GRANT APPLICATION TEMPLATE – QLD PROGRAM ROUND 39

RESEARCH CAPACITY BUILDING GRANTS

Full applications for Research Capacity Building grants are due on **11 April 2023 at 10:00am**.

This template can be used to complete your applicationprior to submitting via [SmartyGrants](https://emfqld.smartygrants.com.au/).

Please refer to the Funding Guidelines available on [EMF’s website](https://emergencyfoundation.org.au/research-capacity-building/) 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. There is no requirement to upload this working template to SmartyGrants.

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

## Part A: Executive Summary

|  |  |
| --- | --- |
| **A1.** | **Applying Institution:** [Please refer to Section 3.1 in the Research Capacity Building Funding Guidelines. These grants are primarily intended for: Emergency Departments of Queensland public hospitals, Queensland Ambulance Service, or Retrieval Services Queensland.] |

|  |  |
| --- | --- |
| **A2.** | **Research Champion:** [Title - First name – Last Name] |

|  |  |
| --- | --- |
| **A3.** | **Proposal summary:** [Max 300 words. Please describe the aims, strategic vision, structure, and expected benefits of the proposed Research Capacity Building grant for the applying institution. Refer to Section 1.1 of the Research Capacity Building Funding Guidelines for the Purpose of the grant scheme.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **A4.** | **Total Amount Requested: $**. [Max $100,000. This value must equal the amount calculated in question B5. The budget request in the full application must be consistent with the budget requested in the Expression of Interest (EOI) unless changes were requested by EMF.] |

|  |  |
| --- | --- |
| **A5.** | **Proposal duration** [Maximum 3 years] |
|  | [1 year] [2 years] [3 years] |

|  |  |  |  |
| --- | --- | --- | --- |
| **A6.** | **Emergency Medicine research theme[s]** [Please refer to the list below and select all research themes your department or institution is focused on or is planning to focus on in the future.] | | |
|  | Acute Mental Health/ Acute Behavioural Disturbance  Capacity Building  Cardiology  Devices and Equipment  Diagnostic Testing  Drug trials  ED Ultrasound  Education and Training | Gastro-Intestinal  Geriatrics  Infectious diseases/Anti-Microbial stewardship  Neurology  Paediatrics  Pain management  Pre-hospital care  Respiratory | Resuscitation  Retrievals  Sepsis  Systems and Policy  Telehealth  Toxicology  Toxinology  Trauma  Workforce  Other (please specify) |

## Part B: Research Capacity Building Proposal

|  |  |
| --- | --- |
| **B1.** | **Research Capacity Baseline** [Max 1000 words. Please describe your department or institution’s current research capacity baseline and provide details for the following:   * Available research support * On-going research projects and research projects currently in preparation * Grant applications since 2018 to any funding body (not limited to EMF) * Successful Grant applications from all funding bodies (not limited to EMF) and other research income to date * Publications, conference abstracts, posters, oral presentations on research outcomes since 2018 * Completed research projects since 2018 * Research-Active Staff * Multi-site projects that your department or institution has been a partner in since 2018 * Outcomes and translational impact of completed research projects (please avoid simply listing publications) |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B2.** | **Research Capacity Limitations** [Max 500 words. Please identify areas where a lack of capacity has limited or prevented research.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B3.** | **Proposed vision for the Research Capacity Building grant** [Max 2000 words. Please refer to Section 1.1 of the Funding Guidelines and describe your department or institution’s strategic vision and expected outcomes for the requested Research Capacity Building grant. Please explain how the research capacity baseline outlined above can be successfully expanded through a Research Capacity Building grant from EMF. Your response can include, but is not limited to the following:   * Proposed research capacity building activities, e.g. establishment of research networks, journal clubs, creation of research career pathways etc. * Planned research activities, projects, collaborations, publications, presentations etc. * Plans to apply for future research funding * Identify core staff with the desire to undertake research and whose research activities would be supported by this Research Capacity Building Grant * Formal and informal mentoring for research staff |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B4.** | **Proposed funding model** [Please outline the funding model for the proposed employment of research personnel including details for the following:   * Type of position/s you are proposing to fund e.g. Senior Research Fellow, Research Officer/Manager/Coordinator, Administration Manager etc. * FTE level, salary level and duration of the position/s * Strategy to identify suitable candidates   Please also refer to Research Building Capacity Funding Guidelines Section 5.1 for Special Conditions of Funding.] |
|  | [Your response here] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B5.** | **Budget request (GST exclusive)**  Please detail the budget request for each year. The budget request in the full application must be consistent with the budget requested in the Expression of Interest; unless changes were requested by EMF at EOI stage. Major differences must be discussed with and approved by EMF prior to the full application being submitted.  Please 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 A4 * Your business manager (or equivalent) can offer guidance on projected salary for personnel | | | |
| **Year 1 - Position** | **Annual salary (AU$)** | **FTE p.a.** | **Total in Year 1 (AU$)** |
|  |  |  |  |
|  |  |  |  |
|  | **Year 2 - Position** | **Annual salary (AU$)** | **FTE p.a.** | **Total in Year 2 (AU$)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Year 3 - Position** | **Annual salary (AU$)** | **FTE p.a.** | **Total in Year 3 (AU$)** |
|  |  |  |  |  |
|  | [as additional rows as required] |  |  |  |

|  |  |
| --- | --- |
| **B6.** | **Matched funding and additional support** [Max 500 words. If you have secured matched funding and/or any additional support for the proposed Research Capacity Building activities, please provide details and evidence here. Otherwise, please outline your plans to secure matched funding and additional support should your department/institution be awarded an EMF Research Capacity Building grant.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B7.** | **Sustainability of research activities** [Max 500 words. Please outline how the proposed Research Capacity Building model will ensure sustainability of research activities after EMF funding has ceased. What are the main risks and how will these risks be mitigated?] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B8.** | **Research Capacity Building Timeline** [Please refer to activities suggested in question B3 and enter details of key milestones and estimate in which year each milestone will be completed. Please note, the timeline must be aligned to your response to question A5.] |
| **Milestones – Year 1** |
| [Your response here] |
| **Milestones – Year 2 (if applicable)** |
| [Your response here] |
| **Milestones – Year 3 (if applicable)** |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B9.** | **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 or any Committee membership] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **B10.** | **Additional supporting documentation**  [Please upload any additional documentation e.g. letters of support, relevant tables, or images, on SmartyGrants in this section, if applicable.] |

## Part C: Research Champion

|  |  |
| --- | --- |
| **C1.** | **Name:** [Title First Name – Last Name] |

|  |  |
| --- | --- |
| **C2.** | **ORCID ID:**  [Please learn more and register for an ORCID ID at the following link <https://orcid.org/register>] |

|  |  |
| --- | --- |
| **C3.** | **Clinical Load:** [Please provide hours per week] |

|  |  |
| --- | --- |
| **C4.** | **Availability and Capacity for Research Capacity Building activities:**  [Max 500 words. Please demonstrate how the Research Champion will contribute to the capacity building project. Please indicate how many hours per week will be committed to research capacity building and what percentage of time is already committed in other research, teaching and clinical duties.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **C5.** | **Relevant Experience** [Max 500 words. Please describe your role in building research capacity at your institution and demonstrate your skills and experience as well as availability and capacity in supporting and building capacity in emergency medicine research.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **C6.** | **Research Champion Eligibility** [Please explain briefly how you meet each of the eligibility requirements for Research Champion as listed in Section 3.3 of the Research Capacity Building Funding Guidelines.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **C7.** | **EMF funding: have you been awarded EMF funding in the last five years as Principal Investigator or Co-Investigator?**  [If required, you can contact EMF to obtain a list of EMF grants awarded to the Research Champion. Please send the Research Champion’s name, institution and email address to [grants@emfoundation.org.au](mailto:grants@emfoundation.org.au) at least one week before the due date. |
|  | [YES] or [NO]. If [YES] go to question C8. If [NO] go to question C10.] |

|  |  |
| --- | --- |
| **C8.** | **Please provide details for each of your EMF grants below.** |
|  | Grant Application ID:  Grant amount awarded $:  Active or completed:  For each active grant: is the project on track? [YES or NO]  For each active grant: is reporting up to date? [YES or NO]  If you responded that one or more of your EMF grants is not on track or up to date with reporting please explain below.  [Your response here] |

|  |  |
| --- | --- |
| **C9.** | **For each completed EMF grant, please provide a summary of the main achievements and impact resulting from the grant, focusing on translation into change in policy and practice.** |
|  | [Your response here] |

|  |  |
| --- | --- |
| **C10.** | **Research Champion’s CV** [Please upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max 3 pages] |

## Part D: Research team

|  |  |
| --- | --- |
| **D1.** | **Co-Investigator/s** [If applicable, please provide details of 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.] |
| **Name:**  [Title - First Name – Last Name] |
| **Contribution toward Research Capacity, Relevant Experience, and Availability and Capacity** [Max 300 words per Co-Investigator. Please describe each CI’s role in building research capacity at the applying institution and their skills and experience as well as availability and capacity in supporting and building capacity in emergency medicine research.] |
| [Your response here] |

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

|  |  |
| --- | --- |
| **D2.** | **Co-Investigator’s CV:** [Please upload for each Co-Investigator a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max 3 pages] |

|  |  |
| --- | --- |
| **D3.** | **Team Quality and Capability relevant to this proposal** [Max 500 words. Please describe how the team will work together to build research capacity, taking into account the expertise and availability of team members.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **D4.** | **For all Co-Investigators who were awarded EMF funding in the last five years – either as Principal Investigator or Co-Investigator - please provide a summary of the main achievements and impact resulting from the EMF grant/s, focusing on translation into change in policy and practice.**  [If required, contact EMF to obtain a list of EMF grants awarded to the Co-Investigator. Please send the Co-Investigator’s name, institution and email address to [grants@emfoundation.org.au](mailto:grants@emfoundation.org.au) at least one week before the due date.] |
|  | [Your response here] |

## Part E: Contact Details

|  |  |
| --- | --- |
| **E1.** | **Research Champion** |
|  | **Name:** |
| **Research Champion Institution, Department and Position:** |
| **Primary Postal Address:** |
| **Primary Phone Number:** |
| **Mobile Phone Number:** |
| **Primary Email Address:** |

|  |  |
| --- | --- |
| **E2.** | **Grant Application Contact** [Optional, should the Research Champion prefer to nominate another contact person] |
| **Name:** |
| **Application Contact - Institution, Department and Position:** |
| **Application Contact - Primary Postal Address:** |
| **Primary Phone Number:** |
| **Primary Email Address:** |

|  |  |
| --- | --- |
| **E3.** | **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 should be the Research Governance Officer, Business Manager or equivalent.] |
|  | **Title – First name – Last name:** |
|  | **Administering Institution Contact – Institution and Department:** |
|  | **Position:** |
|  | **Primary Phone Number:** |
|  | **Primary Email Address:** |

|  |  |
| --- | --- |
| **E4.** | **Co-Investigator 1** [Add more Co-Investigators as required. Maximum 8 Co-Investigators.] |
| **Name:**  [Title – First name – Last name] |
| **CI-1 Institution, Department and Position:** |
| **Primary Postal Address:** |
| **Primary Phone Number:** |
| **Primary Email Address:** |

## Part F: Certification

|  |  |
| --- | --- |
| **F1.** | **Certification Document**  The Research Champion, 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](https://emergencyfoundation.org.au/research-capacity-building/).  Amongst others, the Research Champion is required to certify that all named investigators on this application have given their consent to be included in the grant application. The Research Champion is also required to certify 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. |