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CLOSING DATE AND TIME:   
**10am, 10 February 2017**   
Australian Eastern Daylight Time (AEDT)

**Grant Funding Application for   
Project grants and Seed grants**

**INSTRUCTIONS TO APPLICANTS**

Before completing this Grant Funding Application, please consult the *National Blood Sector Research and Development Pilot Project, Information for Applicants Booklet* available at: www.blood.gov.au

**Submitting the APPLICATION**

Closing Time*:* 10am, 10 February, 2017 (Australian Eastern Daylight Time)

Applicants’ responses must be lodged electronically before the Closing Time and in accordance with the response lodgement procedures set out in the *Information for Applicants booklet*.

Applicants lodged wholly or partly after the Closing Time will be deemed to be late. A late Application will not be admitted to the assessment process unless it is shown that the lateness was due solely to mishandling of the Application by the National Blood Authority (NBA).

Applicants are to direct all queries about this application form to:

* Attention: Project Director
* Email: R&D@blood.gov.au

**Completing the APPLICATION Form**

All Project and Seed grant applications must be submitted using this form. All sections of this form and attachments must conform to the following:

* Applications must be completed in English
* All costings must be in Australian dollars (GST Exclusive)
* Left and right margins of at least 2cm
* Font no smaller than 11 point (preferred font is Arial)
* Line spacing of 1.0
* Maximum character and word limitations
* Responses must be completely self-contained. No hyperlinked material may be incorporated by reference, noting that any such links will be ignored (excluding links to material on the NBA website).
* The certification must be substantially in the form at page 15 of this application (Application Certification), which is to be signed by duly authorised persons. Applicants should not change the text of the Certification.

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| --- | --- |
| SECTION A - TYPE OF GRANT |  |

What type of grant are you applying for:

Project grant

Seed grant

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| --- | --- |
| SECTION B – OVERVIEW |  |
| Principal Chief Investigator (Applicant): |  |
| Administering Institution (which will receive funds from the National Blood Authority):  NB **must** be listed as an NHMRC Approved Administering Institution (see <https://www.nhmrc.gov.au/_files_nhmrc/file/grants/funding/nhmrc_approved_administering_institutions_30june2016.pdf)>. |  |
| Simplified Project title:  *The Simplified Project Title should be in lay terminology and be suitable for release to the media or for general publication. Avoid the use of technical terms and abbreviations.* | (100 characters max) |
| Scientific Project title:  *The Scientific Title should accurately describe the nature of the project being undertaken.* | (300 characters max) |
| Project summary (500 words):  *Using lay terminology summarise your research questions and proposed methods. Outline the potential benefits to either:*   * *Efficient and effective use of immunoglobulin products; or* * *Patient Blood Management evidence gaps.*   *Describe how the project will be translated into practice change that will directly impact on individual patients’ outcomes, population health and wellbeing and/or blood or blood product use.*  *Your answer should be suitable for release to media and inclusion on the NBA website.* |  |
| Describe where the project will be conducted (100 words): |  |
| Total amount requested, Excluding GST |  |
| **Total time required to complete project** (can be up to 36 months for Project grants and 12 months for Seed grants noting that all Round 2 projects must be completed by 31 December 2020):   1. Actual or proposed project start date 2. Proposed Project end date 3. Proposed NBA funding Start date 4. Proposed NBA funding end date 5. Total Timeframe for Grant funding in months | 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| Funding currently being received from any other funding body and/or submissions planned or under consideration by any other funding source/s for this project:  *List the name of the funding agency(s), expected date of notification of success and the amount(s) received and/or requested.*  *Include applications already submitted and planned submissions* |  |

**Principal Chief Investigator details:**

|  |  |
| --- | --- |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number: |  |
| Email: |  |
| Postal address: |  |
| Affiliation with NHMRC Approved Administering Institution\* |  |

\*NB PCI **must** be affiliated with the NHMRC Approved Administering Institution.

**Grant Administration Officer of the Administering Institution responsible for establishing and administering the Grant should this application be successful.**

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| --- | --- |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

**Research Project Progress Reporting contact.**

**NOTE: Please complete only if different from PCI. Tick if same as PCI**

|  |  |
| --- | --- |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

**The Grantee details:**

|  |  |
| --- | --- |
| Full legal name of Grantee | [insert details] |
| Legal entity type (e.g. individual, incorporated association, company, partnership etc) | [insert details] |
| Trading or business name | [insert details] |
| Any relevant licence, registration or provider number | [insert details] |
| Australian Company Number (ACN) or other entity identifiers | [insert details] |
| Australian Business Number (ABN) | [insert details] |
| Registered for Goods and Services Tax (GST)? | [insert details] |
| Date from which GST registration was effective? | [insert details] |
| Registered office (physical/postal) | [insert details] |
| Relevant business place (if different) | [insert details] |
| Telephone | [insert details] |
| Fax | [insert details] |
| Email | [insert details] |
| Bank Details:  1. BSB  2. Account Number | 1[insert details] |
| 2[insert details] |

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| SECTION C – EVALUATION CRITERIA |

This section sets out the evaluation criteria that will be utilised to assess value for money. Applicants should note that the evaluation criteria are not listed in any order of importance.

Mandatory requirements

Applications will be assessed as to whether they meet the minimum content and formatting requirements (see Completing the Application, page 1).

Evaluation Criteria

Applications will also be assessed on the basis of the following evaluation criteria:

* + - Research scope, focus and potential value
    - Quality
    - Governance and Ethics
    - Efficient and Effective use of funds

Each application will be given an overall rating regarding the degree of confidence that the proposal will deliver value for money.

**Evaluation Criterion 1 – Research Scope, Focus and Potential Value**

Will any aspects of the research be conducted out-side Australia? If yes, provide details and reason for aspects of the research being conducted outside Australia.

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| **🞏 Yes 🞏 No** |

Describe how this research addresses the research priorities for either Patient Blood Management or Immunoglobulin as set out on page 2 of the Information for Applicants Booklet. Outline the scientific background to the application, critically evaluate existing knowledge, and identify the gaps in knowledge that address the priority areas for this pilot project. (1000 words max)

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What is the research question? (100 words)

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State the hypotheses to be tested, the project aim and the scientific objectives of the project (200 words)

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Will there be an economic evaluation or costing component? If so, provide details. (200 words)

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What new or relevant evidence will the research project generate for policy and/or practice? What are the likely impacts of the results of the project on either: efficient and effective use of immunoglobulin products; or Patient Blood Management research gaps? (300 words)

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What is the potential of the project to impact policy and/or practice? Comment on the extent to which anticipated outcomes from the research can be generalised, scaled, translated or embedded into practice. (300 words)

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**Evaluation Criterion 2 – Quality**

**Administering Institution**

Please confirm that, the institution responsible for administering the grant funds is registered under the NHMRC Administering Institution Policy, March 2015. <https://www.nhmrc.gov.au/_files_nhmrc/file/grants/funding/2015/2015_nhmrc_administering_institution_policy_16032015_3.pdf>

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| **🞏 Yes 🞏 No** |

**Participating institutions**

List the actual institutions and departments where the research will be carried out and identify the proportion of research effort for each institution. The total research effort should sum to 100%.

|  |  |  |
| --- | --- | --- |
| Institution | Department | Percentage of research effort |
|  |  |  |
|  |  |  |
| **Please add additional rows and complete details for any additional participating institutions** | | |

Confirm that letters of support for this research project have been obtained from all participating institutions named in this application above. Provide a copy of each letter with your application, saved as **‘*LetterOfSupport\_ (insert Institution name)’*** *in* your application. If you are unable to provide a copy of any letter of support please provide reasons for this.

**Note** that ethics approvals are not considered to be letters of support.

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| **🞏 Yes 🞏 No** |

**Research Design and Methods**

Describe the approach to the research. (2000 words)

Address in detail the design and methods of the proposed project. Make clear how they will test the hypotheses and achieve the aims of the project. Specify the data that will be collected and how they will be collected, analysed and interpreted. Describe and justify any new methods to be developed in terms of their advantages relative to existing methods. Identify potential difficulties and limitations of the proposed procedures, and alternative approaches that might be used to achieve the aims.

**References:** A list of all references cited must be provided. Exclude references from the word count.

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Provide the key project milestones and timelines. These will form part of the reporting requirements to be incorporated into the Grant Funding Agreement for successful applicants.

| **Activity Schedule** | | |
| --- | --- | --- |
| **Milestone Number** | **Milestone** | **Anticipated date** |
| 1 | [Enter Milestone 1 activity] | Please advise |
| 2 | [Enter Milestone 2 activity]. | Please advise |
| 3 | [Enter Milestone 3 activity] | Please advise |
| [final milestone number] | [Enter Final Milestone activity] | Please advise |

Add rows as required.

**Research Team**

**Principal Chief Investigator**

Outline the role of the Principal Chief Investigator in the proposed project. (100 words)

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Identify the residency status of the Principal Chief Investigator and Chief Investigator(s), and attach evidence of Australia Citizenship (Birth Certificate or Passport), Permanent Residency or evidence of submission for Permanent Residency. Save documents as *‘****ResidencyStatus\_PCI\_(insert name)’* and ‘*ResidencyStatus\_CI\_(insert name)’*** *etc*. Identify below the type of actual evidence being attached.

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| **PCI: 🞏 Australian Citizen 🞏 Permanent Resident 🞏 Applicant for Permanent Residency**  **CI: 🞏 Australian Citizen 🞏 Permanent Resident 🞏 Applicant for Permanent Residency** |

Will the Principal Chief Investigator be based in Australia during the whole period the research is to be conducted? If No, for what period will he/she be absent from Australia and what arrangements will be put in place to ensure continuous project leadership.

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| **🞏 Yes 🞏 No** |

**Other Chief Investigator(s)**

If there is to be more than one Chief Investigator provide in the table below justification for why each Chief Investigator is needed, including the specific expertise and experience that each brings to the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Contribution |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Associate Investigator(s)**

Include other proposed investigators in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Contribution |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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**Other Team Members**

Include in the table below any other proposed team members for whom grant funding is sought.

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| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Contribution |
| 1 |  |  |  |  |
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**Biographies**

Please attach a brief biography (no more than two pages) for

* PCI
* CIs
* AIs and
* all members of the research team for whom funding is sought.

These should be saved as ***Biography\_PCI\_ (insert name),* and *Biography\_CI\_ (insert name)*** *etc*.

Note that funding will not be provided for associate investigators. The biographies should focus on the member’s achievements, track record, training and skills which will be considered for the explicit value that the expertise brings. In addition to the biography, you may include a list of relevant publications, presentations, grants and awards.

Confirm that all other CIs, AIs and other researcher team members named in this application have agreed to be named within the application and have endorsed the application. If unable to confirm please provide reasons for this.

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| **🞏 Yes 🞏 No** |

**Essential Partners and Stakeholders**

Include in the table below any other proposed partners for whom no grant funding is sought but their contribution is required for the successful conduct of the project. Identify relevant stakeholders who have or will be engaged in the development of the proposal and during the research (e.g. clinicians, consumers, health service management, researchers, patient groups, policy makers).

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| --- | --- | --- | --- | --- |
| Partners and Stakeholders:  *List essential partners and stakeholders required for successful conduct of the project* | Name/Group | Position (where relevant) | Organisation | Contribution to project |
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Confirm that all Essential Partners and Stakeholders named in this application have agreed to be named within the application and have endorsed the application. If unable to confirm please provide reasons for this.

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| **🞏 Yes 🞏 No** |

**Evaluation Criterion 3 – Governance and Ethics**

**Governance structure**

Provide a description of the governance structure for the project. Describe how the participating institution(s) will approve, monitor and interact with the project. Indicate if there are any collaborative aims. (500 words max)

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Confirm that the research will be conducted in accordance with the *Australian Code for the Responsible Conduct of Research 2007.*

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| **🞏 Yes 🞏 No** |

Confirm that the research will be conducted in accordance with the *National Statement on ethical conduct in human research, 2007* (updated May 2015).

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| **🞏 Yes 🞏 No** |

Describe all approvals that will be required before the research project can proceed, i.e. ethics and governance approvals. State the status of each approval. (200 words)

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Does the research project require access to data held by the NBA? If yes, confirm the project can abide by the requirements of the NBA’s Data Governance Framework. <http://www.blood.gov.au/data-governance>

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Is the Administering Institution agreeable to all the terms and conditions set out in the draft Grant Funding Agreement? The Administering Institution should indicate ‘agreement to all terms and conditions’ or, ‘partial agreement to the terms and conditions’ of the draft Grant Funding Agreement.

If the Administering Institution partially agrees or does not agree to any term or condition in the draft Grant Funding Agreement, the Administering Institution should list the clause number, the reasons for partial or non-compliance, and any proposed modification to those clauses.

|  |
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| **🞏 Agreement to all terms and conditions**  **🞏 Partial agreement to the terms and conditions** |

Is the Applicant agreeable to the minimum **reporting requirements** as outlined in the *Information for Applicants booklet* noting that project specific, content, format and timeframes for reporting will be advised as a part of the Grant Funding Agreement.

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| **🞏 Yes 🞏 No**  If no, please provide details of an alternative reporting framework. |

Has the Applicant informed (or is the Applicant agreeable to informing) all funded members of the research project, that their participation in the research project may **be publicly disclosed** should the project be awarded a grant.

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| **🞏 Yes 🞏 No**  If no, please provide arguments to justify any proposal for this information to be kept confidential |

If your application is successful, please indicate whether you provide your approval for the NBA to **publish** the following minimum information on its website:

* Research Aim
* Recipient(s)
* Administering Institution
* Value
* Approval Date
* Grant term (months)
* Grant funding location (city)

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| --- |
| **🞏 Approve 🞏 Do Not Approve**  If you do not approve, please provide arguments to justify any proposal for this information to be kept confidential |

Please indicate your commitment or intentions with respect to publication of the results of your research.

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If your project is a trial, please indicate your intentions with respect to registering your trial on a publicly available register including naming the register.

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**Evaluation Criterion 4 – Efficient and Effective use of Funds**

**Funding requested**

The NBA has made available up to $1.275M per grant round. Funds will be divided between the successful grant applicants.

Project budgets must be expended within the three year funding timeframe. Funding may be used for costs associated with the research project but cannot be directed towards capital works, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities. While project grants are available for up to 3 years, *seed grants* are only available for up to *one year*. However, seed grant funding may be requested for Year 1, Year 2 or Year 3 of the funding round.

**Note:** Please round funding requested to the nearest dollar. Funding requested amount **must** match the breakdown in funding tables.

**Research Members’ Salary Support Costs:**

List in the table below the salary you deem appropriate for grant-supported personnel.

Provide the name if known, proposed level of appointment (e.g. Chief Investigator/Research Assistant), the annual fraction of full-time for the appointment, the annual full-time equivalent salary level, and the amount requested (to the nearest dollar).

A job description must be supplied for all research team members for whom funding is requested. It should be saved as **Job Description\_ (insert Position title)** etc.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name  *Only if a research member is also an investigator, identify him/her by name.* | Level of appointment.  *Chief Investigator/ Research Assistant etc* | Full-time equivalent salary in $ *($ AU, ex-GST)* | Annual fraction of full-time for the appointment.  *Example 0.5 EFT* | | | Funding requested (excl. GST) | | |
| Year 1  (20XX) | Year 2  (20XX) | Year 3  (20XX) | Year 1  (20XX) | Year 2  (20XX) | Year 3  (20XX) |
|  |  |  |  |  |  |  |  |  |
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| **TOTAL** | | |  |  |  |  |  |  |

**All costs other than salaries:**

Equipment: Specify individually all items of equipment that cost more than $5,000 and attach three written quotes in support, or provide a reason why three quotes were not able to be obtained.

Maintenance and consumable items**:** Itemise in readily understood terms such as interviews, travel costs, laboratory animals, reagents, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Item  *E.g. travel, advertising, equipment, venue hire for workshops.* | Funding requested ($AU excl. GST) | | | Description  *(<100 words per item)* |
| Year 1  (20XX) | Year 2  (20XX) | Year 3  (20XX) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| TOTAL |  |  |  |  |

**Cash and in-kind contributions**

Support from institutions and others**:** Describe in the table below existing resources and infrastructure critical to the proposed project’s success, with a view to reassuring assessors of the research project’s feasibility. For in-kind contributions, specify ‘In-kind’ in the funding columns and include the estimated/actual monetary value of the contribution.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source  *e.g. Administering Institution and partner organisations* | Budget item | Funding ($AU excl. GST) or in-kind# | | | Description  *(<100 words per item)* |
| Year 1  (20XX) | Year 2  (20XX) | Year 3  (20XX) |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |

**Other Grant Funding sources**

Current Grant Funding: List in the table below all funding currently being received from any other funding body for this research project.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Amount  *($ AU, ex-GST)* | Funding period | Description*. (<100 words per item)* |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  | |

Current Grant Funding Applications and/or planned Grant Funding Applications: List in the table below all funding applications planned or under consideration by any other funding sources for this research project.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Amount requested and/or planned to request  (*$ AU, ex-GST)* | Funding period | Description*. (<100 words per item)* |
|  |  |  |  |
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|  |  |  |  |
| TOTAL |  |  | |

**Funding Summary:**

| **Expenditure Item** | **Description** | **Grant Contributions**  *$ AU, ex-GST* | **Other Contributions – Grantee**  **Cash and in-kind**  *$ AU, ex-GST* | **Other Contributions – Cash and in-kind**  *$ AU, ex-GST* | **Total Cost**  *$ AU, ex-GST* |
| --- | --- | --- | --- | --- | --- |
| [*insert reference*] e.g. equipment/consumables/  travel/services | e.g.   * Research Assistant * Product name * Service type | [*insert amount of Grant contributed]* | [*insert amount of Grantee’s own funds contributed]* | [*insert amount of other sources of funding contributed]* | [*insert total of all contributions]* |
| **TOTAL** |  | **[total grant contributions must equal total grant funding requested amount]** |  |  |  |

\* Add rows as required.

**CERTIFICATION BY APPLICANT AND THE ADMINISTERING INSTITUTION HEAD OF DEPARTMENT/CHIEF EXECUTIVE**

|  |  |  |
| --- | --- | --- |
| Applicant  I certify that all details provided in the application (including attachments) are correct and that I have read, understood, and have abided by the instructions associated with this form. I agree to carry out the project in accordance with the principles of the *Australian Code for the Responsible Conduct of Research (2007)*, (under review at time of releasing this Application, – September 2016). <http://www.nhmrc.gov.au/guidelines-publications/r39>, and the National Statement on ethical conduct in human research, 2007 (updated May 2015) <http://www.nhmrc.gov.au/guidelines-publications/e72>  I acknowledge that all ethics approvals and clearances necessary to complete my project as outlined in this application must be in place before commencement of the work and that the National Blood Authority will not release funds until such time as a copy of all such approvals and clearances have been received.  By signing, I confirm that I have complied with all instructions in the application form and understand that failure to do so may result in the withdrawal of the application from the assessment process.  All funds awarded to the Administering Institution as part of the National Blood Sector Research and Development grant pilot project will be used only for the purpose for which they were awarded. | | |
| Applicant (full name): |  | Date: |
| Signature: |  | \_\_/\_\_/20 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chief Executive/Head of Department  I certify that appropriate facilities and in-kind support will be available to the Applicant if successful and that I am prepared to have the project carried out in accordance with the *Australian Code for the Responsible Conduct of Research (2007).* | | | | | | |
| Title: |  | First Name: |  | Surname: |  | |
| Email: | |  | | Telephone: |  | |
| Department/Institution: | |  | | | | Date: |
| Signature: | |  | | | | \_\_/\_\_/20 |

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| *If this certification is not signed by the Department Head/Chief Executive of the Administering Institution, the Application is not valid.* |