



## **FutureHealth WA Major Research Grant Support 2015/16**

### **Guidelines for Applicants**

Applications are invited for FutureHealth WA Major Research Grant Support in accordance with the conditions described in these guidelines.

**The Major Research Grant Support Application Form is available on the [Research Development](#) website.**

Queries regarding the application process should be directed to the Western Australian Department of Health, Research Development Unit via email to [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au) or telephone to (08) 9222 4053.

**Applications Close: 1:00pm, Wednesday 10 February 2016**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

(Applicants are advised to confirm internal deadlines with the research grants administrator at the nominated institution(s), as these may be earlier)

### **Aim**

The Department of Health, WA is offering in-principle funds and in-kind partnership support for funding applications made by WA researchers to major national and international health and medical research funding bodies, in order to boost WA researchers' competitiveness and to leverage significant additional funding for WA. This scheme is a one-off funding opportunity and is an initiative using FutureHealth WA funding.

Although this scheme is predominantly aimed at 2016 NHMRC Partnerships Projects that are being submitted to the NHMRC Peer Review Cycle 1 or 2, other equivalent partnership-type grant applications, with a closing date **prior to 30 June 2016** will also be considered.

### **Eligibility and Scope**

It will be the applicant's responsibility to ensure that the requested Department of Health involvement is in accordance with the rules of the partnership grant scheme to which this application relates to. Applications to the Department of Health should be made by a team headed by a Coordinating Principal Investigator.

### ***The Coordinating Principal Investigator must:***

- a) Be an Australian citizen or permanent resident in Australia or must have applied to become an Australian permanent resident. Noting that evidence of Australian permanent residency will be required before funding is disbursed. Failure to do so will result in cancellation of the grant.



- b) Hold a postgraduate research degree or professional qualification in a field of health or clinical science;
- c) Continue to be employed in an NHMRC approved administering institution in WA for the entire period of the grant; and
- d) Be named as Chief Investigator A in the subsequent partnership application to the national or international funding program.

***The research application should:***

- a) Be submitted through the research office of an NHMRC approved administering institution in WA;
- b) Address a significant health issue in WA and show the potential for the translation of research findings into measurable benefits for WA;
- c) Show that the bulk of the proposed work will be performed in WA;
- d) Be submitted as a complete and correct document. Incomplete or incorrect applications will not be forwarded for review.

***The Administering Institution must:***

- a) Be an approved NHMRC administering institution, located in WA and listed on the [Register of NHMRC Administering Institutions](#);
- b) Provide the facilities and services necessary for the efficient conduct of research during the term of the grant.

**Funding**

A maximum amount of \$250,000 per application is available as a cash contribution. In-kind support may be in addition to this amount. Funded research may run for up to 5 years as determined by the partnership grant program's funding rules and may involve multiple partners.

Funding is conditional upon achieving an external competitive grant in a major national or international research funding program. Payment will not be made until after the application to the major partnership funding program is shown to be successful.

The Department of Health reserves the right to negotiate the amount and timing of funding awarded on a case-by-case basis for selected applications.

Funding is for direct research costs and may not be used for capital or infrastructure costs including salary costs of Chief or Associate Investigators.

Not all applications that are deemed to be fundable by the review panel, may be funded due to the limited availability of funds. Funding will be awarded to applications deemed to be fundable in order of ranking as determined by the review panel until the available funding is exhausted.

**Selection and Assessment**

Applications will be reviewed for adherence to the major partnership grant program's funding rules and significance of the proposed work to WA Health and the State by a review panel consisting of recognised health and medical researchers, clinicians,



Department of Health staff, co-opted members as required and the Assistant Director General- Clinical Services and Research.

Applications will be ranked and considered for funding based on their ability to address the following criteria:

- Address issues which are of significance to WA and which can be influenced specifically by WA Health;
- Extent to which the research is likely to make a significant contribution to improving the health of WA through improvements to health care, service delivery and/or health policy within WA Health;
- Bulk of work to be undertaken in WA;
- Strength of the partnership and evidence of previous effective working relationship with the Department of Health and/or WA Health;
- Suitability of the proposed ongoing partnership arrangement with the Department of Health;
- Track record (including with NHMRC grant success) and capacity of the research team;
- Innovation and novelty of the proposed research;
- Scientific quality and methodology of proposed research project;
- Likelihood for research translation including track record of the applicant in the area of research translation including into policy/practice and the potential for new methodologies or technologies;
- Strength and appropriateness of proposed links with other national and international organisations; and
- Justification of budget

The Department of Health must be given the opportunity to review the final partnership grant application prior to submission to the national or international research funding body, and reserves the right to withdraw as a partner at that time should the Department of Health consider that the final research application is not suitable for it to partner in.

The Department of Health also reserves the right to withdraw as a partner where it deems that other organisations partnering with the research application are not aligned with the values of the Department and are part of an industry that produces products or services that may contribute to poor physical health or mental well-being of the community.

### **Governance Approvals and Intellectual Property**

All research governance approvals relating to the major research grant application will be the responsibility of the applicant and/or the nominated WA administering institution.

Where appropriate, an intellectual property agreement will be negotiated between the Department of Health and the applicant's administering institution. The terms of this agreement will be negotiated on a case-by-case basis for those applications that are successful in obtaining a major partnership funding grant.



### **Changes**

Successful applicants must immediately inform the Department of Health of any changes in partnership arrangements including the withdrawal or addition of partners, and any changes in the contributions from other partners. The Department of Health reserves the right to review their contribution in light of these changes and may modify or withdraw their involvement at that time.

If for any reason the major partnership grant is terminated before the end of the proposed work, the applicant will be required to repay any unspent Department of Health funds paid under this scheme, that are remaining at that time.

### **Reporting**

A copy of all reports provided to the major partnership grant provider, either as a requirement of the major partnership grant provider or for any other reason must be forwarded to the Department of Health.

In addition, an annual progress report and financial acquittal relating to the expenditure of Department of Health support will be required. Reporting templates will be forwarded to recipients and the administering institution closer to their due date.

### **Acknowledgment**

The Department of Health will publicly announce the recipients of this grant scheme and requests that all other parties withhold announcement/media coverage until after this has occurred. The Research Development Unit, Department of Health WA will advise recipients once this is done.

Full acknowledgment of the Department of Health, WA must be made as opportunities arise in publications, conference presentations, public discussion, press statements etc. Copies of publications should be forwarded to the Research Development Unit of the Department of Health WA, via email to: [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au)

### **Complaints**

Applicants who feel that their interests have been adversely affected by a decision made by the Department of Health may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the actual outcome of a particular decision. Complaints must be submitted in writing to:

Manager, Office of the Chief Medical Officer  
Department of Health  
PO Box 8172, Perth Business Centre WA 6849

### **Confidentiality**

All applications and assessment reports will be maintained confidentially by the Department of Health and the assessment panel.



If requests are received by the Department of Health to make public any aspect of funded projects, the authorisation of the Coordinating Principal Investigator will be sought.

Applicants should be aware that the Department of Health is subject to the Western Australian Freedom of Information Act 1992. This provides a general right of access to records held by State Government agencies. In addition, information pertaining to the receipt of State Government financial assistance is tabled in the Parliament of Western Australia.

### **Publications**

Recipients are expected to make the results of their work (funded by the major grant application) available through the usual scientific channels. Researchers are asked to consider the [NHMRC's policy on the dissemination of research findings](#).

Researchers are asked to forward copies of publications related to the work (funded by the major grant application) to the Research Development Unit via email to: [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au)



## FutureHealth WA Major Research Grant Support 2015

### Application Instructions

Applications are invited in accordance with the conditions described in the FutureHealth WA Major Research Grant Support Application Pack available on the [Research Development](#) website.

### Applications Close: 1:00pm, Wednesday 10 February 2016

#### LATE APPLICATIONS WILL NOT BE ACCEPTED

(Applicants are advised to confirm internal deadlines with the research grants administrator at the nominated institution(s), as these may be earlier)

- Coordinating Principal Investigators are required to complete and submit the Application Form below through a WA Administering Institution that is listed on the [Register of NHMRC Administering Institutions](#)
- The Application Form must be typed in Arial font 11 point or larger.
- Double sided printing is encouraged
- Do not forward this APPLICATION INSTRUCTIONS page with the APPLICATION FORM
- Both the electronic and printed copies of the application are due by the closing date. Acknowledgment of receipt of application will be provided via e-mail

Completed applications are to be submitted to the Research Development Unit as follows:

- ONE electronic copy as a single Adobe Acrobat pdf or Word file (multiple files will not be accepted), not exceeding 3MBs to be emailed to: [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au) and entitled:  
**CPI SURNAME first name – DOH Major Grant Support Application**  
e.g. SMITH John – DOH Major Grant Support Application
- SIX black & white, double-sided printed copies, to be sent to:

#### Courier Delivery

Research Development Unit  
Department of Health  
Level 2, Block C  
189 Royal Street  
EAST PERTH 6004

#### Postal

Research Development Unit  
Department of Health  
PO Box 8172  
Perth Business Centre  
PERTH WA 6849

Queries regarding the application process should be directed to the Research Development Unit at: [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au) or Telephone: (08) 9222 4053



## FutureHealth WA Major Research Grant Support 2015

### Application Form

#### 1. This Application

Application Title	
Coordinating Principal Investigator:	
Position	
Citizenship (Australian Citizen/ Permanent Resident) if pending, state when outcome is expected	
Email	
Phone number	
Administering Institution Must be an NHMRC approved administering institution	
Administering Institution Postal Address Correspondence will be sent to this address	
ABN	
Research Office contact name	
Research Office contact email	
Research Office contact phone number	
Type of support requested (financial/ in-kind/ both/ other)	
Financial component amount (if applicable)	\$



## 2. Intended Major Partnership Grant Application

Chief Investigator A	
Application Title	
Name of Funding Organisation <i>i.e. NHMRC, ARC, other</i>	
Funding Program Name and Round <i>i.e. Partnership Project 2015, Partnership Centre 2015</i>	
Expected Award Notification Date	
Grant Amount being applied for	\$
Grant Duration	
Will a Letter of Support be required and by when?	





### **3. Synopsis**

Provide a summary of the proposed work to be done including the aims, significance and the expected outcomes of the work. Use plain English as this may be made available for media announcements in the future.

*(Maximum 300 words)*



**4. Significance to WA**

Outline the significance of this work to WA. Describe the current problem/issues and state how this work will contribute to providing solutions for this.

*(Maximum 500 words)*



## 5. Project Plan

a) Clearly state the hypotheses and objectives. State the questions to be answered and outline the methodology that will be applied. Outline the anticipated outcomes. If a pilot study has been conducted provide further information regarding this.

*(Maximum 500 words)*

b) Provide a list of milestones against the timeframe of the project using the table provided below.

<b>Milestones</b>	<b>Timeline</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



**6. Relationship with the Department of Health**

Provide evidence of previous and/or current effective working relationship with the Department of Health. How will this relationship benefit the work and how do you propose to maintain this collaborative approach?

*(Maximum 500 words)*



## 7. Partnering Organisations

Who do you propose to undertake this work in partnership with? Provide details of each partnering organisation (including your own and the Department of Health) and their intended contribution in the table below.

### Partner 1

Name of Institution		% of contribution	
Type of contribution ( <i>in-kind, financial, both, other</i> )		Status of partnership ( <i>confirmed/pending/proposed</i> )	
Contact Name		Contact email	

### Partner 2

Name of Institution		% of contribution	
Type of contribution ( <i>in-kind, financial, both, other</i> )		Status of partnership ( <i>confirmed/pending/proposed</i> )	
Contact Name		Contact email	

### Partner 3

Name of Institution		% of contribution	
Type of contribution ( <i>in-kind, financial, both, other</i> )		Status of partnership ( <i>confirmed/pending/proposed</i> )	
Contact Name		Contact email	

If there exists more than 3 partner organisations, please insert additional tables as required.



## 8. Participating Individuals (max of 10 Coordinating Investigators)

List the members of the research team. Using the table below, indicate if they will be a Chief Investigator (maximum of 10), or an Associate Investigator and outline their role, in particular their record of having worked with policy and/or practice type organisations and/or in the area of research translation. Include if each member will be based in Australia for the period of the grant.

Note: a Chief Investigator who is representing a partner organisation is expected to have a role within that organization.

Name		% of contribution	
Institution		Email address	
Type of contribution (Chief/Associate Investigator)		Status of partnership (confirmed/pending/proposed)	
Role			

Name		% of contribution	
Institution		Email address	
Type of contribution (Chief/Associate Investigator)		Status of partnership (confirmed/pending/proposed)	
Role			

Name		% of contribution	
Institution		Email address	
Type of contribution (Chief/Associate Investigator)		Status of partnership (confirmed/pending/proposed)	
Role			

If there exists more than 3 participating individuals, please insert additional tables as required.



## **9. Curriculum Vitae**

Attach a Curriculum Vita for each participating individual. Each Curriculum Vita should outline publications made in the last 5 years, invitations to present work nationally or internationally and previous funding achievements. Each Curriculum Vita should be no longer than 2 pages in length.



## **10. Likelihood for Research Translation**

How do you propose to assist the translation of findings into improved policy and practice in WA? For basic science, this may include preparation and plans for the next required step along the research-practice pipeline. Discuss what capacity partners possess to influence policy and health care in the relevant area?

*(Maximum 500 words)*





## 11. Proposed budget

Provide details of the budget for the proposed work, showing contributions both in-kind and financial, from each partner institution including the Major Grant to be applied for, and the various costs per year in the tables provided below.

Year 1 Budget (\$ Excl GST)									
Description	Administering Institution (\$)		Department of Health (\$)		Other Organisation 1 (\$)		Other Organisation 2 (\$)		Major Partnership Grant (i.e. NHMRC etc.) (\$)
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash
<b>Personnel salary</b> <i>specify for each position. Include maximum of 30% on-costs</i>  <b>Position 1</b> <ul style="list-style-type: none"> <li>• title and name</li> <li>• %FTE</li> <li>• salary level</li> </ul> <b>Position 2</b> <ul style="list-style-type: none"> <li>• title and name</li> <li>• %FTE</li> <li>• salary level</li> </ul>									
<b>Professional services</b> <i>e.g. economic and statistical analysis, tech support</i>									
<b>Diagnostic/treatment services</b> <i>i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.</i>									



<b>Access to data, lab space and facilities etc</b>									
<b>Minor essential equipment</b> <i>quotations must be attached</i>									
<b>Consumables</b>									
<b>Travel and Accommodation</b>									
<b>Other</b> <i>specify each item</i>									
<b>TOTAL</b>									



Year 2 Budget (\$ Excl GST)									
Description	Administering Institution (\$)		Department of Health (\$)		Other Organisation 1 (\$)		Other Organisation 2 (\$)		Major Partnership Grant (i.e. NHMRC etc.) (\$)
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash
<b>Personnel salary</b> <i>specify for each position. Include maximum of 30% on-costs</i>  <b>Position 1</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul> <b>Position 2</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul>									
<b>Professional services</b> <i>e.g. economic and statistical analysis, tech support</i>									
<b>Diagnostic/treatment services</b> <i>i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.</i>									
<b>Access to data, lab space and facilities etc</b>									
<b>Minor essential equipment</b> <i>quotations must be attached</i>									



<b>Consumables</b>									
<b>Travel and Accommodation</b>									
<b>Other</b> <i>specify each item</i>									
<b>TOTAL</b>									



Year 3 Budget (\$ Excl GST)

Description	Administering Institution (\$)		Department of Health (\$)		Other Organisation 1 (\$)		Other Organisation 2 (\$)		Major Partnership Grant (i.e. NHMRC etc.) (\$)
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash
<b>Personnel salary</b> <i>specify for each position. Include maximum of 30% on-costs</i>  <b>Position 1</b> <ul style="list-style-type: none"> <li>• title and name</li> <li>• %FTE</li> <li>• salary level</li> </ul> <b>Position 2</b> <ul style="list-style-type: none"> <li>• title and name</li> <li>• %FTE</li> <li>• salary level</li> </ul>									
<b>Professional services</b> <i>e.g. economic and statistical analysis, tech support</i>									
<b>Diagnostic/treatment services</b> <i>i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.</i>									
<b>Access to data, lab space and facilities etc</b>									
<b>Minor essential equipment</b> <i>quotations must be attached</i>									



Government of **Western Australia**  
Department of **Health**

<b>Consumables</b>									
<b>Travel and Accommodation</b>									
<b>Other</b> <i>specify each item</i>									
<b>TOTAL</b>									



Year 4 Budget (\$ Excl GST)									
Description	Administering Institution (\$)		Department of Health (\$)		Other Organisation 1 (\$)		Other Organisation 2 (\$)		Major Partnership Grant (i.e. NHMRC etc.) (\$)
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash
<b>Personnel salary</b> <i>specify for each position. Include maximum of 30% on-costs</i>  <b>Position 1</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul> <b>Position 2</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul>									
<b>Professional services</b> <i>e.g. economic and statistical analysis, tech support</i>									
<b>Diagnostic/treatment services</b> <i>i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.</i>									
<b>Access to data, lab space and facilities etc</b>									
<b>Minor essential equipment</b> <i>quotations must be attached</i>									



<b>Consumables</b>									
<b>Travel and Accommodation</b>									
<b>Other</b> <i>specify each item</i>									
<b>TOTAL</b>									





Year 5 Budget (\$ Excl GST)									
Description	Administering Institution (\$)		Department of Health (\$)		Other Organisation 1 (\$)		Other Organisation 2 (\$)		Major Partnership Grant (i.e. NHMRC etc.) (\$)
	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash	In-Kind	Cash
<b>Personnel salary</b> <i>specify for each position. Include maximum of 30% on-costs</i>  <b>Position 1</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul> <b>Position 2</b> <ul style="list-style-type: none"> <li>• <i>title and name</i></li> <li>• <i>%FTE</i></li> <li>• <i>salary level</i></li> </ul>									
<b>Professional services</b> <i>e.g. economic and statistical analysis, tech support</i>									
<b>Diagnostic/treatment services</b> <i>i.e. Nuclear Med, Pharmacy, Pathology, Radiology etc.</i>									
<b>Access to data, lab space and facilities etc</b>									
<b>Minor essential equipment</b> <i>quotations must be attached</i>									



<b>Consumables</b>									
<b>Travel and Accommodation</b>									
<b>Other</b> <i>specify each item</i>									
<b>TOTAL</b>									



## 12. Budget Summary

	Year 1		Year 2		Year 3		Year 4		Year 5		TOTAL
Organisation	Cash	In-kind	Cash	In-kind	Cash	In-kind	Cash	In-kind	Cash	In-kind	
<b>Administering Institution</b>											
<b>Department of Health</b>											
<b>Major Partnership Grant</b> <i>(enter name)</i>											
<b>Other Organisation 1</b> <i>(enter name)</i>											
<b>Other Organisation 2</b> <i>(enter name)</i>											
<b>Total</b>											



**13. Budget Justification (for DoH component)**

Justify in terms of need and cost, each budget item requested to be funded by the Department of Health using the same headings as used in the budget table.

*(Maximum 300 words)*



## 14. Cited References



## 15. Certifications

### Research Team Certification

- (a) I declare that I have agreed to take part in the body of work proposed in this application.
- (b) I declare Department of Health funds granted for this project will only be spent for the purpose for which they are approved.
- (c) I declare that the information supplied by me on this form is complete, true and correct in every particular.
- (d) I understand and agree that research carried out by me will be in accordance with the *Australian Code for the Responsible Conduct of Research (2007)* and guidelines of the National Health & Medical Research Council (NHMRC) and other relevant agencies.
- (e) I agree to abide by the terms and conditions set out in the *FutureHealth WA Major Grant Support Application 2015*.
- (f) I have discussed the likely impact of the work on other relevant departments and support services and this project is acceptable to them.
- (g) I declare that this application has been submitted to the institution's research grants office or equivalent, and I agree to obtain the relevant research governance approvals and agreements before commencement of the work.
- (h) I understand and agree that no further claim will be made on the Department of Health to cover any over-expenditure of budget or any costs beyond the research project.
- (i) I consent, to this proposal being referred to third parties, who will remain anonymous, for assessment purposes.

### Coordinating Principal Investigator

<b>Full Name</b>	
<b>Signature</b>	<b>Date</b>

### Chief Investigator 1

<b>Full Name</b>	
<b>Signature</b>	<b>Date</b>



**Chief Investigator 2**

<b>Full Name</b>	
<b>Signature</b>	<b>Date</b>

**Chief Investigator 3**

<b>Full Name</b>	
<b>Signature</b>	<b>Date</b>

Note: If more than three Chief Investigators exist, please insert additional tables as required.



## 16. Certification by Administering Institution Finance Officer

I certify that:

- (a) The budget costs in this application form for \_\_\_\_\_  
(Coordinating Principal Investigator) are true and correct and reflect the latest costing information available to me; and
- (b) Amounts claimed are exclusive of GST.

<b>Title, First Name, SURNAME</b>	
<b>Position</b>	
<b>Institution</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Telephone number(s)</b>	
<b>Email address</b>	





## 17. Administering Institution Research Office

I declare that:

- a) The Administering Institution endorses the application proposed by \_\_\_\_\_ (Coordinating Principal Investigator) and is willing to administer the grant under the conditions specified by the Department of Health in the FHWA Major Grant Support Application Pack 2015;
- b) This institution is listed on the [Register of NHMRC Administering Institutions](#);
- c) This institution is capable of providing the facilities and services necessary for the efficient conduct of this research; and
- d) The Research Development Unit, Department of Health will be notified immediately of any changes to the applicant's eligibility (e.g. employment status) or changes to the information originally provided in this application.

<b>Title, First Name, SURNAME</b>	
<b>Position</b>	
<b>Institution</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Telephone number(s)</b>	
<b>Email address</b>	