WA Child Research Fund 2021/22

Application Form

**Application period closes:**

 **1.00pm (AWST), Monday 30 May 2022**

**WA Child Research Fund 2021/22**

# Application Form

## Section 1: Proposed Project

|  |  |
| --- | --- |
| Coordinating Principal Investigator (CPI) |  |
| Project title |  |
| Project Classification Code: Field of Research (FOR)*(ANZSRC 2020)* |  |
| Project Classification:Broad Research Area(BRA) | [ ]  Basic Science[ ]  Clinical Medicine and Science[ ]  Health Services Research[ ]  Public Health |
| Amount requested (ex GST)*Must not exceed $600,000* | $ |
| Name of administering institution *Institution which will receive grant funds* |  |
| Administering institution ABN |  |
| Administering institution contact officer |  |
| Administering institution contact officer email address*For notifications* |  |
| Total time required to complete project*Can be up to 3 years* |  |
| Submissions to other funding sources for this project*List the name of the funding agency(s) and the amount(s) requested. Include applications already submitted and planned submissions.* |  |
| Plain language summary*Include the research questions, methodology, predicted benefits and relevance to WA children’s and adolescent’s health.**Where a grant is awarded, this summary may be used for publicity purposes.**(Maximum 500 words)* |  |

## Section 2: Research Team

(i) Coordinating Principal Investigator (all correspondence will be sent to this person)

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Employing Institution*If different from Administering Institution* |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline / Profession |  |
| Position held and year appointed |  |
| Citizenship statusAustralian Citizen or Permanent Resident  |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Research Team Members**

In addition to the Coordinating Principal Investigator listed above, please provide details for each Principal and Associate Investigator involved in the project.

Additional tables can be inserted as required.

|  |
| --- |
| **Principal Investigator 1 – will be the next point of contact after the CPI** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Principal Investigator 2** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Principal Investigator 3** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Associate Investigator 1** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Associate Investigator 2** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Associate Investigator 3** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

## Section 3: Significance of the Project (20%)

1. Describe the problem and the relevance and scale of the problem in relation to the WA child and adolescent health (e.g. incidence/prevalence, burden of disease).
2. Outline the anticipated contribution of proposed research to the problem described above (e.g. advancing knowledge, informing policy/practice, improving health care or health outcomes).
3. Outline the potential economic, social and environmental benefits of the research to WA.

 (Maximum TWO pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i)**

|  |
| --- |
|  |

**(ii)**

|  |
| --- |
|  |

**(iii)**

|  |
| --- |
|  |

## Section 4: Novelty (15%)

1. Describe how this approach is novel. Discuss what distinguishes this work from similar or related research in this area.
2. Discuss the potential benefits and advantage of the novel approach.

 (Maximum ONE page)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i)**

|  |
| --- |
|  |

**(ii)**

|  |
| --- |
|  |

## Section 5: Consumer Involvement (15%)

**(i) Consumer Representatives**

Please provide details for each consumer representative.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Time contribution to this project (hours/week) |  |

**(ii) Consumer Involvement Plan**

Describe how consumers have been involved in the development of the research proposal and the plan for ongoing involvement during the project, including their roles and how their lived experience perspectives will inform the research.

(Maximum ONE page)

|  |
| --- |
|  |

## Section 6: Research Plan (20%)

Include here:

1. Study hypothesis, research questions and objectives\*.
2. Methodology, including techniques, target group(s), a realistic sample size and objective measurement of expected outcomes.
3. List all approvals that will be required before the research project can proceed, e.g. ethics, governance approvals and intellectual property agreements.
4. Milestones against the project’s timeline. Noting that the timeline should commence from execution of grant funding agreement and include an allocation of time for the approvals, employment of staff, data collection, analysis and report writing, and that the project must be completed within 36 months.

\* Ensure objectives are specific, measurable, attainable, relevant and time-bound.

(Maximum FOUR pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i) Study hypothesis and research questions and objectives**

|  |
| --- |
|  |

**(ii) Methodology**

|  |
| --- |
|  |

**(iii) Approvals and agreements**

|  |
| --- |
|  |

**(iv) Milestones against timeline**

List the major activity milestones and their duration. Consider required ethics/governance approvals, creation of positions, recruitment, data collection, analysis and report writing. Insert additional rows as required. Milestone activity commences upon execution of Grant Funding Agreement or Memorandum of Understanding (as appropriate).

|  |  |
| --- | --- |
| **Activity Milestones** | **Timeline***maximum 36 months* |
| 1.  |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5.  |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10.  |  |

## Section 7: Budget

This section should be completed in accordance with the following:

* Major equipment items will not be funded.
* Minor equipment items considered essential to the project will be funded (quotations must be provided). Equipment will become the property of the administering institution.
* Salary level and industrial award and agreement should be listed for each position (indicate if new or existing position (to be filled or already filled)). Salary scales should be confirmed by relevant officer (i.e. Business Managers). The timeframe required for creation and filling of positions should be factored into the ‘Milestones against timeline’ in the application form.
* Salary on-costs must be separately identified and justified and a maximum of 30% can be claimed.
* Salary on-costs include payroll tax, superannuation, leave loading, workers' compensation and insurance payments.
* For WA public health system applicants, salary on-costs must be calculated at the recommended level outlined in the [Financial Management Manual](https://healthpoint.hdwa.health.wa.gov.au/FinanceGroup/Chapter%205%20Revenue%20Management/FMM%20s521%20-%20On-Cost%20Charges%20v0-50.pdf).
* Requests for travel funds will not be approved unless the travel is specifically required to undertake the project.
* Overhead charges (also referred to as indirect/infrastructure costs, e.g. utilities) may be requested up to 10% of the total budget. However, WA public health system applicants cannot claim standard overhead charges, as per the Financial Management Manual s522 (exempt organisation).
* Where applicable, other sources of funding and in-kind support should be included in the budget.
* Applicants should note that it is important to calculate budgets accurately, as requests for additional funding will not be approved.
* Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 11**.**

|  |  |
| --- | --- |
| **BUDGET ITEM** | **AMOUNT REQUESTED****($ EXCL GST)** |
| **Salary costs** | **Year 1****($)** | **Year 1****($)** | **Year 3****($)** | **TOTAL WACRF BUDGET REQUEST****($)** | **ADDITIONAL IN-KIND SUPPORT****($)** | **ADDITIONAL OTHER SOURCE FUNDING****($)** | **TOTAL PROJECT COST****($)** |
| **Personnel** *specify for each position***Position 1*** *title*
* *new/ existing*
* *%FTE*
* *salary level*

Position 2* *title*
* *new/ existing*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |
| **Salary on-costs***specify for each position**Maximum of 30%***Position 1***\_\_\_% applied***Position 2** *\_\_\_% applied* |  |  |  |  |  |  |  |
| **Research activity costs** | **Year 1****($)** | **Year 1****($)** | **Year 3****($)** | **TOTAL WACRF BUDGET REQUEST****($)** | **ADDITIONAL IN-KIND SUPPORT****($)** | **ADDITIONAL OTHER SOURCE FUNDING****($)** | **TOTAL PROJECT COST****($)** |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |
| **Professional services***e.g. economic and statistical analysis* |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *e.g. Nuclear Medicine, Pharmacy, Pathology, Radiology, Radiation Oncology* |  |  |  |  |  |  |  |
| **Research Governance and Ethics review** |  |  |  |  |  |  |  |
| **Overhead (indirect/infrastructure) costs***Maximum of 10%* |  |  |  |  |  |  |  |
| **Consumer Involvement***e.g. stakeholder training, honoraria and payments, consultations and/or events etc.* |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

## Budget justification – salary costs

Provide a justification for any salary costs in the ‘Budget’ worksheet. For each position specify:

1. position title/role
2. FTE, and why this is appropriate
3. the full-time annual salary amount, and the basis for this
4. salary on-costs %, and the basis for this
5. duties, and how these contribute to the delivery of the WACRF 2021/22 project outcomes.

*[Maximum 250 words]*

|  |
| --- |
|  |

## CPI salary support exemption

Funding is not intended to provide salary for the CPI. An exemption to this rule may be requested, where it is deemed that this salary is crucial to the success of the project. Adequate justification must be provided. Determination of exemptions will be made on a case-by-case basis, at the discretion of RIO.

|  |  |
| --- | --- |
| Current employment contract | Start date: DD/MM/YYEnd date: DD/MM/YY |
| Employment status | [ ]  Full-time[ ]  Part-time[ ]  Casual |
| Current source of salary | [ ]  Employing Institution[ ]  Grants[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Justification for exemption

Please outline why an exemption is required and if not approved how the CPI’s salary would otherwise be funded. Also include:

1. FTE requested, and why this is appropriate
2. the full-time annual salary amount, and the basis for this
3. salary on-costs %, and the basis for this
4. duties, and how these contribute to the delivery of the WACRF 2021/22 project outcomes.

*[Maximum 250 words]*

|  |
| --- |
|  |

## Budget justification – research activity costs

Provide a justification for each research activity cost, and where expenditure is not in WA explain why this is necessary.

*[Maximum 250 words]*

|  |
| --- |
|  |

## Section 8: Feasibility (15%)

1. Describe how the knowledge, expertise and experience of the CPI and team members will assist in achieving the aims of the project, including the contribution to the project by the CPI and each team member.
2. Describe how collaboration with policy and practice partners will contribute to the outcomes of this project.
3. Describe access to any required resources or expertise (e.g. technical, infrastructure, equipment and facilities) for the project.

(Maximum of ONE AND A HALF pages)

**(i)**

|  |
| --- |
|  |

**(ii)**

|  |
| --- |
|  |

**(iii)**

|  |
| --- |
|  |

To further demonstrate the capacity of the research team and its suitability to conduct the research, insert an abridged Curriculum Vitae of the ***Coordinating Principal Investigator*** and each ***Principal Investigator* (maximum 2 pages per CV)**

*Insert here*

## Section 9: Potential Outcomes (15%)

1. Provide an outline of the planned steps for the implementation of research findings and the projected timeframes for translational impacts (this may include future funding proposals to national/international funding bodies)
2. Discuss how the knowledge, expertise and experience of the team members and collaborating partners will assist the process of translating findings to practice, policy and/or service delivery.
3. Indicate if translation would be scalable to a broader geographical area, population or to other disciplines, and how would this be achieved.

 (Maximum of TWO pages)

**(i)**

|  |
| --- |
|  |

**(ii)**

|  |
| --- |
|  |

**(iii)**

|  |
| --- |
|  |

## Section 10: Certification by Research Team

1. I declare that I have agreed to take part in the research proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *WA Child Research Fund 2021/22 Guidelines and Conditions.*
4. I have discussed the likely impact of the project on other relevant departments and support services and this project is acceptable to them.
5. I declare that this application will be submitted to the administering institution’s research administration office or equivalent.
6. I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
7. I understand and agree that no further claim will be made on the Department of Health or the Channel 7 Telethon Trust to cover any over-expenditure of budget or any costs beyond the research project.
8. I declare that I have no outstanding reporting obligations for any other Research and Innovation Office, Department of Health funding programs.

**Coordinating Principal Investigator**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 1**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 2**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 3**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

*Note:* If more than three Principal Investigators, please insert additional tables as required.

## Section 11: Certification by Finance Officer/ Business Manager or equivalent

I certify that:

1. The budgeted costs in this Application Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) are true and correct and reflect the latest costing information available to me.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 12: Certification by Head of Department or equivalent

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area.
2. This area is capable of providing the facilities and services necessary for the efficient conduct of this research.
3. Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this research.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Please include separate *Certification by Head of Department* pages for ***each department and institution*** where resources are being obtained and/or patients accessed, by providing additional copies of this page.

## Section 13: Certification by Grant Administration Officer or equivalent

I declare that:

1. The administering institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) and is willing to administer the grant under the conditions specified by the Department of Health in the *WA Child Research Fund 2021/22 Guidelines and Conditions.*
2. The Research and Innovation Office, Department of Health will be notified immediately of any changes to the applicant’s eligibility (e.g. employment status) or changes to the information originally provided in this application

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 14: Cited References

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_