APPLICATION FORM

Leading Edge Grant

Use this 11-page template to build your Leading Edge Grant application *prior* to submitting via SmartyGrants.

(*Please note SmartyGrants is not Word compatible therefore the on-line grant application will need to be populated by using the Word ‘copy + paste’ function.)*

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| **SECTION A: Proposal Summary** | | | | | | | |
| **\* *indicates a required field*** | | | | | | | |
| The purpose of the funding is to provide medium term (up to two years) support for:   * Seed funding for innovative research that may have the potential for future funding by granting bodies, or * To leverage additional funding from other granting bodies, including but not limited to NHMRC, ARC or other foundations * Original research that demonstrates importance to emergency healthcare   Proposals that include leverage funding and/or health economic analysis are desirable. | | | | | | | |
| For more information and to meet pre-eligibility, please ensure you have referred to the Queensland Research Program Guidelines (dated January 2019) available at <http://emergencyfoundation.org.au/research/researcher-support/> | | | | | | | |
| **Please Note**:   * To prevent loss of data save your work regularly. SmartyGrants will timeout after 30 minutes * Each upload facility provided for the attachment of documentation has a maximum file limit of 25MB however it is strongly recommended that you try to keep files under 5MB. * EMF recognises the importance and potential opportunities of persistent digital identifiers. EMF now requires ORCID ID from all Investigators on applications. Please learn more and register for an ORCID ID at the following link <https://orcid.org/register> | | | | | | | |
| **1. Please provide lay title \***  *Must be no more than 10 words and in lay terms suitable for media.* | | | | | | | |
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| **2. Lay summary of Proposed Research \***  *In no more than 250 words, the lay summary should clearly explain ( i.e. without jargon and unexplained acronyms) a problem, the research question/s, propose a solution/s, and state the significance, innovation and expected impact of the project.* | | | | | | | |
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| **3. Scientific Abstract \***  *In no more than 450 words, justify the research in terms of background/problem; aims and objectives; hypothesis/research question; research design and methods; results/analysis and conclusions expected.* | | | | | | | |
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| **4. Please explain how the proposed research is directed at improving the field of emergency medicine for the benefit of patients in Queensland, and builds emergency healthcare research capacity in Queensland. \*** *Must be no more than 150 words.* | | | | | | | |
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| **5. Total Amount Requested (AU$) \***  *Funding is available for up to $100,000 (for a maximum term of 2 years)* | | | | | $ | | |
| **6. Term (years**) *( 1 or 2 years)* | | | | |  | | |
| **7. Relevant MeSH Keywords\***  *The consistency and targeted terms of Medical Subject Headings (MeSH) ensures your expertise is easily identifiable in the EMF database.*  *Please visit* [*https://www.nlm.nih.gov/mesh/*](https://www.nlm.nih.gov/mesh/) *to determine which terms best describes your research and separate each term selected with a semi-colon. For more assistance, please refer to* [*https://www.youtube.com/watch?v=uyF8uQY9wys*](https://www.youtube.com/watch?v=uyF8uQY9wys) | | | | | | | |
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| **8. Is this a resubmission? \***  *If* ***YES****, please complete Section B Question 14.* | | | | | | | **yes/no** |
| **9. Will more than one institution/site be involved in this project? \*** | | | | | | | **yes/no** |
| **10. Does the proposal have a FACEM (or FRACP/PEM) as a Co-Investigator? \***  *If* ***NO****, you are not eligible for the EMF Leading Edge Grant funding.* | | | | | | | **yes/no** |
| **11. Does the proposal have Associate Investigator/s? \*** | | | | | | | **yes/no** |
| **12. Will the research require ethical approval? \***  *If* ***YES****, please refer to Section B Question 16 and provide proof of ethics submission of the relevant ethics application/s.* | | | | | | | **yes/no** |
| **13. Does the lead applicant have any EMF funded projects? \***  *If* ***YES****, please refer to Section D Question 23 and provide details*. | | | | | | | **yes/no** |
| **SECTION B: Research Proposal** | | | | | | | |
| **\* *indicates a required field*** | | | | | | | |
| **14. Resubmission**  If this is a resubmission, please answer the following questions. | | | | | | | |
| **a) What round was the previous Application submitted? \*** | | | | | | | |
|  | | | | | | | |
| **b) Provide the previous Project Title and Grant Application ID? \*** | | | | | | | |
|  | | | | | | | |
| **c) Please list the concerns from the previous review and how this application addresses them? \*** | | | | | | | |
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| **15. Project Description** | | | | | | | |
| **a) Technical Project Title \*** *Must be no more than 30 words.*  *(Refer to the Project / Research title in the ethics application/approval.)* | | | | | | | |
|  | | | | | | | |
| **b) Project Background and Rationale \***  *In no more than 1500 words, please provide a concise summary of the current knowledge relating to the aim/s of the research, stating the importance of the proposed research for advancing new knowledge, and identifying the significance of the research to emergency medicine in Queensland. Please provide references using the designated space available further below – see 15(g).* | | | | | | | |
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| **c) Research Aims and Objectives \***  *In no more than 300 words, please list the research aims and objectives.* | | | | | | | |
|  | | | | | | | |
| **d) Research Design and Methods \***  *In no more than 2000 words, please provide a concise and robust research design. Provide details on the method/s that will be used, the reasoning behind their use and any necessary stakeholder engagement involved (e.g. patient, inter-departmental, cross-departmental, multi-site).* | | | | | | | |
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| **If applicable, please upload any other documents in support of your response**  **Attach a File** | | | | | | | |
| **e) Innovation and Impact \***  *In no more than 750 words, please outline the novelty of the project (e.g. new knowledge & methodologies for improved patient care) and/or any potential economic, socio-cultural, and educational impacts for best practice (e.g. reduction in patient visits to health service, avoid family separation etc.).* | | | | | | | |
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| **f) Potential Knowledge Translation Plan/Strategy \***  *In no more than 750 words, please outline a proposed plan to translate the research findings and achieve the anticipated impact stated in the question above (15e). Applicants may want to utilise the Knowledge Translation Planning Template developed by Dr Melanie Barwick from the SickKids Hospital in Canada to assist in answering this question:* [*http://www.melaniebarwick.com/KTTemplateFillable\_dl.php*](http://www.melaniebarwick.com/KTTemplateFillable_dl.php) | | | | | | | |
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| **g) References** \*  *Please provide a comprehensive list of references used in the Project Background and Rationale – see 15(b).* | | | | | | | |
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| **16. Ethics Application** | | | | | | | |
| *Refer 16 (b) – For on-line ethics submissions please do not attach the complete application. A copy of the page/s containing the following details will be sufficient evidence:*   * *The full (technical) project title* * *The date stamp when document generated* * *The assigned submission code* | | | | | | | |
| **a) Has the ethics application been approved? \*** | | | | | | **yes/no** | |
| **b) Please provide written evidence that the ethics application has been submitted. \***  *The documentation (letter/email) citing the assigned HREC reference number is required as evidence. For on-line submissions refer above for the requirements.* | | | | | | | |
| **Attach a File \*** | | | | | | | |
| **c) If applicable, please provide a copy of your ethics approval letter.** | | | | | | | |
| **Attach a File** | | | | | | | |
| **d) If applicable, please provide written evidence for research not requiring ethics approval.** | | | | | | | |
| **Attach a File** | | | | | | | |
| **17. Project Sites and Collaborating Institutions**  Please provide details of the other sites and collaborators who will be involved in this project. | | | | | | | |
| **Department \*** | **Institution \*** | **Location \*** | **Comments/Role \***  (*Brief description of what will be conducted by the site/collaborator)* | | | | |
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| **18. Project Plan**  *The project plan is an important component of this application, if funded this section will be included in the resulting Funding Agreement (taking into account any changes the Review Process requires).*  **Propose and explain the quantifiable project milestones/outputs against which you propose to report on in the six monthly progress reports after the commencement of the project.** | | | | | | | |
| **Milestone \***  *Please enter details of each key step/milestone that is required to complete this proposed project.* | | | | **Estimated Duration (month/s)\***  *Please estimate the time in months that the milestone will take to complete.* | | | |
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| **19. Additional tables or images** | | | | | | | |
| ***Please upload any additional and relevant tables or images here.***  **Attach a File** | | | | | | | |
| **SECTION C: Budget** | | | | | | | |
| **\**indicates a required field*** | | | | | | | |
| **20. Budget (GST exclusive)**  Please refer to the Queensland Research Program Guidelines (dated January 2019) for eligible expenditure, a summary of ineligible items and direct on-costs: [*http://emergencyfoundation.org.au/research/researcher-support/*](http://emergencyfoundation.org.au/research/researcher-support/)  Please detail each budget item in the table provided and note the following:   * EMF funds up to 20% of direct on-costs only ***(applications in excess of 20% will not be considered)*** * The direct on-cost percentage calculation MUST be entered on a separate line * the total amount of the budget should equal the ‘Total Amount Requested’ in Q5 * your business manager (or equivalent) can offer guidance on projected salary for personnel   **EXAMPLE: Budget and Justification (for salary + on-costs)**  *The example below details the Position / Classification / Level of person required including on-costs. Calculations can be provided using wage rate (hourly/fortnightly/per annum etc.) multiplied by the term required (daily/monthly etc.).*  ***Budget Justification (for example below)****: Study Co-ordinator – A study co-ordinator (NG7) will be required to co-ordinate the study across all participating sites. This resource will be leveraged from the adult study and thus only 0.1 FTE for 6 months has been requested. Salary on-costs of 14.1% have been applied.* | | | | | | | |

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| ***EXAMPLE – Budget Item*** | ***EXAMPLE – Unit Cost (AU$)*** | ***EXAMPLE – No of Units*** | ***EXAMPLE – Total (AU$)*** |
| *Study Co-ordinator (NG7)* | *$111,012.00* | *0.1 FTE for 6 months* | *$5,550.60* |
| *Study Co-ordinator (NG7) on-costs* | *$5,550.60* | *14.1% on-costs* | *$782.63* |

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| **EMF DOES NOT FUND OR PAY INSTITUTIONAL OVERHEADS AND ADMINISTRATIVE CHARGES** |

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| **YEAR 1 - Budget Item \*** | **YEAR 1 - Unit Cost (AU$) \*** | **YEAR 1 - Number of Units \*** | **YEAR 1 - Total (AU$) \*** |
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|  |  |  | Total: |
| **YEAR 2 - Budget Item \*** | **YEAR 2 - Unit Cost (AU$) \*** | **YEAR 2 - Number of Units \*** | **YEAR 2 - Total (AU$) \*** |
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| **Budget Table – Totals** *(The combined total for the duration of the proposed research will automatically tally on the on-line SmartyGrants Grant Application.)* | | | | | | | | | |
| **BUDGET ITEMS ARE OPEN TO SCRUTINY AND A STRONG RATIONALE**  **FOR EACH BUDGET ITEM SHOULD BE PROVIDED BELOW** | | | | | | | | | |
| **21. Budget Justification and Alternative Funding** | | | | | | | | | |
| **a) Please supply the rationale for each budget item requested, and any supporting information regarding appropriateness of costs. Budget items with no rationale may not be considered. \***  *Must be no more than 700 words. All budgetary items requested MUST be justified including the on-cost percentage* | | | | | | | | | |
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| **b) Have you sought or obtained leverage funding, cash or in-kind support for this project from any other source? \***  *It is important for EMF to understand how the potential funding will be spent in combination with other funds, or how EMF funds are being leveraged to achieve larger amounts of funding. (An approximate dollar value would be helpful.)* | | | | | | | | | |
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| **SECTION D: Principal Investigator** | | | | | | | | | |
| **\**indicates a required field*** | | | | | | | | | |
| **22. Principal Investigator : Project Role** | | | | | | | | | |
| **In accordance with the Queensland Research Guidelines (dated January 2019), the Principal Investigator must be a Queensland Health (or Mater Hospital Brisbane) clinician providing direct clinical care to patients in emergencies within a Queensland public hospital Emergency Department, the Queensland Ambulance Service (QAS) or the Retrieval Services Queensland (RSQ).** | | | | | | | | | |
| **a) Name \*** (Title First Name Last Name) | | | | | | | | | |
|  | | | | | | | | | |
| **b) Please provide your ORCID ID below: \***  *Please learn more and register for an ORCID ID at the following link https://orcid.org/register* | | | | | | | | | |
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| **c) Project Role \*** | | | | | | | | | |
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| **d) Relevant Experience and Capacity \***  *In no more than 500 words, describe how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this project (e.g. FTE status). Please explain briefly how you meet the PI eligibility criteria for this scheme and indicate what percentage of your time is already committed to research.* | | | | | | | | | |
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| **e) Research Interests Keywords \***  *Please provide your research interests in the form of keywords and separate with a semicolon.* | | | | | | | | | |
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| **f) Please upload a current CV (max 3 pages), including positions held, the past five (5) years of publications, and past funding success if applicable.** | | | | | | | | | |
| **Attach a File \*** | | | | | | | | | |
| **g) Time Commitment to the Project \*** *(provide hours per week)* | | | | | | | | |  |
| **h) Clinical workload \*** *(provide hours per week)* | | | | | | | | |  |
| **i) Are you currently undertaking other projects in the same field or directly related to this proposed project, outside your current workload? \*** | | | | | | | | | **yes/no** |
| If **YES**, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal. | | | | | | | | | |
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| **j) Please declare any potential conflict of interest that may be inherent in this submission whereby a named investigator represents EMF in an advisory or governance capacity. \***  *(For example, EMF Board, Strategic Grants Committee and Scientific Advisory Committee)* | | | | | | | | | |
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| **k) Will you be residing predominantly in Australia for the duration of the Project? \***  *(Please note the Principal Investigator must be based in Australia for at least 80 per cent (%) of the funding period.)* | | | | | | | | | **yes / no** |
| If **NO**, please provide details of any foreseen absence in excess of three (3) months.  *(Periods greater than three (3) months (continuous) overseas will require prior EMF approval.)* | | | | | | | | | |
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| **23. Other EMF Funding/Projects** | | | | | | | | | |
| **a) Please list any EMF funding received in the past five years.** | | | | | | | | | |
| **Grant Application ID \*** | | | **Grant Amount Awarded $ \*** | | | **On track? (Y/N) \*** | | **Reporting up to date? (Y/N) \*** | |
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| **b) If you responded that one or more of your EMF grants is not up to date with reporting please explain below. \*** | | | | | | | | | |
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| **SECTION E: Collaborators and Support Personnel** | | | | | | | | | |
| **\**indicates a required field*** | | | | | | | | | |
| This section is important for the Reviewers to understand the team's knowledge, skills, availability, and capacity to undertake the proposed Project. Given that collaborators and support personnel can hold joint appointments, please specify one primary appointment (including position, hospital/institution/department, and email address) that is most relevant to the proposal. Please also include any support that is being provided by others including research specialists or research assistants/managers. | | | | | | | | | |
| **24. Co-Investigator/s** | | | | | | | | | |
| a) Please provide the following details of your Co-Investigator/s (preferably no more than four with a maximum of eight entries). Please specify one primary appointment that is most relevant to the proposal.  **NOTE: In accordance with the Queensland Research Program Guidelines (dated January 2019), at least one FACEM (or FRACP/PEM) providing direct clinical care to patients in pre-hospital or Emergency Department settings, must be included on the proposed research project as a Co-Investigator.** | | | | | | | | | |
| **FACEM – Title and Full Name \*** | | **Participation, availability and time commitment to the proposed research (hours per week) \*** | | | | | | | |
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| **Co-Investigator/s Title and Full Name \*** | | **Participation, availability and time commitment to the proposed research (hours per week) \***  *Must be no more than 200 words demonstrate how investigators' workloads allow them to commit time to the research (e.g. FTE status) as well as the relevance of their skills, experience, and position to the proposed research.* | | | | | | | |
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| **b) Co-Investigator's Background \***  *Please upload a current CV (max 3 pages), including the past five (5) years of publications and past funding success if applicable, for each Co-Investigator.* | | | | | | | | | |
| **Attach a File \*** | | | | | | | | | |
| **25. Associate Investigator/s** | | | | | | | | | |
| **Please provide the following details of your Associate Investigator/s (preferably no more than four with a maximum of eight entries). Please specify one primary appointment that is most relevant to the proposal.** | | | | | | | | | |
| **Associate Investigator/s Title and Full Name \*** | | **Contribution, availability and time commitment to the proposed research (hours per week) \***  *Must be no more than 100 words demonstrate the relevance of their skills, experience, and position to the proposed research.* | | | | | | | |
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| **26. Support Personnel** | | | | | | | | | |
| **a) Please provide details of other support personnel required to complete the proposed project efficiently.** | | | | | | | | | |
| **Title and Full Name** | | | | **Type of Support Project** | | | **Project Role/Responsibility** | | |
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|  | | | | *e.g. Administrative Support, Research Manager, Technical Support, Research Specialist Support, Other* | | |  | | |
| **b) Availability and Capacity of Support Personnel**  *In no more than 500 words, demonstrate how the support personnel workloads allow them to commit time to the research (e.g. FTE status) as well as the relevance of their skills, experience, and position to the proposed research.* | | | | | | | | | |
|  | | | | | | | | | |
| **c) Support Personnel Background**  *Where relevant, upload the CV (max 3 pages) of support personnel to highlight their suitability of their skills to the proposed research.* | | | | | | | | | |
| **Attach a File** | | | | | | | | | |
| **SECTION F: Contact Details** | | | | | | | | | |
| **\**indicates a required field*** | | | | | | | | | |
| **27. Grant Application Contacts** | | | | | | | | | |
| **a) Principal Investigator** | | | | | | | | | |
| PI Name \* (Title First Name Last Name) | | | | |  | | | | |
| PI Institution, Department and Position \* | | | | |  | | | | |
| Primary Postal Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Mobile Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| **Grant Application Contact (if not PI)** | | | | | | | | | |
| Name \* (Title First Name Last Name) | | | | |  | | | | |
| Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| **28. Administering Institution Details** | | | | | | | | | |
| **a) Administering Institution**  *The Administering Institution will be responsible for the administration of the funding should the grant be approved for funding by EMF. The funds must be administered through a Queensland based public Hospital and Health Service cost centre or equivalent, a hospital based trust fund or equivalent, a university or a medical research institute.* | | | | | | | | | |
| Name: \* | *(Please note, a hospital is not an eligible Administering Institution)* | | | | | | | | |
| Website: \* |  | | | | | | | | |
| ABN Lookup:\* |  | | | | | | | | |
| **b) Administering Institution Contact** | | | | | | | | | |
| Name \* (Title First Name Last Name) | | | | |  | | | | |
| Institution, Department and Position \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| **29. Collaborator/s Contact Details** (Co-Investigator/s and Associate Investigator/s) | | | | | | | | | |
| **Co-Investigator 1** *(mandatory completion for each Co-Investigator named)* | | | | | | | | | |
| CI-1 Name \* (Title First Name Last Name) | | | | |  | | | | |
| CI-1 ORCID ID \*  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | | | |  | | | | |
| CI-1 Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| **Co-Investigator 2** | | | | | | | | | |
| CI-2 Name \* (Title First Name Last Name) | | | | |  | | | | |
| CI-2 ORCID ID \*  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | | | |  | | | | |
| CI-2 Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| **Co-Investigator 3** | | | | | | | | | |
| CI-3 Name \* (Title First Name Last Name) | | | | |  | | | | |
| CI-3 ORCID ID \*  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | | | |  | | | | |
| CI-3 Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| **Co-Investigator 4** | | | | | | | | | |
| CI-4 Name \* (Title First Name Last Name) | | | | |  | | | | |
| CI-4 ORCID ID \*  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | | | |  | | | | |
| CI-4 Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Add more if required (preferably no more than 4 max 8)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | | | |
| **Associate Investigator 1** *(mandatory completion for each Associate Investigator named)* | | | | | | | | | |
| AI-1 Name \* (Title First Name Last Name) | | | | |  | | | | |
| AI-1 ORCID ID \*  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | | | |  | | | | |
| AI-1 Institution, Department and Position \* | | | | |  | | | | |
| Primary Address \* | | | | |  | | | | |
| Primary Phone Number \* | | | | |  | | | | |
| Primary Email Address \* | | | | |  | | | | |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Add more if required (preferably no more than 4 max 8)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | | | |
| **SECTION G: Certification** | | | | | | | | | |
| **30. Certification Document** | | | | | | | | | |
| Please download the [Application Certification Document](http://emergencyfoundation.org.au/wp-content/uploads/2019/01/EMF_-Application-Certification_Jan19.pdf). The Principal Investigator, the Head/s of Department/s (or equivalent) and the Administering Institution are required to sign the Application Certification Document which must be uploaded with the application.  Amongst others, the Principal Investigator is required to certify that all named investigators on this application have given their consent to be included and that all Co-Investigators are compliant regarding final and progress reporting for all active EMF grants on which they are Principal Investigators.  **You will be deemed ineligible for this funding if this is not completed.** | | | | | | | | | |
| **Completed Certification Document \***  **Attach a File \*** | | | | | | | | | |