**FutureHealth WA Major Research Grant Support 2015**

**Application Instructions**

Applications are invited in accordance with the conditions described in the FutureHealth WA Major Research Grant Support Application Pack available on the [**Research Development**](http://ww2.health.wa.gov.au/Articles/N_R/Research-funding-programs)website.

**Applications Close: 1:00pm, Wednesday 10 February 2016**

LATE APPLICATIONS WILL NOT BE ACCEPTED

(Applicants are advised to confirm internal deadlines with the research grants administrator at

the nominated institution(s), as these may be earlier)

* Coordinating Principal Investigators are required to complete and submit the Application Form below through a WA Administering Institution that is listed on the [Register of NHMRC Administering Institutions](http://www.nhmrc.gov.au/grants/admininst.htm)
* The Application Form must be typed in Arial font 11 point or larger.
* Double sided printing is encouraged
* Do not forward this APPLICATION INSTRUCTIONS page with the APPLICATION FORM
* Both the electronic and printed copies of the application are due by the closing date. Acknowledgment of receipt of application will be provided via e-mail

Completed applications are to be submitted to the Research Development Unit as follows:

* ONE electronic copy as a single Adobe Acrobat pdf or Word file (multiple files will not be accepted), not exceeding 3MBs to be emailed to: CMOResearchDevelopment@health.wa.gov.au and entitled:

**CPI SURNAME first name – DOH Major Grant Support Application**

e.g. SMITH John – DOH Major Grant Support Application

* SIX black & white, double-sided printed copies, to be sent to:

|  |  |
| --- | --- |
| **Courier Delivery** | **Postal** |
| Research Development UnitDepartment of HealthLevel 2, Block C189 Royal StreetEAST PERTH 6004 | Research Development UnitDepartment of HealthPO Box 8172 Perth Business Centre PERTH WA 6849 |

Queries regarding the application process should be directed to the Research Development Unit at: CMOResearchDevelopment@health.wa.gov.au or Telephone: (08) 9222 4053.

**FutureHealth WA Major Research Grant Support 2015**

**Application Form**

**1. This Application**

|  |  |
| --- | --- |
| Application Title |  |
| Coordinating Principal Investigator: |  |
| Position |  |
| Citizenship (Australian Citizen/ Permanent Resident)if pending, state when outcome is expected |  |
| Email |  |
| Phone number |  |
| Administering Institution Must be an NHMRC approved administering institution |  |
| Administering Institution Postal AddressCorrespondence will be sent to this address |  |
| ABN |  |
| Research Office contact name |  |
| Research Office contact email  |  |
| Research Office contact phone number |  |
| Type of support requested(financial/ in-kind/ both/ other) |  |
| Financial component amount (if applicable) | $ |

**2. Intended Major Partnership Grant Application**

|  |  |
| --- | --- |
| Chief Investigator A |  |
| Application Title |  |
| Name of Funding Organisation*i.e. NHMRC, ARC, other* |  |
| Funding Program Name and Round*i.e. Partnership Project 2015, Partnership Centre 2015* |  |
| Expected Award Notification Date |  |
| Grant Amount being applied for | $ |
| Grant Duration |  |
| Will a Letter of Support be required and by when? |  |

**3. Synopsis**

Provide a summary of the prosed work to be done including the aims, significance and the expected outcomes of the work. Use plain English as this may be made available for media announcements in the future.

*(Maximum 300 words)*

**4. Significance to WA**

Outline the significance of this work to WA. Describe the current problem/issues and state how this work will contribute to providing solutions for this.

*(Maximum 500 words)*

**5. Project Plan**

a) Clearly state the hypotheses and objectives. State the questions to be answered and outline the methodology that will be applied. Outline the anticipated outcomes. If a pilot study has been conducted provide further information regarding this.

*(Maximum 500 words)*

b) Provide a list of milestones against the timeframe of the project using the table provided below.

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

**6. Relationship with the Department of Health**

Provide evidence of previous and/or current effective working relationship with the Department of Health. How will this relationship benefit the work and how do you propose to maintain this collaborative approach?

*(Maximum 500 words)*

**7. Partnering Organisations**

Who do you propose to undertake this work in partnership with? Provide details of each partnering organisation (including your own and the Department of Health) and their intended contribution in the table below.

**Partner 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | % of contribution |  |
| Type of contribution*(in-kind, financial, both, other)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Contact Name |  | Contact email |  |

**Partner 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | % of contribution |  |
| Type of contribution*(in-kind, financial, both, other)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Contact Name |  | Contact email |  |

**Partner 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | % of contribution |  |
| Type of contribution*(in-kind, financial, both, other)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Contact Name |  | Contact email |  |

If there exists more than 3 partner organisations, please insert additional tables as required.

**8. Participating Individuals (max of 10 Coordinating Investigators)**

List the members of the research team. Using the table below, indicate if they will be a Chief Investigator (maximum of 10), or an Associate Investigator and outline their role, in particular their record of having worked with policy and/or practice type organisations and/or in the area of research translation. Include if each member will be based in Australia for the period of the grant.

Note: a Chief Investigator who is representing a partner organisation is expected to have a role within that organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | % of contribution |  |
| Institution |  | Email address |  |
| Type of contribution*(Chief/Associate Investigator)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Role |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | % of contribution |  |
| Institution |  | Email address |  |
| Type of contribution*(Chief/Associate Investigator)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Role |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | % of contribution |  |
| Institution |  | Email address |  |
| Type of contribution*(Chief/Associate Investigator)* |  | Status of partnership*(confirmed/pending/proposed)* |  |
| Role |  |

If there exists more than 3 participating individuals, please insert additional tables as required.

**9. Curriculum Vitae**

Attach a Curriculum Vita for each participating individual. Each Curriculum Vita should outline publications made in the last 5 years, invitations to present work nationally or internationally and previous funding achievements. Each Curriculum Vita should be no longer than 2 pages in length.

**10. Likelihood for Research Translation**

How do you propose to assist the translation of findings into improved policy and practice in WA? For basic science, this may include preparation and plans for the next required step along the research-practice pipeline. Discuss what capacity partners possess to influence policy and health care in the relevant area?

*(Maximum 500 words)*

**11. Proposed budget**

Provide details of the budget for the proposed work, showing contributions both in-kind and financial, from each partner institution including the Major Grant to be applied for, and the various costs per year in the tables provided below.

|  |
| --- |
| **Year 1 Budget ($ Excl GST)** |
| **Description** | **Administering Institution** **($)** | **Department of Health** **($)** | **Other Organisation 1****($)** | **Other Organisation 2****($)** | **Major Partnership Grant****(i.e. NHMRC etc.)****($)** |
|  | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** |
| **Personnel salary***specify for each position. Include maximum of 30% on-costs* **Position 1*** *title and name*
* *%FTE*
* *salary level*

Position 2* *title and name*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |  |  |
| **Professional services** *e.g. economic and statistical analysis, tech support* |  |  |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.* |  |  |  |  |  |  |  |  |  |
| **Access to data, lab space and facilities etc** |  |  |  |  |  |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |  |  |
| **Travel and Accommodation** |  |  |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Year 2 Budget ($ Excl GST)** |
| **Description** | **Administering Institution** **($)** | **Department of Health** **($)** | **Other Organisation 1****($)** | **Other Organisation 2****($)** | **Major Partnership Grant****(i.e. NHMRC etc.)****($)** |
|  | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** |
| **Personnel salary***specify for each position. Include maximum of 30% on-costs* **Position 1*** *title and name*
* *%FTE*
* *salary level*

Position 2* *title and name*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |  |  |
| **Professional services** *e.g. economic and statistical analysis, tech support* |  |  |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.* |  |  |  |  |  |  |  |  |  |
| **Access to data, lab space and facilities etc** |  |  |  |  |  |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |  |  |
| **Travel and Accommodation** |  |  |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Year 3 Budget ($ Excl GST)** |
| **Description** | **Administering Institution** **($)** | **Department of Health** **($)** | **Other Organisation 1****($)** | **Other Organisation 2****($)** | **Major Partnership Grant****(i.e. NHMRC etc.)****($)** |
|  | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** |
| **Personnel salary***specify for each position. Include maximum of 30% on-costs* **Position 1*** *title and name*
* *%FTE*
* *salary level*

Position 2* *title and name*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |  |  |
| **Professional services** *e.g. economic and statistical analysis, tech support* |  |  |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.* |  |  |  |  |  |  |  |  |  |
| **Access to data, lab space and facilities etc** |  |  |  |  |  |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |  |  |
| **Travel and Accommodation** |  |  |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Year 4 Budget ($ Excl GST)** |
| **Description** | **Administering Institution** **($)** | **Department of Health** **($)** | **Other Organisation 1****($)** | **Other Organisation 2****($)** | **Major Partnership Grant****(i.e. NHMRC etc.)****($)** |
|  | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** |
| **Personnel salary***specify for each position. Include maximum of 30% on-costs* **Position 1*** *title and name*
* *%FTE*
* *salary level*

Position 2* *title and name*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |  |  |
| **Professional services** *e.g. economic and statistical analysis, tech support* |  |  |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.* |  |  |  |  |  |  |  |  |  |
| **Access to data, lab space and facilities etc** |  |  |  |  |  |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |  |  |
| **Travel and Accommodation** |  |  |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Year 5 Budget ($ Excl GST)** |
| **Description** | **Administering Institution** **($)** | **Department of Health** **($)** | **Other Organisation 1****($)** | **Other Organisation 2****($)** | **Major Partnership Grant****(i.e. NHMRC etc.)****($)** |
|  | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** | **In-Kind** | **Cash** |
| **Personnel salary***specify for each position. Include maximum of 30% on-costs* **Position 1*** *title and name*
* *%FTE*
* *salary level*

Position 2* *title and name*
* *%FTE*
* *salary level*
 |  |  |  |  |  |  |  |  |  |
| **Professional services** *e.g. economic and statistical analysis, tech support* |  |  |  |  |  |  |  |  |  |
| **Diagnostic/treatment services** *i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.* |  |  |  |  |  |  |  |  |  |
| **Access to data, lab space and facilities etc** |  |  |  |  |  |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |  |  |
| **Travel and Accommodation** |  |  |  |  |  |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**12. Budget Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **TOTAL** |
| **Organisation** | **Cash** | **In-kind** | **Cash** | **In-kind** | **Cash** | **In-kind** | **Cash** | **In-kind** | **Cash** | **In-kind** |  |
| **Administering Institution** |  |  |  |  |  |  |  |  |  |  |  |
| **Department of Health** |  |  |  |  |  |  |  |  |  |  |  |
| **Major Partnership Grant** *(enter name)* |  |  |  |  |  |  |  |  |  |  |  |
| **Other Organisation 1***(enter name)* |  |  |  |  |  |  |  |  |  |  |  |
| **Other Organisation 2***(enter name)* |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |

**13. Budget Justification (for DoH component)**

Justify in terms of need and cost, each budget item requested to be funded by the Department of Health using the same headings as used in the budget table.

*(Maximum 300 words)*

**14. Cited References**

**15. Certifications**

**Research Team Certification**

1. I declare that I have agreed to take part in the body of work proposed in this application.
2. I declare Department of Health funds granted for this project will only be spent for the purpose for which they are approved.
3. I declare that the information supplied by me on this form is complete, true and correct in every particular.
4. I understand and agree that research carried out by me will be in accordance with the *Australian Code for the Responsible Conduct of Research (2007)* and guidelines of the National Health & Medical Research Council (NHMRC) and other relevant agencies.
5. I agree to abide by the terms and conditions set out in the *FutureHealth WA Major Grant Support Application 2015.*
6. I have discussed the likely impact of the work on other relevant departments and support services and this project is acceptable to them.
7. I declare that this application has been submitted to the institution’s research grants office or equivalent, and I agree to obtain the relevant research governance approvals and agreements before commencement of the work.
8. I understand and agree that no further claim will be made on the Department of Health to cover any over-expenditure of budget or any costs beyond the research project.
9. I consent, to this proposal being referred to third parties, who will remain anonymous, for assessment purposes.

**Coordinating Principal Investigator**

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

**Chief Investigator 1**

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

**Chief Investigator 2**

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

**Chief Investigator 3**

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

Note: If more than three Chief Investigators exist, please insert additional tables as required.

**16. Certification by Administering Institution Finance Officer**

I certify that:

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

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

**17. Administering Institution Research Office**

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 FHWA Major Grant Support Application Pack 2015;
2. This institution is listed on the [Register of NHMRC Administering Institutions](http://www.nhmrc.gov.au/grants/admininst.htm);
3. This institution is capable of providing the facilities and services necessary for the efficient conduct of this research; and
4. The Research Development Unit, 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** |  |