



ILDS DermLink seeks to support applications from ILDS Members to undertake initiatives that help patients with skin disease in underserved parts of the world. We welcome applications from anywhere in the world. All applications need to be supported by an ILDS Member.

*We celebrate and share the broad range of approaches to skin health and disease that exist throughout the world*

## Grants Types

### 1. Materials & Equipment

Up to US\$3,000 for dermatological materials and equipment

### 2. Training

Up to US\$3,000 for short-term dermatological training for an individual

### 3. Field or Community Project

Up to US\$5,000 for projects in resource poor regions lasting no more than 12 months

ILDS DermLink grants are awarded on a competitive basis following consideration by the International Foundation for Dermatology (IFD) Committee and ratification by the ILDS Board.

Criteria include identified needs, impact for investment and sustainability.

## Guidelines

1. Applications must be made by an ILDS member organisation in good standing (membership fees are paid up to date as at the deadline of submission)
2. Applications must be in English using the attached form
3. Applications must assist dermatology in low-resource areas
4. Projects addressing Tropical Dermatology or Migration Health are encouraged
5. Successful applicants must acknowledge the grant in all related activities
6. Successful applicants will be expected to commit to ILDS/IFD reporting requirements
7. All grants must be used within 12 months of being awarded
8. Only one application per ILDS Member organisation per year
9. Previously supported projects will not be considered
10. Collaborations between organisations and/or countries are welcomed
11. The collaborating organisation applying for the funds will need to have a bank account that accepts funds in US Dollars. Funds will not be paid into a personal bank account
12. The grant should not be used for any research projects



## ILDS Member Organisation Details

<b>Member Organisation Name:</b>	
<b>Main Contact Name:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Telephone Number:</b>	
<b>Full Postal Address:</b>	
<b>Website:</b>	

This application has been approved by the ILDS Member Organisation's Board (Y/N):



## Grant Type (please select one only)

<b>1. Materials &amp; Equipment</b>	
Up to US\$3,000 for dermatological materials and equipment	
<b>2. Training</b>	
Up to US\$3,000 for short-term dermatological training for an individual	
<b>3. Field or Community Project</b>	
Up to US\$5,000 for projects in resource-poor regions lasting no more than 12 months	

## Application Project Details

<b>Main Contact Name:</b>	
<b>Email:</b>	
<b>Telephone Number:</b>	
<b>Full Postal Address:</b>	
<b>Country of Grant Recipient:</b>	
<b>Start Date of Project:</b>	
<b>End Date of Project:</b>	
<b>Where will the Project take place:</b>	

**All grants must be used within 12 months of being awarded**



## 1. What would you like to call the Project?

Give your project a short title, something which can be used in publicity

## 2. Describe the Project and who will benefit from it (min. 200 words)

## 3. What is the need you have identified; how did you identify it and how will your idea meet it? (min. 200 words)



**4. What are the planned activities for this project?** *Your outputs (min. 200 words)*

**5. Once your project ends, how will you ensure it will be sustainable?**  
(min. 200 words)



## 6. What are the changes that you expect to happen as a result of this grant?

*What will be the outcomes of delivering this project?*

**Who:** who will benefit? (eg. patients, young people, people with eczema, etc) (min. 150 words)

**What:** what is changing? (eg. skin health conditions, knowledge, skills, environment, etc) (min. 150 words)



**7. Patient engagement: To what extent will you involve patients in the delivery of the project? What mechanisms will you use to gather and incorporate feedback from patients?** (min. 200 words)

**8. Background and experience: What relevant experience do you and the implementing team have in this field?** (min. 200 words)



## **9. DermLink recipients are encouraged to incorporate a link with the World Skin Health Day Campaign into their project.**

*World Skin Health Day is an opportunity to raise awareness of skin health in the local community and beyond. Taking part in World Skin Health Day helps to raise awareness about the wide-ranging impact of skin disease, as well as supporting people needing treatment in their local communities.*

*How you choose to take part in World Skin Health Day is up to you. You could make a part of your project a World Skin Health Day activity e.g. a treatment clinic, or a training session, or you could create a one-off activity just for World Skin Health Day.*

*Visit [www.worldskinday.org](http://www.worldskinday.org) for more ideas.*

*A World Skin Health Day activity can take place on any day, pick a date that suits you!*

**Please describe your plans for how you will incorporate a World Skin Health Day activity into this project, this does not need to be in addition to the plans you are already undertaking.**





**10. Project costs**

<b>What is the total cost of the Project?</b>	
<b>What is the grant amount you are requesting from ILDS/IFD?</b>	
<b>If you have a shortfall, how will this be met? (min. 100 words)</b>	

**Please provide full breakdown of the project costs:**

<b>Activity/Item/Service</b>	<b>Total Cost</b>	<b>Amount request from this Grant</b>	<b>Description</b>
<b>Total:</b>			



## Grants Applications Notes

Please make sure you provide us with the right information in your grant application. The suggestions below may help you to ensure that you're providing us the correct information in your application depending what your grant request is for:

### 1. Materials & Equipment

Please provide a list of the equipment requested and the estimated purchase cost (including any shipping or other charges). It would be good if you are able to provide quotes separately as attachments.

### 2. Training

Please provide the goal of the training and how this will help healthcare in a specified low-resource region?

Where will the applicant be trained?

What is the course?

How much is the training and the associated costs?

Please provide details on the applicant's background. You may wish to provide a CV.

Please provide details on the training providers background. You may provide an attachment or website link.

*Please note travel grants to conferences will not be considered.*

### 3. Field or Community Project

Please provide details about the *methods* that will be used for this project, whether it will be a medical intervention, an educational programme or workshop or others.

*Please note this grant is not for any research projects.*

**You may wish to discuss your project with ILDS staff prior to submission. You can contact us on [DermLink@ILDS.org](mailto:DermLink@ILDS.org). This is highly recommended.**



## Data Protection Statement

If you have applied for, or hold a grant with us, then we will use the information you give us during assessment and during life of your grants (if awarded) to administer and analyse grants and for our own research purposes. Information will be used for publicity purposes through various medias such as websites, Twitter, newsletters, leaflets, case studies and others.

We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the grant programme, monitoring grants and evaluating funding processes and impacts. These organisations may include accountants, external evaluators and others.

We might use personal information provided by you in order to conduct appropriate checks and carry out our due diligence.

If you provide false or inaccurate information in your application or at any point in the life of any funding we award you and fraud is identified, we will provide details to fraud prevention agencies, to prevent fraud and money laundering.

We might use the data you provide for research purposes. We recognise the need to maintain the confidentiality of vulnerable groups and their details will not be made public in any way, except when required by law.

The ILDS privacy policy is available in full on our website: <https://ilds.org/privacy-policy/>

## Declaration

I confirm that the information I have provided is correct and true. Any false or misleading information will result in the application being disqualified, and any funding granted will be stopped or any funding already awarded will be reclaimed.

<b>Full name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Thank you for completing this form.

*Please return this form, along with any supporting documentation to [DermLink@ILDS.org](mailto:DermLink@ILDS.org)*

**Deadline for applications: 28 February 2021**

All applications received will be acknowledged, if you do not receive a receipt within five working days please resend.