GRANT APPLICATION TEMPLATE

Queensland Research Program Round 41

Jumpstart, Leading Edge and Project Grant Schemes

Queensland Research Program Grant Round 41 opens 29 January 2024, and closes **8 April 2024** **at 10:00am AEST** for the Jumpstart, Leading Edge, and Project grant schemes.

This template is available to prepare your grant application offline for Jumpstart, Leading Edge and Project grant applications prior to submitting via SmartyGrants (a separate template is available on [EMF’s website](http://emergencyfoundation.org.au/queensland-research-program/) for Emerge, TranslatED Research and Research Capacity Building grant applications).

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. 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

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

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

|  |  |
| --- | --- |
| **A3.**  | **Administering Institution:** [Refer to section 2.2 in the Funding Guidelines. The Principal Investigator 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.] |

|  |  |
| --- | --- |
| **A4.**  | **Plain language summary**[Max 250 words. The Plain Language 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 Plain Language Summary simply, clearly and in plain English without jargon and unexplained acronyms.] |
|  | [Your response here] |

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

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

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

|  |  |
| --- | --- |
| **A8.**  | **Total Amount Requested: $**[This value is automatically calculated from Part D Health Economics + Part E Budget] |

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

## Part B: Research Proposal - Project Description

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

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

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

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

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

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

|  |  |
| --- | --- |
| **B7.** | **Project Sites and Collaborating Institutions** [Please provide details of the sites involved in this project and the investigators at the named sites. Projects involving regional, rural or remote sites will be viewed favourably, please refer to Section 6 in the Funding Guidelines.] |
|  | Department | Institution | Location | Investigator (Indicate which investigator/s are based at the respective sites) | Role/comments[Brief description of research activity at this site, e.g. patient recruitment, study coordination, lab tests 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. Please note, the project duration must be aligned to your response to question A9 and not exceed the nominated term for the respective grant scheme (1 or 2 years] |
|  | Milestone | Estimated duration in months |
|  |  |  |
|  | [please insert as many rows as required] |  |
|  | Total duration of project in months:  |

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

## Part C: Research Proposal – Additional Information

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

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

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

|  |  |
| --- | --- |
| **C4.** | **Does this project involve recruitment of participants (e.g. patient, staff) or accessing data?** [YES] or [NO]. If NO, please proceed to question C6. |

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

|  |  |
| --- | --- |
| **C6.** | **Will the research require ethics approval?** [YES] or [NO] – Refer to section 4.2 in the Funding Guidelines regarding provision of ethics approval or waiver if grant application is successful. If you have already obtained ethics approval or waiver, you can upload the document in Section B9.  |

|  |  |
| --- | --- |
| **C7.** | **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] |

## Part D: Health Economics

|  |  |
| --- | --- |
| **D1.** | **Does the proposed project include any health economics analyses?**[YES] or [NO]. If NO, please proceed to question D4. |
|  | [Your response here] |

|  |  |
| --- | --- |
| **D2.** | **Please provide more information on the planned health economics analyses, e.g. type of analyses planned, named investigator to conduct the analyses etc.**[Max 500 words] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **D3.** | **Please indicate the funding amount requested for health economics analyses and provide a justification for the funding requested. Only reasonable requests with a strong rationale will be considered.**[Max 500 words] |
|  | [Funding amount] |
|  | [Justification] |

|  |  |
| --- | --- |
| **D4.** | **Would you like to be connected with health economists to discuss the proposed project’s potential to include health economics analyses?**[YES] or [NO] |

## Part E: Budget

|  |  |
| --- | --- |
| **E1.** | **Budget request (GST exclusive)** Please refer to the [Queensland Research Program Guidelines](https://emergencyfoundation.org.au/queensland-research-program/) (dated Jan 2024) for eligible expenditures. 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/).Please detail each budget item for each year 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.
* Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided.
* Please do not include requests for health economics analyses in this section (refer to Section D).
* Please refer to the example provided via the link above.
 |
| **Year 1 – Budget item** | **Unit Cost or Annual salary (AU$)** | **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$)** |
|  |  |  |  |
|  |  |  |  |
| [additional rows as required] |  |  |  |

**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.

|  |  |
| --- | --- |
| **E2.** | **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, Consumables & Maintenance, Services or Other Costs. If you are not requesting any items in a given category, please indicate n/a.] |
|  | Personnel:  |
|  | Consumables & Maintenance: |
|  | Services: |
|  | Other Costs:[items that cannot be placed in another category] |

|  |  |
| --- | --- |
| **E3.** | **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 F: Principal Investigator

|  |  |
| --- | --- |
| **F1.** | **Name:** [Title First Name – Last Name] |

|  |  |
| --- | --- |
| **F2.** | **ORCID ID:** [Please learn more and register for an ORCID ID at the following link <https://orcid.org/register>] |

|  |  |
| --- | --- |
| **F3.** | **Clinical Load:** [Please provide hours per week] |

|  |  |
| --- | --- |
| **F4.** | **Time Commitment to the project:** [Please provide hours per week] |

|  |  |
| --- | --- |
| **F5.** | **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.] |

|  |  |
| --- | --- |
| **F6.** | **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. If NO, please provide details of any foreseen absence in excess of three months continuous. Periods greater than three months (continuous) overseas will require prior EMF approval.] |

|  |  |
| --- | --- |
| **F7.** | **PI Eligibility**[Please explain briefly how you meet the Queensland Research Program eligibility requirement for Principal Investigators as listed in Section 2.3 of the Queensland Research Program Guidelines.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **F8.** | **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] |

|  |  |
| --- | --- |
| **F9.** | **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] |

|  |  |
| --- | --- |
| **F10.** | **EMF funding: have you have been awarded EMF funding in the last five years as Principal Investigator or Co-Investigator?**[If required, contact EMF to obtain a list of EMF grants awarded to the Principal Investigator. Please send the Principal Investigator’s name, institution and email address to grants@emfoundation.org.au at least one week before the grant round closing date. |
|  | [YES] or [NO]. If [YES] go to question E11. If [NO] go to question E13.] |

|  |  |
| --- | --- |
| **F11.** | **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] |

|  |  |
| --- | --- |
| **F12.** | **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] |

|  |  |
| --- | --- |
| **F13.** | **Principal Investigator’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 G: Research team

|  |  |
| --- | --- |
| **G1.** | **Co-Investigator/s**[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 Queensland Health 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 as applicable.Please note that Co-Investigators’ time will not be funded. Funding for specific activities that the Co-Investigator or Co-Investigator’s team undertake using specified skill sets may be considered. This MUST be justified in the budget section of the application form and a strong rationale provided.] |
| **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] |
|  | If the Principal Investigator is not a Queensland Health FACEM or FRACP PEM, please identify the Queensland Health FACEM or FRACP PEM Co-Investigator/s provided. |

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

|  |  |
| --- | --- |
| **G2.** | **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] |

|  |  |
| --- | --- |
| **G3.** | **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.]

|  |  |
| --- | --- |
| **G4.** | **Associate Investigator’s CV:** [Optional - please upload a current CV (max 3 pages) for each Associate Investigator at your discretion.] |

|  |  |
| --- | --- |
| **G5.** | **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. Projects with novice or early career researchers on the team will be viewed favourably with regard to developing research capacity in Queensland. Please refer to section 6.1 in the Funding Guidelines.]  |
|   | [Your response here] |

|  |  |
| --- | --- |
| **G6.** | **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 at least one week before the grant round closing date.] |
|  | [Your response here] |

|  |  |
| --- | --- |
| **G7.** | **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 H: Contact Details

|  |  |
| --- | --- |
| **H1.** | **Principal Investigator**  |
|  | **Name:**  |
|  | **PI Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Mobile Phone Number:** |
|  | **Primary Email Address:** |

|  |  |
| --- | --- |
| **H2.** | **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:** |
|  | **Primary Email Address:** |

|  |  |
| --- | --- |
| **H3.** | **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:** |

|  |  |
| --- | --- |
| **H4.** | **Co-Investigator 1** [Add more Co-Investigators as required. Maximum 8 Co-Investigators.]Please note, the Principal Investigator and at least one Co-Investigator will be notified when the assessments are complete and the "Response to Review" is available. |
|  | **Name:** [Title – First name – Last name] |
|  | **CI-1 Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Primary Email Address:** |

|  |  |
| --- | --- |
| **H5.** | **Associate Investigator 1** [Add more Associate Investigators as required. Maximum 8 Associate Investigators.] |
|  | **Name:** [Title – First name – Last name] |
|  | **AI-1 Institution, Department and Position:**  |
|  | **Primary Postal Address:**  |
|  | **Primary Phone Number:** |
|  | **Primary Email Address:** |

## Part I: Certification

|  |  |
| --- | --- |
| **I1.** | **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 on the grant application. The Principal Investigator 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. |