GRANT APPLICATION TEMPLATE

Queensland Research Program Round 41

Emerge Grants

Queensland Research Program Grant Round 41 opens 29 January 2024, and closes **7 May 2024** **at 10:00am AEST** for the Emerge grant scheme.

This template is available to prepare your **Emerge** **grant** application offline prior to submitting via SmartyGrants (a separate template is available on [EMF’s website](http://emergencyfoundation.org.au/queensland-research-program/) for the other grant schemes).

Please refer to the **Emerge grants 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. 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.

## Part A: Executive Summary

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| **A1.** | **Project Title:** [Max 30 words.] |

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

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| **A3.**  | **Administering Institution:** [Please refer to Section 3 of the Emerge Grant Funding Guidelines. Either the Principal Investigator or the Mentor must have a formal affiliation with the Administering Institution; the affiliation must be clearly shown. A tenuous connection to the Administering Institution will not be accepted.] |

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| **A4.**  | **Project summary**[Max 150 words. Please provide a short summary that is easily accessible to the general public, i.e. in clear and plain English without jargon and unexplained acronyms.] |
|  | [Your response here] |

## Part B: Project Description

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| **B1.** | **Project Plan** [Max 2000 words. Please describe the project plan according to the sections outlined below. Please note that Emerge grants provide funding for research projects that can be completed within 12 months. If funding is requested for research that is part of a larger program or is part of Master or PhD studies, please clarify for which part of the program the funding is requested and provide a strong justification why this should be funded under the Emerge grant scheme.] |
|  | Background:Aims and Objectives:Hypotheses and/or Research Questions:Research Design and Methods (include PICO, sample and data collection):Analytics Plan:Expected Outcomes and Impact: |

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| **B2.** | **Relevance to emergency medicine** [Max 150 words. 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.] |
|  | [Your response here] |

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| **B3.** | **Project timeline** [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. Please note that Emerge grants provide funding for research projects that can be completed within 12 months.] |
|  | Milestone | Estimated duration in months |
|  |  |  |
|  | [please insert as many rows as required] |  |
|  | **Total project duration** |  |

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| **B4.** | **Budget request (GST exclusive)** Please refer to the [Emerge Funding Guidelines](https://emergencyfoundation.org.au/queensland-research-program/) for eligible expenditures and provide a detailed justification for each requested budget item. An example of how to calculate and justify budget requests that can also be used as a template is available [here](https://emergencyfoundation.org.au/queensland-research-program/).EMF expects the Principal Investigator to conduct most of the research. Funding requests for third-party services or skilled specialists must be kept to a minimum and a detailed quote for the service must be provided.Please detail each budget item and note the following:• EMF funds up to 30% of eligible direct on-costs only.• The direct on-cost percentage calculation MUST be entered on a separate line.• Your business manager (or equivalent) can offer guidance on projected salary and salary on-costs for personnel.• EMF does not allow for institutional overheads or administrative charges.• Please refer to the example provided via the link above. |
|  | **Budget item** | **Cost in (AU$)** | **Justification** |
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|  | **Detailed quote for third-party services or skilled specialists:**Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided. |

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| **B5.** | **Additional supporting documentation**[Optional: please upload one table or figure as supporting documentation, e.g. a recruitment plan, if applicable.] |
|  | [Your response here]  |

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| **B6.** | **References** |
|  | [Your response here]  |

## Part C: Principal Investigator

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

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| **C2.** | **Please describe your current clinical role and, if applicable, a brief overview of your research experience.**[Max 150 words. Please include the institution and department of your current workplace.] |
|  | [Your response here] |

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| **C3.** | **Please explain your role in the proposed project.**[Max 100 words. It is expected that the Principal Investigator be the lead researcher on the project, responsible for conducting a large percentage of the research.] |
|  | [Your response here] |

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| **C4.** | **Please describe how the proposed research might benefit you, e.g. in progressing your career or investigating an area of interest.**[Max 150 words] |
|  | [Your response here] |

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| **C5.** | **Curriculum vitae** [Please upload a short and recent CV of 2-3 pages].  |

## Part D: Mentor and Research Team

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| **D1.** | **Mentor Name:** [Title – First Name – Last Name] |

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| **D2.** | **Mentor: please describe your current role and a brief overview of your research track record.**[Max 150 words. Please refer to the Emerge Grant Funding Guidelines for Mentor eligibility.] |

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| **D3.** | **Mentor: please indicate the number of hours per week you can commit to mentoring the proposed project per week:**  |

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| **D4.** | **Mentor statement**[Max 250 words. Please describe why you have chosen to support the applicant and how you will ensure the applicant receives high quality research training.] |
|  | [Your response here] |

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| **D5.** | **Mentor’s CV** [Please upload a CV less than 12 months old, detailing relevant research experience including the past five years of publications and funding success, if applicable, max 3 pages. If you have been awarded EMF grants in the last 5 years as Principal Investigator or Co-Investigator, please ensure these are included in your CV.] |

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| **D6.** | **Research team, if applicable**[If there are investigators on the team other than the Principal Investigator and the Mentor, please list them here and briefly describe their role and how their skills/experience is relevant to the proposed project. Enter n/a if not applicable.] |
|  | **Co-Investigator 1**Name: Organisation and position:Project role and relevant experience:[Add more Co-Investigators as required. Maximum 8 Co-Investigators.] |

**Part E: Contact Details**

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| **E1.** | **Principal Investigator**  |
|  | **Name:**  |
|  | **PI Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

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| **E2.** | **Mentor**[Please note, the Principal Investigator and the Mentor will be notified when the review panel has assessed the application and the Principal Investigator has the opportunity to respond to review.] |
|  | **Name:**  |
|  | **Mentor Institution, Department and Position:**  |
|  | **Mentor Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Primary Email Address:** |

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| **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:** |

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| **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**

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| **F1.** | **Online Certification**I, the Principal Investigator on this Emerge grant application, certify the following:* To the best of my knowledge, all required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met.
* The Mentor supports me as Principal Investigator and the research project and meets Emerge grant scheme’s eligibility criteria for mentors.
* The Mentor and all named investigators on this application have read this application in full and given their consent to be included. I acknowledge that EMF may at any time request written documentation showing the named investigator’s consent. If this request is not met, EMF may rescind the funding.
* I have notified the Head/s of Department/s (or equivalent) and the Administering Institution regarding this grant application and any relevant approvals have been obtained.
* I authorise EMF to make any enquiries it considers necessary in relation to the proposed application.
* I agree to adhere to the conditions governing EMF grants provided in the Funding guidelines and the Funding Agreement.
* The grant will not be permitted to proceed until appropriate ethics and governance clearance(s) have been obtained.
* I have read and agreed to the Privacy Notice below.

**Privacy Notice:** All signatories consent to the information supplied as part of the application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel and the Research Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our [privacy policy](http://emergencyfoundation.org.au/privacy-policy) and the provisions of the Information Privacy Principles contained in the Information Privacy Act 2009 (Qld) which sets standards for the collection, storage, use and disclosure of, and access to, personal information. |