that X has only been formally established for two years and we do not have significant financials, can you please advise on whether we could be considered as a lead organisation? Is it possible for us to be function in the lead role but have another organisation manage the finances?

There is no restriction on the types of organisations that can apply, either in their own right or as members of consortia. However, demonstration of organisational capability is a key part of the selection criteria. Smaller or fledgling organisations may be judged eligible to be lead organisations. However, a consortium approach may strengthen the case for funding, where the letters of association make clear what role the partners will take e.g. managing financial or administrative aspects, or employing additional project staff.

## Can you please inform us whether the 2 applications max per person rule applies within each program, i.e. can a single person be named on 2 applications in the APIDDaR program and 2 applications in the PIDP program?

The restriction on the number of applications applies within the two programs, and not between them, so a single person could be named on 2 applications in the APIDDaR program and 2 applications in the PIDP program.

## Are Centre for Health Security Technical Reference Group (TRG) members eligible to be involved with proposals to the Pacific Infectious Disease Prevention Program and/or the ASEAN-Pacific Detection and Response Program?

As TRG members have not provided design advice in connection with the two calls for proposals and will not be involved in the assessment of proposals, there is no restriction on TRG members being involved with proposals.

## I was wondering if you could clarify for me for — does the lead organisation have to be Australian or is it sufficient to have an Australian organisation as a partner organisation?\*

There is no restriction on the types of organisations that can apply, either in their own right or as members of consortia. Organisations may be of any type or from any country. There is no requirement to involve an Australian organisation.

## Our proposal to the program will consist of activities where [intergovernmental organisation] will work through [its own] country offices in eligible countries, to support capacity strengthening activities with the relevant ministries. Under the APIDDaR rules, is this working arrangement considered as a 'consortium'? And therefore requires referee letters and letters of association from the involved country offices and ministries?\*

The country offices of an intergovernmental organisation will be considered to be part of that organisation and not consortium members. Their counterpart ministries in developing countries will be considered to be beneficiaries and not consortium members.

## A lot of the investment concept seems to prefer and reference Australian research organisations, we are a consortium with no Australian heritage. Would we still be considered a viable consortium or is the selection criteria skewed in favour of Australian organisations.\*

There is no restriction on the types of organisations that can apply, either in their own right or as members of consortia. Organisations may be of any type or from any country. There is no requirement to involve an Australian organisation.

## Can international partners (eg. NZ, UK and US) be included in a consortium? Are they eligible to be leads and/or partners and are their activities eligible costs in the budget?\*

There is no restriction on the types of organisations that can apply, either in their own right or as members of consortia. Organisations may be of any type or from any country. There is no requirement to involve an Australian organisation.

# **Eligible activities and countries**

## The grant guidelines refer to specific countries that are in scope for the program. Please advise on whether when applying for a grant, activities with a regional scope that would benefit all countries of the region, rather than only those countries specifically mentioned in the grant guidelines, are eligible.

Regional initiatives that may benefit countries other than those specifically listed in the grant guidelines for the program are eligible, however, where a country is a specific focus (with additional or enhanced activities compared to others) this should be one of the focus countries mentioned in the guidelines. It is important to show how the focus countries mentioned in the guidelines will benefit specifically, as part of a regional approach.

## Will there be a separate laboratory strengthening call or are you envisioning that these current open calls would encapsulate any laboratory strengthening activities?

The ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) Program includes a component oncapacity building in public health and veterinary diagnostic laboratories. These are the only calls for proposals that are planned i.e., no separate call for laboratory strengthening proposals is envisaged.

## If we proposed to work in a specific country do we need to address activities under anticipate, avert and arrest in that country or can we propose activities in one or two of the three components?

Proposals may address just one, or two or all three of the program components specified in the Program’s Grant Guidelines. Note that all components in this program fall under the ARREST objective, and are: laboratory strengthening; targeted public health workforce development; and support for improved outbreak detection and management systems.

## Is there a maximum number of countries that we can bid on?

There is no restriction on the number of countries that may be included within the scope of a proposal. Please also note the response to the question above under Organisational eligibility about how many proposals one organisation can submit.

## In the Program Guidelines, it mentions that the program will be implemented in developing Southeast Asia, PNG and priority Pacific island countries. Are applicants required to program in at least one Southeast Asia country, in PNG and in at least one Pacific island country (a total of 3 countries) or can applicant chose any combination of countries?

Proponents may nominate any combination of countries.

## We have been investigating high rates of tuberculosis among immigrants from Nepal. We are investigating whether some genetic and environmental factors may be involved, with the aim of identifying factors or procedures  - especially enhanced treatment of latent TB which could be implemented to stem this increase in TB in this immigrant group. We would like to submit an application for these grants but first need to ascertain that investigation of this phenomenon in both Nepal and Australia would fall within the scope of these grants.

 Activities involving only research are not eligible. Project elements relating to the investigation of public health issues in Australia are not in scope. Nepal is not a listed focus country for the program.

## The investment concept for the above programme does not address workforce development for first responders/frontline health professionals, and the need to both improve their ability to detect, diagnose and manage infectious diseases with pandemic potential, or the need to build capacity within the general healthcare workforce in order to create resilient systems outside of an outbreak or emergency context. I would like to understand whether proposals for capacity/capability and workforce development for frontline health professionals would be welcomed, either as part of this call for proposals, or independently please?

The investment concept for the APIDDaR program emphasises that end-of-investment outcomes should be designed by proponents to achieve measurable progress against International Health Regulations Core Capacities (or related capability frameworks) within the program component areas of laboratory strengthening; workforce development, with a focus on field epidemiology and public health leadership; and outbreak detection and management. This does not preclude the design of programs for or including frontline clinical staff. However, it should be noted that the emphasis for this particular program is on public health, rather than on the standards of individual clinical care. It should also be noted that the PIDP Program includes a component relevant to the training of frontline health professionals, namely, support for improved infection prevention and control.

## Would the following activity areas be considered under the program: Emergency medical teams; Clinical management; Infection prevention and control?

The APIDDaR program emphasises that end-of-investment outcomes should be designed by proponents to achieve measurable progress against International Health Regulations Core Capacities (or related capability frameworks) within the program component areas of laboratory strengthening; workforce development, with a focus on field epidemiology and public health leadership; and outbreak detection and management. This does not preclude activities that may have a secondary, positive impact on other core capacities outlined in the International Health Regulations.

## We are thinking to bring a process across a District of PNG and demonstrate ANTICIPATE, AVERT ARREST capacity can be built through that district. The program would then seek to emulate that in a few more districts (in PNG). Does it matter that we are choosing a District level approach rather than targeting national level?

## Does it matter that we would be  seeking to demonstrate in only one of the target countries rather than many?

## We also would be seeking to effect legislation and policy change at a decentralised district level and advocating for change at a national level, rather than working at a national level down. Is this an acceptable approach to ANTICIPATE ("and equip themselves with appropriate policy and regulatory arrangements")  program.\*

Projects with a subnational focus within one target country may be considered but proposals for such projects would need to a make a strong case for the replicability or demonstration potential of the activities proposed.

## Is risk communications (in the context of risk assessment and outbreak response/management) within the scope of the Programme?\*

Yes.

## Regarding M&E activities, do you have a recommended or indicative % of overall budget that can or should be allocated to monitoring and evaluation?\*

The proportion of an activity budget allocated to M&E investment is for proponents to specify and justify at this stage but may be adjusted following partner selection during the collaborative design phase.

## Is it possible for specific components of a proposal to be funded but not the entire proposal, or is it 'all-or-nothing'? For instance you receive a proposal that covers all three end-of-program objectives, but you only wish (or have remaining funding) to cover activities for two objectives.\*

Yes. It is possible that as a result of the collaborative design process that follows partner selection, some elements of proposals may be taken forward and other elements not.

## We have a single proposal for the Health Security Initiative that aligns under both the PIDP and APIDDaR programs (it has outcomes equally for prevention and detection). I’m not sure whether it is preferred that a proposal be submitted to one or the other program rather than essentially identical copies being submitted to both.\*

Please submit the proposal in response to both calls for proposals. It should be noted that the PIDP call relates to a narrower geographic area than the APIDDaR call.

# **Project duration**

## Is it appropriate to propose a project with a duration of 2 years or less?

Proponents may decide on the most appropriate project length, and there is no specific requirement for projects to run for the full three years.

# **Budgets, administration costs and overhead costs**

## In considering our approach, could you please advise if the management fee can be included in the administration support, other associated costs, or perhaps included separately?

Proponents could choose to include any applicable management fees in the budget template in the Proposal Invitation budget template under “Administrative support costs” or “Other-specify”, with the description making clear what the line item is for.

## In section 3.2 of the Invitation, it is mentioned “Organisation’s contribution”: is this contribution mandatory, and if so how much (%) of the total budget should it be?

There is no mandatory requirement for a monetary contribution under “Organisation’s contribution”. The amount should be specified if applicable, otherwise, enter $0.

## Could you please advise whether it is permitted to include organisational overhead/management costs within the proposed budget for an application?

Organisational overhead or management costs may be included within the proposed budget for an application. It is up to organisations to identify if these costs exist and, if so, they should be identified in the budget. Proponents could choose to include any applicable management fees in the Proposal Invitation budget template under “Administrative support costs” or “Other-specify”, with the description making clear what the line item is for.

## Can you please tell me if the budgets can include University overheads?

University overheads may be included within the proposed budget for an application. It is up to applicants to identify if these costs exist and, if so, they should be identified in the budget. Proponents could choose to include any applicable management fees in the Proposal Invitation budget template under “Administrative support costs” or “Other-specify”, with the description making clear what the line item is for.

## Should the budget include GST?

GST should be included in the budget calculations.

## Are there any restrictions on the specific types of costs, methods of cost allocation, or limits on the percentage of the overall budget as it relates to “Administrative Support.”?

Organisational overheads, administrative or management costs may be included within the proposed budget for an application. There are no restrictions on the dollar value or percentage that may be included.

## In order to help applicants with the grant application, can DFAT provide budget guidelines related to overhead/indirect costs recovery?

DFAT cannot provide specific guidance on overheads/indirect cost recovery. It is up to applicants to identify if these costs exist and, if so, they should be identified in the budget.

## Can you please advise if applicants should budget applicable overhead/indirect costs under “Administrative Support”, or, “Other Associated Costs”?

As above, proponents could choose to include any applicable management fees in the Proposal Invitation budget template under “Administrative support costs” or “Other-specify”, with the description making clear what the line item is for.

## The Guidelines note that DFAT will only fund small equipment under a total of $10,000. Can I clarify whether laboratory equipment related to national disease surveillance would be included under this limit?\*

The specified limit of AUD$10,000 per annum for small equipment and consumables will be applied with flexibility in the case of laboratory consumables. Proposals indicating a higher budget for laboratory consumables, with strong justification, will not be automatically excluded from consideration. Proposals already lodged will not be disadvantaged as detailed budgets will be determined during the collaborative design process following partner selection.

## In the project guidelines on page 4: "The program will not support investments: “including salary replacement or supplementation for in-country partners” But then it states on page 6 grant guidelines "Budget overview - The indicative budget may include costs for Personnel - Proposed salaries for each member of the team and/or associated staff should be based on operational requirements. The inclusion of project personnel from Pacific and Southeast Asian countries is encouraged. Personnel support packages requested for personnel from eligible countries should reflect the rate of pay relevant to that country." It seems contradictory. Can we include their salaries or not? Can you specify if we can pay the staff in the country of project for their time. We want to train doctors and nurses in Cambodia and need to pay them for their time or supplement the salary from their employee who is paying for their time.\*

The exclusion of salary replacement and supplementation relates to government personnel in partner countries where those personnel are performing government duties. (The activity budget may of course include provision for project personnel.) Where partner government personnel have taken leave to undertake training and are not in receipt of their usual salaries, consideration may be given to the payment of stipends from activity budgets.

## May DFAT please clarify what items should be included under Table 6 for Assets? How should Assets be differentiated, for budgeting purposes, from Procurement Costs (‘small equipment’)? \*

Assets are larger non-consumables, such as motor vehicles, with significant commercial value beyond the point of acquisition. It may sometimes be difficult to draw a precise distinction between assets and small equipment and proponents are free to exercise judgement in applying these terms.

## Table 2 requests details of the past 3 occasions of “previously received funding from the Australian Government”. Can you please specify what kind of funding this refers to – grants, awarded contracts, or the latest 3 payments within awarded contracts?\*

The details requested relate to past contracts or grant agreements, where these exist. We not require information on individual payments under such contracts or agreements.

## In section 3.2, there is a box to provide “Your Organization’s contribution” as a monetary value.  Does this include in-kind contributions? Does this account for the contributions across the entire consortium or only the lead organization?\*

The box for ‘Your Organization’s contribution’ is to provide an estimated value of the monetary support and in-kind contribution being added to the proposed project. This would include all consortia contributions where possible. This should be indicative and high level only.

# **Forms, deadlines and word limits**

## Can you please let me know the document that footnote 11 refers to in Annex 2 of the investment concept docs for both the APIDDaR and PIDP calls, and if this is publicly available.

The footnote 11 is an error and should be a numeral 3 (PIDP) or 4 (APIDDaR), referring to the footnote that is provided in the respective documents.

## We are interested in submitting a proposal for the APIDDaR initiative and wonder if you could please send the required tables (2-4) in a separate file (or in Word) to permit easier data entry?

For both calls, the Proposal Invitation document containing Tables 2 to 4 is provided in Word format on the Centre’s webpage. For APIDDaR, please see: <https://indopacifichealthsecurity.dfat.gov.au/RequestActivityProposalsAPIDDaR>

## Does the page limit of 15 pages only apply to section 3.3 or does it also include the budget (3.4)?

The page limit of 15 pages applies to section 3.3 only. The budget – as part of section 3.4 – is separate to this word limit.

## Section 3.3 of the application requires a 15-page document to be uploaded containing responses to questions as identified at Table 4. Could you please advise if there are any instructions relating to formatting/preferred styles or templates for this attachment?

Section 3 of the Invitation to Submit an Activity Proposal provides the template format in which applicants are to submit their proposal and includes the Selection Criteria against which applicants will have their proposal assessed. Applicants must respond to the Invitation as described in Sections 3.3-3.6.

The Word format of the Invitation, as provided on the Centre’s webpage and on the DFAT Business Opportunities webpage, could be used to provide the answers to the questions for Section 3.3. Alternatively, applicants can also provide the information in their own template, provided that the information is clearly identifiable for each part of Section 3.3. Please note the requirement on the SmartyGrants webpage for the document to be in PDF, with a minimum font of 11 and a maximum of 15 pages.

## We are currently working on the attached ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) Program 2019 grant but have noticed that the web-site puts the submission date as the 17 May while the attached document says it is the 31 May. Can you please clarify for us which is the correct date for submission?

The correct deadline for submission is 31 May 2019. The page has now been updated.

## The SmartyGrants portal requires applicants to have an ABN. If we are in the process of securing an ABN, would that suffice and if so, how would we complete that section on the portal?

That question in Smartygrants has been modified and is no longer compulsory.

## In both applications, it specifies that individuals can only apply as a project team member on two proposals, section 3: Eligibility Criteria, point 7, however it is unclear where individual are be noted in the proposal?  Would individuals be named in Section 3.3, or in the budget?  Are CVs required?

Thank you for pointing out this gap. We have added a new section in Smartygrants where a brief list of project team members should be provided. There is no need to provide CVs at this stage. Shortlisted applicants may be requested to provide CVs for project team members.

## The invitation specify in section 3.4. that” Applicants must complete Tables 5 and 6 below. The proposed budget in Table 5 should be high-level and indicative”. However, table 5 and 6 are not in the invitation. Could you kindly clarify where can these tables be found?

Thank you for finding this error. The table numbers sitting below 3.4 have been renumbered. Note the tables should be completed in in [SmartyGrants](https://healthsecurity.smartygrants.com.au/APIDDaR2019).

## Are references to be contained within the 15 page limit? [For the Response to Program Guidelines and Investment Concept]

The response to the Program Guidelines and Investment Concept should be 15 pages in total, including references.

## The SmartyGrants portal requests an ABN and an Australian phone number. Are these essential for all consortium partners that are based outside of Australia?

Providing an ABN or Australian phone number is not essential. Consortium members are asked to provide these where applicable.

## The application provides an option to submit additional details on consortium partners, but there is nowhere to upload this. Where should this be submitted?\*

For consortium members, it is sufficient to fill out the fields under “Applicant details” in SmartyGrants and provide the letter expressing the desire to collaborate. No information needs to be annexed.

## In the section ‘Brief Background to Lead Organisation’, the instructions state that details on consortium partners and partner organisations may be provided in an annex. Is this annex included in the 15 pages? Or does it need to be uploaded in a separate document? Will smartygrants allow for multiple document upload in section 4?\*

For consortium members, it is sufficient to fill out the fields under “Applicant details” in SmartyGrants and provide the letter expressing the desire to collaborate. No information needs to be annexed. The Invitation to Submit a Proposal should have been updated to reflect the addition of this new section in SmartyGrants.

## We understand that we only need 2 referee letters of support for each consortium partner, and letters are not needed at this stage from counterparts or partner organisations – if we already have letters of supports from counterparts/partners that are not in the consortium, are we able to include these in our application? Will we be able to upload more than 2 letters to SmartyGrants? Should we upload additional documents in section 7 ‘referee information’?\*

Please provide only the required letters of support at this stage. If you experience difficulty uploading any document to SmartyGrants, you may email it to chs@dfat.gov.au with the project title and lead organisation clearly specified in the subject line.

**Referee letters and letters of association and consortium partner details**

## We are in the process of working up a proposal involving a large multilateral organisation who have an office and work across the region. Would they need to provide referee reports?

Applicants must attach letters of support from two referees. For consortia, two letters of support from referees must be provided for each consortium partner. If the large multilateral organisation will be listed as a member of the consortium, then they will need to provide referee reports.

## In section 3.3, table 4, question, it states that “Details on consortium partners and partner organisations may be provided in an annex”. Does DFAT have a template or guidance/restrictions on the type or size of annex to be attached?

SmartyGrants contains fields under “Applicant details” that request the basic contact information for consortium organisations. In this section, you are also required to upload a one page letter from each consortium member that gives some brief information about itself, mentions the relationship with other consortium members, expresses the desire to collaborate and lists previous funding received from the Australian Government. There is no template for this. A full list of Project Team members is requested in SmartyGrants under the section “Project team details”.

## We have some staff who are planning on submitting more than one application to the APIDDaR program with our university as the Lead Organisation. Just clarifying would the applications be required to include a different set of referee letters for the Lead Organisation for each application, or will the same set of referee letters for the Lead Organisation for each application be sufficient?

Referee letters may be re-used within multiple applications; however, it is up to proponents to decide whether the content of the letter needs to be customised and made more specific for particular proposals. For example, if staff were working for the same larger organisation (the same university or a large research school within a university), but in quite different departments, it maybe be more appropriate to have different referee letters.

## Is there a template or suggested body of writing for the letters of association from each partner of intent to collaborate? The grant guideline requests these letters but there is no guideline for what they must include in writing to be accepted.

A very simple one page letter should be provided by the organisation that gives some brief information about itself, mentions the relationship with other consortium members, expresses the desire to collaborate and lists previous funding received from the Australian Government. There is no template for this.

## Could you please clarify whether applicants can include a reference panel / steering committee into an application – and if the answer is ‘yes’, are the reference panel / steering committee still required to provide all the partner documentation and referee letters when their primary role will be to provide advice and time in-kind?

Proposals may include reference to a steering committee or reference panel arrangement. There is no need to provide partner documentation and referee letters unless committee or panel members are playing an integral role in the delivery of the proposed program.

## Under 3.5 - For consortia, we note the requirement to provide two letters of support for referees from each consortium member. Where consortia members have established in-country partners, we assume we only include letters from them if included as actual consortium members. If not, can they be named as network partners or collaborators?

Letters of association and letters of support need only be included for actual consortium member organisations. Other in-country partners may be mentioned in the proposal as collaborators/network partners.

## A consortium partner in our proposal is the Ministry of Health in one of the focus countries for the program. The Ministry is already a partner with DFAT. Are the referee letters necessary for this type of partner? A government department? Is their letter of association and intent to collaborate sufficient? The lead organisation, an Australian university also needs referee letters. Is this also necessary?

All lead organisations and consortium member organisations (if there are any) regardless of size or type require two letters from referees, and for consortium member organisations, a letter of association.

Letters from referees provide evidence that an organisation (or a particular business unit or sub-group within a large organisation) has the capability to successfully undertake the proposed work, or fulfil their specific role within the project for consortium arrangements.

## For the letters of association from the partners, and the referee letters - who should they be addressed to? The person from the partner organisation is the one who signs the letter of association? I was told the "letter should be provided by the organisation". Can it be written and signed by the individual who is on our project from the organisation? And each partner organisation must provide two referee letters? Three letters in total from each partner?

Letters of association from consortium member organisations do not need to be specifically addressed, but may be addressed to the DFAT Indo-Pacific Centre for Health Security.

A representative of the consortium member organisation signs the letter of association. The person who signs the letter should have sufficient seniority and delegation to commit the staff to the project. The letter of association may be written by the individual who is the collaborator, but they may not always be the appropriate person to sign the letter.

Each consortium member organisation would provide one letter of association and two letters from referees. Lead organisations provide only two letters from referees.

## With regards to the referee letters of support for an organisation, can this be from an organisation that will also be partnering in the same project? In this instance the partnering organisation has worked with the lead organisation previously, but are currently not working together, and will be able to provide the most information on the organisation’s experience and previous capacity to achieve project outcomes, similar to that of the APIDDaR program.

Referee letters of support should not be from an organisation involved in the proposal.

## I have a question regarding the Organisation’s Certification. We are an extremely long-standing and large organization with over 6,000 staff members currently. We cannot certify that the Organization nor any of its employees, agents or contractors have been convicted of an offence of, or relating to fraud or corruption, etc. We do have very specific policies and procedures that address Fraud and Corruption Management. Is it acceptable if we provide that information in lieu of this very specific warranty?\*

If adequate policies and procedures exist in relation to fraud, corruption, child protection and other matters, an organisation should be able to certify as per the form. However, if you have received advice from your organisation that you cannot certify in this way, please contact us at chs@dfat.gov.au to discuss.

# **Selection process**

## Is there an anticipated number of awards in each of the three funding areas?

The investment concept states that it is anticipated that DFAT will enter into Grant Agreements with an estimated 3-6 partner organisations or consortia under this program. The number under each component cannot be specified, as this may depend on whether proposals cover more than one Program component.

## Could you please explain more clearly the steps involved with finalising the design of the program after applications are received on 31 May, including who will be (or potentially be) involved and in what role?

The two-step assessment and selection process is outlined in section 4.5 of the grant guidelines. A Grant Review Panel (GRP) comprising technical experts will assess conforming applications against the selection criteria and produce a ranked list of applications. The ranked list will be reviewed by DFAT to make the final selections as described in section 5.1. This is expected to occur by late June or early July 2019. DFAT will then work with the selected proponents individually and collectively to develop the final activity designs over a period of two to three months.

Updated Friday 31 May 2019