GRANT APPLICATION TEMPLATE – QLD PROGRAM ROUND 33

Queensland Research Program Grants Round 33 opens on 10 Feb 2020 and **closes on 17 Apr 2020 at 5pm**. Three grant schemes are on offer: Project grants, Leading Edge and Jumpstart.

You can use this template to build your grant application prior to submitting via SmartyGrants. This template is suitable for applications to all three grant schemes offered in Round 33.

Please refer to the Funding Guidelines available on [EMF’s website](http://emergencyfoundation.org.au/queensland-research-program/) to ensure you meet the eligibility criteria and for detailed information on completing your application.

Please note SmartyGrants is not Word compatible therefore the online grant application will need to be populated by copying the content into the online form.

Should you have any questions please contact the EMF Research Team on (07) 3720 5700 or email grants@emfoundation.org.au.

## Part A: Executive Summary

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| **A1.** | **Project Title:** [Max 30 words. Please provide a short title.] |

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| **A2.**  | **Principal Investigator:** [Title - First name – Last Name] |

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| **A3.**  | **Administering Institution:** [Must be the Queensland based Hospital and Health Service at which the Principal Investigator is based, or Mater Hospital Brisbane or Queensland Ambulance Service as applicable. You can select from a list provided on SmartyGrants.] |

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| **A4.**  | **Lay summary**[Max 250 words. The Lay Summary should clearly explain a problem, the research question/s, propose a solution/s, and state the significance, innovation, and expected impact of the project. Write the Lay Summary simply, clearly and in plain English without jargon and unexplained acronyms.] |
|  | [Your response here] |

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| **A5.**  | **Scientific Abstract**[Max 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.] |
|  | [Your response here] |

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| **A6.**  | **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.**[Max 150 words] |
|  | [Your response here] |

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| **A7.**  | **Emergency Medicine research theme[s]**[Please refer to the list below and select up to three research themes that apply to your project.] |
|  | Acute Mental Health/ Acute Behavioural DisturbanceCapacity BuildingCardiologyDevices and EquipmentDiagnostic TestingDrug trialsED UltrasoundEducation and Training | Gastro-IntestinalGeriatricsInfectious diseases/Anti-Microbial stewardshipNeurologyPaediatricsPain managementPre-hospital careRespiratory | ResuscitationRetrievalsSepsisSystems and PolicyTelehealthToxicologyToxinologyTraumaWorkforceOther (please specify) |
|  | [Your response here] |

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| **A8.**  | **Total Amount Requested: $**[This value should equal the amount calculated in Part D Budget. Maximum amount of funding: $40k for Jumpstart, $100k for Leading Edge, $150k p.a. for Project Grants for up to 3 years] |

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| **A9.**  | **Project duration**[Jumpstart: max 1 year; Leading Edge: max 2 years, Project Grants: max 3 years] |
|  | [1 year] [2 years] [3 years] |

## Part B: Research Proposal - Project Description

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| **B1.** | **Project Background and Rationale** [Max 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. References can be provided in Question B6.] |
|  | [Your response here] |

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| **B2.** | **Research Aims and Objectives** [Max 300 words] |
|  | [Your response here] |

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| **B3.** | **Research Design and Methods** [Max 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).] |
|  | [Your response here] |

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| **B4.** | **Innovation and Impact** [Max 750 words. Please outline the novelty of the project (e.g. new knowledge & methods 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.).] |
|  | [Your response here] |

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| **B5.** | **Potential Knowledge Translation Plan/Strategy**[Max 750 words. Please outline a proposed plan to translate the research findings and achieve the anticipated impact stated in B4.] |
|  | [Your response here] |

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| **B6.** | **References**[Please provide a comprehensive list of references used in the Project Background and Rationale – refer B1.] |
|  | [Your response here]  |

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| **B7.** | **Project Sites and Collaborating Institutions** [Please provide details of the other sites and collaborators who will be involved in this project.] |
|  | Department | Institution | Location | Role/comments[Brief description of what will be conducted by the site/collaborator, e.g. patient recruitment, study coordination etc.] |
|  |  |  |  |  |
|  | [please insert as many rows as required] |  |  |  |

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| **B8.** | **Project Plan** [Please enter details of each key step/milestone that is required to complete this proposed project and estimate the time in months that the milestone will take to complete.] |
|  | Milestone | Estimated duration in months |
|  |  |  |
|  | [please insert as many rows as required] |  |
|  | Total duration of project in months:  |

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| **B9.** | **Additional supporting documentation**[Please upload any additional documentation e.g. relevant tables or images on SmartyGrants in this section, if applicable.] |

## Part C: Research Proposal – Additional Information

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| **C1.** | **Is this grant application a resubmission from a previous round?** [YES] or [NO] – if NO, please proceed to question C4. |

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| **C2.** | **Please provide the previous Project Title and Grant Application ID:**  |

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| **C3.** | **Please list the concerns of the previous review and how this application addresses them.** |
|  | [Your response here] |

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| **C4.** | **Does this project involve patient recruitment?** [YES or NO. If your project includes chart reviews, accessing patient data etc. please indicate NO and proceed to question C6.] |

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| **C5.** | **If YES, please provide details on how you are going to ensure you can achieve the targeted patient number.**[Max 500 words] |
|  | [Your response here] |

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| **C6.** | **Will the research require ethics approval?** [YES] or [NO] – If NO, please proceed to Question C9. |

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| **C7.** | **If ethics approval is required, has the ethics application been submitted or approved?** [Please note that ethics must be at least submitted for the grant application to be eligible.] |
|  | [SUBMITTED] or [APPROVED] |

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| **C8.** | **Please upload a copy of your ethics approval letter OR evidence that the ethics application has been submitted.** [For on-line ethics submissions please submit a copy of the page or a screenshot containing the following details: project title, name of the Principal Investigator, the date stamp when document generated, the assigned submission code or HREC reference number] |

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| **C9.** | **If ethics approval is not required, please provide written evidence that the research does not require ethics approval.** [Please upload your document in this section on SmartyGrants, if applicable.] |

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| **C10.** | **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] |
|  | [Your response here] |

## Part D: Budget

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| **D1.** | **Budget request (GST exclusive)** Please refer to the [Queensland Research Program Guidelines](https://emergencyfoundation.org.au/queensland-research-program/) (dated February 2020) for eligible and ineligible expenditures.Please detail each budget item for each year and note the following:* EMF funds up to 20% of direct on-costs only
* 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 question A8
* Your business manager (or equivalent) can offer guidance on projected salary for personnel
* EMF does not allow for institutional overheads and administrative charges
 |
|  | **Year 1 – Budget item** | **Unit Cost or Annual salary (AU$)** | **Number of Units or FTE p.a.** | **Total per budget item in Year 1 (AU$)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Year 2 – Budget item** | **Unit Cost or Annual salary (AU$)** | **Number of Units or FTE p.a.** | **Total per budget item in Year 2 (AU$)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Year 3 – Budget item** | **Unit Cost or Annual salary (AU$)** | **Number of Units or FTE p.a.** | **Total per budget item in Year 3 (AU$)** |
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|  | [as additional rows as required] |  |  |  |

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| **D2.** | **Budget Justification** [Max 700 words. 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. Please group the budget justifications under the appropriate category e.g. Personnel, Maintenance, Travel or Other (e.g. third party service). If you are not requesting any items in a given category, please indicate n/a.] |
|  | Personnel:  |
|  | Maintenance: |
|  | Equipment: |
|  | Travel: |
|  | Other:[items that cannot be placed in another category, e.g. third party service, consumables] |

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| **D3.** | **Alternative Funding: 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.] |
|  | [Your response here] |

## Part E: Principal Investigator

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| **E1.** | **Name:** [Title First Name – Last Name] |

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| **E2.** | **ORCID ID:** [Please learn more and register for an ORCID ID at the following link <https://orcid.org/register> |

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| **E3.** | **Clinical Load:** [Please provide hours per week] |

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| **E4.** | **Time Commitment to the Project:** [Please provide hours per week] |

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| **E5.** | **Your hospital or pre-hospital service:**[If you hold joint appointments, please specify your primary place of practice that is most relevant to the proposal.] |

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| **E6.** | **Will you be residing predominantly in Australia for the duration of the Project:** [YES or NO. Please note that the Principal Investigator must be based in Australia for at least 80% of the funding period.] |

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| **E7.** | **PI Eligibility**[Please explain briefly how you meet the Queensland Research Program eligibility requirement for Principal Investigators. Please refer to Section 2.3 of the Queensland Research Program Guidelines.] |
|  | [Your response here] |

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| **E8.** | **Project Role, Relevant Experience and Capacity**[Max 500 words. Please describe your role in the project and how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this research, taking into account any other projects you are involved in.] |
|  | [Your response here] |

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| **E9.** | **Are you currently undertaking other projects in the same field, or directly related to this proposed project, outside your current workload?** [YES or 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.] |
|  | [Your response here] |

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| **E10.** | **EMF funding: if you have been awarded EMF funding in the last five years as Principal Investigator or Co-Investigator, please list them below.**[If no EMF funding awarded in the last five years, please indicate N/A] |
|  | Grant Application ID:Grant amount awarded $: Project on track [YES or NO] :Reporting up to date [YES or NO] :[insert additional grants as applicable] |
|  | If you responded that one or more of your EMF grants is not on track or not up to date with reporting, please explain below: |

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| **E11.** | **Principal Investigator’s CV** [Please upload a current CV of max 3 pages, including the past five (5) years of publications and past funding success if applicable] |

## Part F: Research team

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| **F1.** | **Co-Investigator 1**[Please provide details of your Co-Investigators in this section (maximum 8 Co-Investigators). If Co-Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal. NOTE: If the Principal Investigator on the grant application is not a FACEM or FRACP PEM, there must be at least one Queensland Health FACEM (or FRACP PEM) providing direct clinical care to patients in pre-hospital or Emergency Department settings included as a Co-Investigator. Please indicate this for the respective Co-Investigator if applicable.] |
|  | **Name:** [Title - First Name – Last Name] |
|  | **Time Commitment to Project:** [Please provide hours per week] |
|  | **Project Role, Relevant Experience and Capacity**[Please describe the Co-Investigator’s role in the project and how their skills/experience is relevant to the proposed project as well as their availability to commit to the project. Max 200 words] |
|  | [Your response here] |

[Add more Co-Investigators as required. Maximum 8 Co-Investigators.]

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| **F2.** | **Co-Investigator’s CV:** [Please upload a current CV of max 3 pages for each Co-Investigator, including the past five (5) years of publications and past funding success if applicable] |

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| **F3.** | **Associate Investigator/s**[Please provide details of your Associate Investigators in this section, if applicable (maximum 8 Associate Investigators). If Associate Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal.] |
|  | **Name:** [Title First Name – Last Name] |
|  | **Project Role and Relevant Experience and Capacity**[Max 200 words. Please describe the Associate Investigator’s role in the project and how their skills/experience is relevant to the proposed project as well as their availability to commit to the project.] |
|  | [Your response here] |

[Add more Associate Investigators as required. Maximum 8 Associate Investigators.]

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| **F4.** | **Associate Investigator’s CV:** [Optional - please upload a current CV (max 3 pages) for each Associate Investigator at your discretion.] |

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| **F5.** | **Team Quality and Capability relevant to this project** [Max 500 words. Please describe how the team will work together to achieve the project aims, taking into account the expertise and productivity of team members relevant to the proposed project. If applicable, describe how junior members will be mentored by more experienced researchers in the team.] |
|   | [Your response here] |

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| **F6.** | **Support Personnel** [If applicable, please include any support that is being provided by others including research specialists or research assistants/managers to demonstrate their availability, suitability and skills for the proposed research] |
|  | [Your response here] |

## Part G: Contact Details

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| **G1.** | **Principal Investigator**  |
|  | **Name:**  |
|  | **PI Institution, Department and Position:**  |
|  | **Primary Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

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| **G2.** | **Grant Application Contact**[Optional, should the PI prefer to nominate another contact person] |
|  | **Name:**  |
|  | **Application Contact - Institution, Department and Position:**  |
|  | **Application Contact - Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

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| **G3.** | **Contact for Administering Institution:** [The Administering Institution will be responsible for the administration of the funding should the grant be approved by EMF. In this case, EMF will issue the Funding Agreement to the Administering Institution via the contact person nominated in this section. The contact person can be the Research Governance Officer, Business Manager etc.] |
|  | **Title – First name – Last name:** |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

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| **G4.** | **Co-Investigator 1**  |
|  | **Name:** [Title – First name – Last name] |
|  | **CI-1 Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

[Add more Co-Investigators as required. Maximum 8 Co-Investigators.]

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| **G5.** | **Associate Investigator 1** |
|  | **Name:** [Title – First name – Last name] |
|  | **AI-1 Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

## Part H: Certification

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| **H1.** | **Certification Document**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. This document is available on [EMF’s website](http://emergencyfoundation.org.au/queensland-research-program/). 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. You can upload the certification document on SmartyGrants in this section. |