

# Product Development and Access Partnerships Application Form

## Form Preview

### Applicant Details

\* indicates a required field

**Organisation name \***

Organisation Name

**Type of Organisation \***

**Is the lead organisation an Australian research institute, organisation or entity? \***

☐ Yes

☐ No

**Provide a brief introduction to the Lead Organisation and their role in the program (details of partner organisations to be included below under Consortium Partners) \***

Word count:  
Must be no more than 300 words.

**Has your organisation previously received funding from the Australian Government? \***

☐ Yes

☐ No

### Previous Funding

Please give details for the past 3 occasions of previous Australian Government funding.  
Click "Add More" to insert additional lines.

Name of Activity	Funding Source	Funding Period	Funding Amount	Agreement Numbers
			\$	
			Must be a dollar amount.	

### Lead Organisation Contact

**Lead Organisation Office Address \***

Address

  

Physical location

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### Applicant Australian Business Number (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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Primary Contact \*

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

### Primary Contact Position \*

### Primary Contact Office Phone Number \*

### Primary Contact Mobile Phone Number \*

### Primary Contact Primary Email \*

Must be an email address.

Is the Lead Organisation recognised as a PDP? \* ☐ Yes ☐ No

Is this proposal from a consortium of partners? \* ☐ Yes ☐ No

### Consortium Partners

#### Note for consortia:

- At least one member of the consortium needs to be recognised as a PDP.

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Click "Add More" to insert additional consortium partners.

**Organisation name \***

**Australian Business Number (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		<a href="#">More information</a>
ACNC Registration		
Tax Concessions		
Main business location		

Must be an ABN.

**Type of Organisation \***

**Organisation Contact Name \***

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

**Contact's Phone \***

**Contact's Email \***

Must be an email address.

**Recognised as a PDP? \***

☐ Yes ☐ No  
At least one member of the consortium needs to be recognised as a PDP

**An Australian research institute, organisation or entity? \***

☐ Yes ☐ No

**Has this consortium member previously received funding from the Australian Government for**

☐ Yes ☐ No

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**activities similar in nature to the proposed activities detailed herein? \***

Each consortium partner must attach a 1-page letter that provides:

- brief information about the organisation,
- the relationship with other consortium members,
- expresses the intention to collaborate, and
- details previous funding received from the Australian Government.

**Consortium Partner letter \***

Attach a file:

**An organisation certification must be completed by each consortium partner. It can be downloaded [here](#) and emailed to the partner(s) for completion.**

**Attach Consortium Organisation Certificates \***

Attach a file:

## Key Personnel

*\* indicates a required field*

### List of Key Personnel

Please list key personnel from the Lead Organisation and where relevant, from other organisations in the consortium.

Please list a minimum of five key personnel and a maximum of ten key personnel.

This list is taken as indicative, understanding that key personnel may change.

*Click "Add More" to insert additional team members.*

**Title \***

**First Name \***

**Surname \***

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**Organisation \***

**Position \***

**Email \***

Must be an email address.

**Relevant expertise, expected role or contribution to the partnership \***

Word count:

Must be no more than 30 words.

**Upload CV of key personnel, including the team leader, detailing their demonstrated proven expertise relevant to the partnership activities**

Attach a file:

## Proposal Summary

\* indicates a required field

**Proposal Title \***

## Geographic Location

List all countries and the Provinces/Regions where this partnership will implement activities.

Click "Add More" to insert additional lines.

**Country**

**Key Provinces / Regions**

Country	Key Provinces / Regions
Country in which activities are implemented or origin of project beneficiaries	Key provinces or regions within the secondary country in which the project activities takes place or origin of project beneficiaries.

**Activity Start Date \***

Must be a date.

**Activity End Date \***

Must be a date.

## Proposed partnership and approach

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\* indicates a required field

### 1. Partnership activities and objectives

#### 1a. Outline the objectives of the partnership \*

Word count:

Must be no more than 100 words.

#### 1b. Outline how the proposed partnership addresses the goal and strategic objective of the Partnerships for a Healthy Region initiative \*

Word count:

Must be no more than 250 words.

### 2. Disease targets and product types

#### 2a. Complete the following table providing details of disease targets and product types.

Note:

- **Disease areas in scope are:** vector-borne diseases, sexually transmitted diseases, tuberculosis and neglected tropical diseases ([Neglected tropical diseases -- GLOBAL \(who.int\)](#)).
- **Product types in scope are:** vector control tools, therapeutics, diagnostics and vaccines.
- **Country of Reach:** where relevant, indicate country of reach where disease burden is high and product is needed.

Click "Add More" to insert additional lines.

Country of Reach	Disease	Product Type

#### 2b. Please attach a PDF document the detailing current status of the participating PDP's product pipeline relevant to this proposal [1 page diagram] \*

Attach a file:

### 3. Maturity and breadth of product portfolio

#### 3a. Detail two or more relevant candidate products in your portfolio which are in Phase One Trials or later \*

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Word count:

Must be no more than 200 words.

### 3b. Demonstrate relevant prior and ongoing research and development from the last five years \*

Word count:

Must be no more than 200 words.

## Regional focus

### 3c. Demonstrate prior activity in Southeast Asia and/or the Pacific \*

Word count:

Must be no more than 200 words.

#### Countries \*

- |                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> CAMBODIA  | <input type="checkbox"/> MARSHALL ISLANDS, REPUBLIC OF GUINEA THE | <input type="checkbox"/> PAPUA NEW GUINEA | <input type="checkbox"/> TONGA              |
| <input type="checkbox"/> FIJI      | <input type="checkbox"/> MICRONESIA, FEDERATED STATES OF          | <input type="checkbox"/> PHILIPPINES      | <input type="checkbox"/> TUVALU             |
| <input type="checkbox"/> INDONESIA | <input type="checkbox"/> MYANMAR                                  | <input type="checkbox"/> SAMOA            | <input type="checkbox"/> VANUATU            |
| <input type="checkbox"/> KIRIBATI  | <input type="checkbox"/> NAURU                                    | <input type="checkbox"/> SOLOMON ISLANDS  | <input type="checkbox"/> VIETNAM            |
| <input type="checkbox"/> LAOS      | <input type="checkbox"/> NIUE                                     | <input type="checkbox"/> THAILAND         | <input type="checkbox"/> Other: <div></div> |
| <input type="checkbox"/> MALAYSIA  | <input type="checkbox"/> PALAU                                    | <input type="checkbox"/> TIMOR-LESTE      |   |

## 4. Global Access Strategy of PDP

### 4a. Articulate what mechanisms you have in place to facilitate access of your products including, but not limited to:

1. achieving pricing attainable for LMICs;
2. moving products through regulatory pathways in a timely fashion;
3. moving products into manufacturing and distribution in a timely fashion;
4. supporting products to be available where and when they are needed at a volume as determined by the disease burden and country demand;
5. supporting country-based knowledge and demand generation; and
6. participating in global guideline and policy setting to better facilitate access to new or modified products, including updated treatment guidelines.

\*

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Word count:

Must be no more than 350 words.

## 5. Regional Product Access and Trial Activities

**5a. Articulate proposed scope of activity within Southeast Asia and/or the Pacific which contributes to improved accessibility of the product(s)** including but not limited to: product development, operational research, manufacturing, policy and guideline development and other access initiatives.

\*

Word count:

Must be no more than 300 words.

### 5b. Regional Trial Activity

**Articulate current or future plans for clinical trials in Southeast Asia and/or the Pacific.**

*Click "Add More" to insert additional lines.*

Country	Region	Detail current or future plans for clinical trials in country / region
		Must be no more than 350 words.

## 6. Risk and safeguard management

### 6a. Detail your proposed approach to risk and safeguards management.

Demonstrate effective risk management, including consideration of:

- key risks and proposed mitigation strategies;
- the ongoing impact of COVID-19 on product development;
- fiduciary risk; and
- social and environmental safeguards in line with DFAT requirements, and attention to the principle of '[do no harm](#)'.

\*



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Word count:

Must be no more than 300 words.

### **6b. Upload your risk profile and risk management framework, including risk ratings and mitigation strategies \***

Attach a file:

## 7. Applicant and organisational effectiveness

### **7a. Demonstrate effective governance and administrative structures including established and robust financial and human resource management systems and audit reporting. \***

Word count:

Must be no more than 350 words.

### **7b. Demonstrate effectiveness, including providing detail on:**

- 1.the applicant's impact and programming to date;
- 2.how the proposal's End Of Program Outcomes align with and contribute to the **Product Development and Access Partnerships'** End of Program Outcomes and Intermediate Outcomes (as described in the Guidelines - Section 2, Operational Objectives), within the context of the Partnerships for a Healthy Region initiative's program logic (See Annex 1 of the Guidelines);
- 3.proposed strategies to advance global policy and guidelines on product development, and other actions to maximise scalability and sustainability of product development and use; and
- 4.how the aims of the applicant improve public health, with a focus on those living in low- and -middle-income countries including evidence of public health impact to date.

\*

Word count:

Must be no more than 350 words.

### **7c. Demonstrate efficiency and sound management and detail how you will address [DFAT's Value for Money principles](#), including mechanisms to:**

- 1.leverage, secure and/or diversify funding bases;
- 2.manage administrative overheads; and

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3. ensure equitable management of human resources, including transparent, fair and effective management of claims relating to inappropriate workplace behaviour.

\*

Word count:

Must be no more than 200 words.

## 8. Gender equality, disability and social inclusion (GEDSI)

### 8a. Articulate a strategy to gender equality, disability and social inclusion (GEDSI) including detail on:

1. How analysis and expertise has informed strategy on GEDSI, including key strategies to address barriers and underlying norms that will align with and contribute to DFAT's frameworks and objectives on GEDSI. This should consider and address the following:
  - organisational capability, policies and commitment to GEDSI;
  - how GEDSI relates to product design, target audience, trial design, purpose and characteristics as relevant to disease burden;
  - prioritisation and implementation of GEDSI;
  - information on who will benefit from the proposal, with attention to groups at increased risk and vulnerability; and
  - engagement with representative organisations (for example, women's groups and organisations of people with disabilities)
2. Resourcing of the proposed GEDSI approach;
3. Risks and safeguards, with attention to the 'do no harm' principle; and
4. How the applicant will monitor, evaluate and report on GEDSI related work.

\*

Word count:

Must be no more than 350 words.

## Proposed Budget

\* indicates a required field

### FUNDING REQUESTED

Funding request by Australian financial year (financial year means 1 July to 30 June) to be provided in Australian Dollars (AUD).

Please ensure financial year totals exactly match those included in the 'Yearly DFAT Financing Breakdown' sheet of the uploaded budget file.

Consider [DFAT's Value for Money](#) principles in budget development.

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Funds Requested 2022-23

\$

Must be a dollar amount.

Funds Requested 2023-24

\$

Must be a dollar amount.

Funds Requested 2024- 25

\$

Must be a dollar amount.

Funds Requested 2025-26

\$

Must be a dollar amount.

Funds Requested 2026-27

\$

Must be a dollar amount.

Total Funds Requested From Australia \*

\$

This number/amount is calculated.

**Proposal budget is to be within the range of \$5 million to \$20 million over five years. Total funding requested from DFAT over five years cannot exceed \$20 million.**

**Your application cannot be submitted if total funding requested from DFAT exceeds this amount.**

**Funding Validation  
(Total Funds Requested  
From Australia less  
\$20m) \***

\$

This number/amount is calculated.  
Must be equal to or less than zero.

***WARNING: Funding from DFAT over 5 years exceeds \$20 million.***

**Applicant's contribution  
to the proposed  
activities \***

\$

Must be a dollar amount.

Funding from other sources

**Please share details of future funding for PDP (lead organisation) by donor and financial year (FY2022-23 to FY2026-27) in AUD.**

*Click "Add More" to insert additional lines.*

Donor	Disease (if Specified)	Product Type (if specified)	Funding Period	Amount (AUD)	Contractual Secured?	Comments
				For period FY2022-23 to FY2026-27		
		<input type="checkbox"/> Vector Control		\$		
		<input type="checkbox"/> Therapeutics (eg. Drugs)				
		<input type="checkbox"/> Diagnostics				
		<input type="checkbox"/> Vaccines				

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		<input type="checkbox"/> Other:				

**Total Funding from other sources \***

\$   
This number/amount is calculated.

**Income from All Sources TOTAL \***

\$   
This number/amount is calculated.

## BUDGET

Download budget template for completion, follow guidance notes included. Once completed upload file below.

Budget template - [download here](#)

**Upload completed budget template spreadsheet \***

Attach a file:

Enter total values requested from DFAT (for duration of funding) for each cost category. Values to exactly match those included in the uploaded budget file.

Cost Category	Description	DFAT Funding Requested	Organisation Contribution	Other Sources Funding
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**DFAT Funding Requested TOTAL \***

\$   
This number/amount is calculated.

**Organisation Contribution TOTAL \***

\$   
This number/amount is calculated.

**Other Sources Funding TOTAL \***

\$   
This number/amount is calculated.

**Budget funding from all sources TOTAL \***

\$   
This number/amount is calculated.

## Validations

The calculations below check that the total income is equal to the total expenses reported above, as well as each of the funding sources.

**Total Funds Requested from Australia less DFAT Funding Requested TOTAL \***

**Your Organisation's Contribution less Organisation Contribution TOTAL \***

**Total Funding from other sources less Other Sources Funding TOTAL**

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\$

This number/amount is calculated.  
Must be equal to zero.

\$

This number/amount is calculated.  
Must be equal to zero

\$

Must be equal to zero.

**Total Income from All Sources TOTAL less  
Budget funding from all sources TOTAL**

\$

Must be equal to zero.

## Referee Information

\* indicates a required field

Applicants **must** attach letters of support from two referees (Note: as attachments to this proposal).

For consortia, two letters of support from referees **must** be provided for each consortium partner.

Referees **must** comment on the organisation's experience and capacity to achieve the objectives and outcomes of the Product Development and Access Partnership program.

Organisations **must** ensure that their nominated referees do not have an actual or potential conflict of interest when acting as a referee. In particular, organisations **must** ensure that referees:

a) Are not employees of the organisation, or the holder of a current executive office (or similar position) within the organisation, or have a business association with the organisation, or a subsidiary organisation of the organisation; b) Are not their immediate family members, have no direct financial interest in this activity; c) Are not current or former DFAT employees; d) Are available to be contacted after the Activity Proposal closing time; and e) Are able to provide comments in English.

DFAT reserves the right to check with nominated referees and with other persons the accuracy of the information provided by the organisation and the quality of past work performed by the organisation.

For the purposes of this Referee Information and Organisation's Certification, "Former DFAT employee" means a person who was previously employed by DFAT, whose employment ceased within the last nine (9) months, and who was substantially involved in the design, preparation, appraisal, review, and or daily management of the activity with which this grant program is associated.

**Attach letters of support**

\*

Attach a file:

Must be two (2) letters of support attached

## Lead Organisation's Certification

\* indicates a required field

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### Lead Organisation's Certification \*

- ☐ I hold a position with the Lead Organisation and am duly authorised by the Lead Organisation to make this declaration. I make this declaration on behalf of the Lead Organisation and on behalf of myself.
- ☐ I have read the information provided in the Product Development and Access Partnership Guidelines.
- ☐ The statements in this proposal are true to the best of my knowledge
- ☐ I acknowledge that if the Lead Organisation is found to have made false or misleading material claims or statements in this proposal or in this certification, DFAT will reject at any time any proposal lodged by or on behalf of the Lead Organisation.
- ☐ I acknowledge that this proposal will be assessed on its merits, and compared to other proposals, and that it may not be funded, or it may not be funded at the amount requested.
- ☐ I warrant that the Lead Organisation will use its best endeavours to ensure that all personnel involved in the Activity are of good fame and character.

I warrant that the Lead Organisation will use its best endeavours to ensure:

\*

- ☐ That individuals or organisations involved in implementing the Activity are in no way linked, directly or indirectly, to organisations and individuals associated with terrorism; and
- ☐ That the Funding is not used in any way to provide direct or indirect support or resources to organisations and individuals associated with terrorism.

"World Bank List" means a list of organisations maintained by the World Bank in its "Listing of Ineligible Firms" or "Listings of Firms, Letters of Reprimand" posted at:

[World Bank Website](#)

I warrant that the Lead Organisation is not:

\*

- ☐ Listed on a World Bank List or a list maintained by any other donor of development funding;
- ☐ Subject to any proceedings or informal processes which could lead to listing on a World Bank List or a list maintained by any other donor of development funding
- ☐ The subject of an investigation by the World Bank or any other donor of development funding.

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\*

- ☐ I warrant that the Lead Organisation will have regard to the Australian Government guidance “Safeguarding your organisation against terrorism financing: a guidance for non-profit organisations”.
- ☐ I warrant that neither the Lead Organisation nor any of its employees, agents or contractors have been convicted of an offence of, or relating to fraud or corruption, including bribery of a public official, nor are they subject to any proceedings which could lead to such a conviction.
- ☐ I undertake that the Lead Organisation will not permit any of its employees, agents or contractors, to work with children if they pose an unacceptable risk to children’s safety or well-being. Refer to DFAT’s Child Protection Policy.
- ☐ I warrant that none of the key personnel who are involved in the Activity have been convicted of a criminal offence relating to child abuse, nor are they subject to any proceedings which could lead to such a conviction.
- ☐ I warrant that the Lead Organisation has not received grant funding for this Activity from another source other than that declared in this proposal.
- ☐ I warrant that this proposal has not been prepared with the assistance of any current DFAT employees or former DFAT employees or with improperly obtained information.

### Authorising Officer

**Authorising Officer \***

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

**Position \***

**Organisation \***

**Phone Number \***

**Date of Authorisation \***

Must be a date.