The Special Funding Round COVID-19 Full Application stage opens on 5 May 2020 and **closes on 18 May 2020 at 5pm**. Please refer to the Funding Guidelines available on [EMF website](http://emergencyfoundation.org.au/special-funding-round-covid-19) to ensure you meet the eligibility criteria and for detailed information on completing your application.

You can use this template to build your grant application prior to submitting via SmartyGrants. 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 at [grants@emfoundation.org.au](mailto:grants@emfoundation.org.au).

## Part A: Executive Summary

|  |  |
| --- | --- |
| **A1.** | **Project Title:** [Max 20 words. Please provide a short title.] |

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

|  |  |
| --- | --- |
| **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.] |

|  |  |
| --- | --- |
| **A4.** | **Scientific Abstract** [Max 350 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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| --- | --- |
| **A5.** | **Project duration:** [In years or months as applicable] |

## Part B: Research Proposal - Project Description

|  |  |
| --- | --- |
| **B1.** | **Project Background and Rationale** [Max 1000 words. Please provide a concise summary of the current knowledge relating to the aim/s of the research. References can be provided in Question B6.] |
|  | [Your response here] |

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| **B2.** | **Research Aims and Objectives** [Max 250 words] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B3.** | **Research Design and Methods** [Max 1500 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 Translational Impact** [Max 500 words. Please outline the novelty of the project as well as a proposed plan to translate the research findings and achieve the anticipated impact.] |
|  | [Your response here] |

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| **B5.** | **Please explain how the proposed research is directed at improving emergency healthcare in Queensland beyond the COVID-19 pandemic.**  [Max 250 words.] |
|  | [Your response here] |

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| **B6.** | **References**  [Please provide a list of references used in B1.] |
|  | [Your response here] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | CI or AI’s 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] |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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] |  |

|  |  |
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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

|  |  |
| --- | --- |
| **C1.** | **Does this project involve participant recruitment, e.g. patients or staff, or accessing participant data?** [YES or NO. If NO, go to question C3.] |

|  |  |
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| **C2.** | **If YES, please provide details on how you are going to ensure you can achieve the targeted sample size.**  [Max 500 words] |
|  | [Your response here] |

|  |  |
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| **C3.** | **Will the research require ethics approval?** [YES or NO] |

|  |  |
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| **C4.** | **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] |

|  |  |
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| **C5.** | **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:** |
|  | **Phone Number:** |
|  | **Primary Email Address:** |

## Part D: Budget

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1.** | **Budget request (GST exclusive)**  Please refer to the [Funding Guidelines](https://emergencyfoundation.org.au/wp-content/uploads/2020/04/Funding-Guidelines-EMF-Special-Funding-Round-COVID-19.pdf) 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$)** | **Number of Units  or FTE p.a.** | **Total per budget item in Year 3 (AU$)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | [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

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

|  |  |
| --- | --- |
| **E2.** | **Primary email address:** |

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| **E3.** | **Time Commitment to the Project:**  [Please provide hours per week] |

|  |  |
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| **E4.** | **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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| **E5.** | **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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| **E6.** | **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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| **E7.** | **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

|  |  |
| --- | --- |
| **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] |
|  | **Primary Institution:** |
|  | **Primary Email Address:** |
|  | **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] |
|  | **Email Address**  [Please supply the email address for each Co-Investigator named on the project.] |

[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] |

|  |  |
| --- | --- |
| **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] |
|  | **Primary Institution:** |
|  | **Primary Email Address:** |
|  | **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] |
|  | **Email Address**  [Please supply the email address for each Associate Investigator named on the project.] |

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

|  |  |
| --- | --- |
| **F4.** | **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] |