**Introduction**

This application form is comprised of nine sections (detailed below). Please ensure **all sections are complete** before submitting your application. Incomplete applications may be deemed ineligible for assessment.

Please email your complete application to [alumni@laosaustraliainstitute.org](mailto:alumni@laosaustraliainstitute.org) **by 11:59pm on Wednesday 6 January 2021**. If your files are too large to send in an email, Please save them to a file sharing service, such as Dropbox or google Drive and send us a link to the files.

All applications should be completed in English. If you are a LANA or DIDA and require assistance to complete your application in English, Please contact us at [alumni@laosaustraliainstitute.org](mailto:alumni@laosaustraliainstitute.org).

Sections to complete:

1. Application Cover Sheet
2. Application Form
3. Risk Assessment
4. Work Plan
5. Budget
6. Scan of ID
7. Curriculum Vitae
8. Letter of support
9. **Application checklist**

Please ensure *all* documents are completed and attached

|  |  |  |
| --- | --- | --- |
| APPLICATION CHECKLIST | | Office Use Only |
| ☐ | 1. Application checklist |  |
| ☐ | 1. Team Leader contact details |  |
| ☐ | 1. Other team members contact information |  |
| ☐ | 1. Conflict of interest declaration |  |
| ☐ | 1. Application form |  |
| ☐ | 1. Risk assessment |  |
| ☐ | 1. Work plan |  |
| ☐ | 1. Budget (spreadsheet) |  |
| ☐ | 1. A copy of testamur, statement of graduation or other documentary evidence of AAS, LANS, DID or privately-funded alumni status |  |
|  | Signed ……………………………………………………….. Date: ………………………… |  |

|  |  |
| --- | --- |
| **INNOVATION TITLE** | |
| Name of Innovation: | *(Please limit to 5-8 words)* |
| Innovation Dates (overall): | *dates must be between February 1, 2021 – June 1, 2021* |

# **Team Leader Contact Details**

|  |  |
| --- | --- |
| CONTACT DETAILS OF TEAM LEADER | |
| Contact name: | *(Please put name of the innovation Team Leader: first name, last name, nickname)* |
| Other alumni involved in application: | *(Please list all that apply: first name, last name, nickname)* |
| Type of Alumni: | *(Please tick which on applies. If unsure, tick ‘other’ and provide details of why you think you qualify to be considered an alum.)*    *Please note: you must be an alum to be considered for this grant, and you must be able to prove your alum status.*  ☐ Australia Awards Alum  ☐ Laos Australia National Scholarships Alum  ☐ Disability Inclusive Development Alum  ☐ Privately funded Alum  ☐ Recipient of a short course, training, professional development or other activity delivered by an Australian institution  ☐ Other (Please specify):  …………………………………………………………………………… |
| University/institution attended: | *(Please provide* ***name*** *of institution,* ***location*** *you undertook study and* ***year completed****)* |
| Employment organisation and title (if applicable): |  |
| Contact Address: |  |
| Contact phone: | *[Please put one only]* |
| Contact email: | *[Please put one only]* |

# **Other team members contact details**

# If this is a group application from two or more alumni, Please providedetails of all alumni other than the team leader in this section.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Alum team member No 2 | Alum team member No 3 | Alum team member No 4 |
| First name |  |  |  |
| Last name |  |  |  |
| Nick name |  |  |  |
| Type of alumn |  |  |  |
| Institution studied at |  |  |  |
| Degree/course studied |  |  |  |
| Year studies were completed |  |  |  |

# **Conflict of Interest Declaration**

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| Team leader to complete either Section A OR Section B of the below conflict of interest declaration |
| Section A: |
| There are no known conflicts of interest by the grant team listed above which may impact the application for this grant. Signed………………………………………………………..  Name…………………………………………………………  Date………………………………………………………….. |
| OR Section B: |
| The following team members identified in this application declare a conflict of interest with regards to this grant: *(Please list team members)*  And the conflict of interest is: *(For example, Please notify us if the team members:**work for the Government of Lao PDR**work for the Government of Australia**if they have a personal vested interest in an organization being subcontracted to provide goods or services through the grant- ie they own or work for the organization**if they have knowledge about the project which may put this application at an unfair advantage for receiving the grant.* *Please provide as much detail as possible).*  Signed………………………………………………………..  Name…………………………………………………………  Date………………………………………………………….. |

# **Application Form**

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| --- | --- |
| INNOVATION DETAILS  Please note that innovations working directly with children will not be considered. Please discuss with the Alumni office at the Australian Embassy if you seek clarification. | |
| Name of Innovation | *[Enter innovation title here. Please make sure it is the same as written above]* |
| What are the main objectives/activities of the innovation? What problems does it aim to solve? | *[In 4 to 6 sentences Please describe the main elements of the innovation and how it supports one of the three key themes of:*   * *health security,* * *social stability* * *economic recovery]* |
| Please details which thematic area this application aligns with and how | *[Must align with either Health Security, Stability or Economic Recovery to be considered, and this alignment must be demonstrated throughout your application]* |
| Total cost of innovation (in AUD or LAK) |  |
| Amount of funding being sought from the Alumni Innovation Fund (in AUD or LAK). |  |
| Innovation start date | *[Must be between 1-14 February 2021]* |
| Innovation end date  *NB: Final reports and final invoices must be approved and acquitted by 10 June 2021, so* | *[The end date must be by June 1 2021]* |
| State/region, city, and township where innovation activities will occur |  |
| Target audience | *[Include target audience and method used to engage them i.e. Twitter, Facebook, LinkedIn, etc. and materials]* |
| Who are the main beneficiaries of the innovation? | *[Who are the main beneficiaries of this innovation? Please include estimates of the number of people who will benefit]* |
| Being mindful of current/future Government restrictions around social interaction and travel, how will this innovation/activity be implemented? (How will those outcomes be achieved?) (100-200 words) | *[Please provide an overview of how the innovation will be implemented and how challenges will be addressed]* |
| How was the innovation developed? Please provide details of consultations with other Alumni, community groups Lao or Australian organisations etc. | *[Include a brief summary of consultations with stakeholders to date and their respective levels of support for the innovation]* |
| How will you promote the innovation? (if applicable) | *[Please detail all social media, as well as Lao media, local networks and other professional or personal networks you will use to promote your innovation? If you have a timeline for promotional activities, Please include that here)* |
| How does this innovation involve participation by both women and men and how are women supported through this activity?  *NB: All innovations must provide benefit to women to be considered.* | *[Briefly provide details of the inclusive participation strategy which ensures both men and women participate and benefit from this innovation]* |
| How are marginalized groups benefitting from this innovation? Which groups are benefiting? Is the benefit meaningful to the group/s?  *NB: All innovations must provide benefit to marginalized groups in order to be considered.* | *[Marginalised groups might include persons with disability, women, people from diverse ethnic backgrounds, LGBTI identifying people and others who are underrepresented in society].* |
| Has the contact person/team leader previously received Alumni Grants funding? | *[If yes, provide details e.g. innovation, amount, year]* |
| Please provide an outcome statement detailing what you hope the end result of the innovation will be. | *[Outcomes are changes and improvements that the direct*  *beneficiaries and indirect beneficiaries will experience as a result of the proposed innovation.*  *Outcomes should indicate the change in knowledge, skills, behaviour or state that will occur if the innovation is successful. Outcomes should relate to one of the three key areas of Health Security, Social Stability or Economic Recovery]* |

# **Risk Assessment**

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| **RISK ASSESSMENT** |
| The applicant should identify 2-4 risks, including risks associated with the delivery of the activities, achievement of results, the use of grant funding, and the reputation of LAI and DFAT.  Please specify the real or potential risks associated with the innovation. Please tick one or more of the boxes below.  **☐** Physical risks **☐** Child protection risks **☐** Environmental risks  **☐** Political risks **☐** Economic risks **☐** Social risks |
| Please provide a brief outline of how you will manage these risks (100-200 words for each risk identified):   * *The likelihood of the risk occurring should be rated either: very low, low, medium, high, or very high.* * *Each risk rated medium, high or very high should have mitigation activities associated with it.* * *The risk rating should reflect the degree of risk before the mitigation activities are delivered.* |

# **Work Plan**

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| --- | --- | --- | --- | --- |
| WORK PLAN  Please add extra rows as necessary | | | | |
| No | **Activity / task**  *(Please number these)* | **Expected**  **Dates /**  **Implementation timeline** | **Person or people responsible** | **Indicator / evidence of implementation**  *(how will you know if it is on track or complete?)* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

# **Budget**

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| --- |
| **BUDGET** |
| Please attach a Budget spreadsheet as per the template provided.  Please include:   * Activity/Task number (from Work Plan above) and sub-activities if applicable * Budget items (e.g. transport, printing, online meeting room hire) and unit costs against activities/tasks * Estimated budget overall (sub-totals and totals). * Please ensure you include a small contingency budget for unexpected expenses.   *Please note that you will be asked to acquit against this budget during and after the payment process, and payments may be made in instalments according to milestones. We will discuss this directly with successful Grant applicants.*  *Successful applicants will be required to sign an agreement before a transfer of funds is approved.* |

# **Scan of ID**

Please attach a copy of your personal identification document. This could be your identification card or your passport. Your personal data including name, citizenship and photograph must be shown clearly (applies only for team lead/applicant).

1. **Curriculum Vitae (CV)**

Please attach a brief summary of your education, work history and necessary skills and experiences. Keep your CV brief, ideally to a maximum of two pages. (applies only for team lead/ applicant).

1. **Letter of support**

Please attach letters of support from *all* Lao and Australian organisations collaborating in the proposed project.