

**FHRI Focus Grants: COVID-19**

Innovation

Application Form

**Closing Date: 1.00pm, Friday 16 October 2020**

**fhrifund.health.wa.gov.au**

**Contents**

[Application Instructions i](#_Toc51150321)

[Application Form 1](#_Toc51150322)

[Section 1: Proposed Project 1](#_Toc51150323)

[Section 2: Innovation Team 3](#_Toc51150324)

[Section 3: Value Proposition (20%) 5](#_Toc51150325)

[Section 4: Potential Reach (10%) 6](#_Toc51150326)

[Section 5: Consumer Involvement (15%) 7](#_Toc51150327)

[Section 6: Project Plan (30%) 8](#_Toc51150328)

[Section 7: Feasibility (10%) 10](#_Toc51150329)

[Section 8: Translation and implementation (15%) 11](#_Toc51150330)

[Section 9: Budget 12](#_Toc51150331)

[Section 10: Justification of Budget 15](#_Toc51150332)

[Section 11: Certification by Project Team 16](#_Toc51150333)

[Section 12: Certification by Finance Officer/ Business Manager or equivalent 17](#_Toc51150334)

[Section 13: Certification by Head of Department or equivalent 18](#_Toc51150335)

[Section 14: Certification by Grant Administration Officer or equivalent 19](#_Toc51150336)

[Section 15: Cited References 20](#_Toc51150337)

[Section 16: Check List 21](#_Toc51150338)

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# Application Instructions

Applications are invited in accordance with the conditions described in theFHRI Focus Grants: COVID-19 *Guidelines and Conditions* which are available at the [Western Australian Future Health Research and Innovation Fund](https://fhrifund.health.wa.gov.au) website.

Queries regarding the application process should be directed by email to [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au), WA Department of Health.

* The Application Form must be typed in Arial font 11 point or larger.
* **Do not submit** the Application Instructions page with the Application Form.
* Applicants are asked to submit their proposals through the administering institution’s grant administration office and are responsible to check for internal deadlines.
* All required administrative sign-offs and approvals must be provided at the time of submission. These will include the signing of relevant sections by each team member, Heads of Departments (or equivalent) that are contributing resources or data relevant to the project, Business Manager, and the administering institution’s grant administration officer.
* Electronic signatures are acceptable. The onus is on the Project Lead to ensure approval to use an electronic signature has been obtained.
* Acknowledgment of receipt of application will be provided via e-mail to the grant administration office within 2 working days of the closing date.
* The application is to be emailed to the [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au) as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including CVs and quotations. The application and email subject line should be titled as follows:

Project Lead SURNAME First name – FHRI FG:COVID-19 Innovation

e.g. SMITH John – FHRI FG:COVID-19 Innovation

FHRI Focus Grants: COVID-19

Innovation

# Application Form

***This should be the first page of the submitted application***

## Section 1: Proposed Project

|  |  |
| --- | --- |
| Project Lead |  |
| Project title |  |
| Amount requested (ex GST) | $ |
| Name of administering institution  *Institution which will receive grant funds* |  |
| Administering institution ABN |  |
| Administering institution contact officer |  |
| Administering institution contact officer email address  *For notifications* |  |
| Total time required to complete project  *Can be up to 1 year* |  |
| Permission granted to provide this application to alternative potential funders following the RIO selection process (if applicable) | Yes/No |
| Submissions to other funding sources for this project  *List the name of the funding agency(s) and the amount(s) requested. Include applications already submitted and planned submissions.* |  |
| Plain language summary  *Include a summary of the proposal, the aims, objectives, predicted benefits and significance of the innovation in relation to COVID-19 in WA.*  *Where a grant is awarded, this summary may be used for publicity purposes.*  *(Maximum 500 words)* |  |

## Section 2: Innovation Team

(i) Project Lead (all correspondence will be sent to this person).

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Institutions  Institution where the Project Lead is affiliated other than the administering institution |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline/ Profession |  |
| Position held and year appointed |  |
| Citizenship status  Australian Citizen or Permanent Resident |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Project Team Members**

In addition to the Project Lead listed above, please provide details for other key team members involved in the project.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **Team member 1 – will be the next point of contact after the Project Lead** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Team member 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Team member 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

## Section 3: Value Proposition (20%)

1. Describe the COVID-19 related issue and/or gap and its significance to the health and wellbeing of Western Australians.
2. Describe how the innovation will result in a shift in the current paradigm and/or lead to a significant breakthrough or impact that will address the issue and/or gap.
3. Describe in detail the expected benefits to the WA community (e.g. improved health outcomes and/or more efficient/cost effective healthcare delivery in the context of COVID-19).

(Maximum TWO pages)

**(i)**

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**(iii)**

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## Section 4: Potential Reach (10%)

1. Describe the current customer(s) for the innovation.
2. Describe the size of the market and the expected impact for WA.
3. Describe the potential for scalability of the process, product and/or service.

Maximum ONE AND A HALF pages

**(i)**

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## Section 5: Consumer Involvement (15%)

**(i) Consumer Representatives**

Please provide details for each consumer representative.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Time contribution to this project (hours/week) |  |

**(ii) Consumer Involvement Plan**

Describe how consumers have been involved in the development of the proposal and the plan for ongoing involvement during the project.

Maximum ONE page

**(ii)**

|  |
| --- |
|  |

## Section 6: Project Plan (30%)

Include here:

1. Aims and objectives\*.
2. Project design and methodology (including techniques and measures to be used).
3. List all approvals that will be required before the project can proceed e.g. ethics, governance approvals and intellectual property agreements.
4. Milestones against the project’s timeline. Noting that the timeline should include an allocation of time for the approvals, employment of staff, data collection, analysis and report writing, and that the project must be completed within 12 months.

\* Ensure objectives are specific, measurable, attainable, relevant and time-bound.

(Maximum FOUR pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i) Aims and objectives**

|  |
| --- |
|  |

**(ii) Project design and methodology**

|  |
| --- |
|  |

**(iii) Approvals**

|  |
| --- |
|  |

**(iv) Milestones against timeline**

Consider required approvals, creation of positions, data collection, analysis and report writing. Insert additional rows as required.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. Mid-Project Progress Report submitted to the Research and Innovation Office |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. Final Report, Financial Acquittal and Community Stakeholder Brief submitted to the Research and Innovation Office |  |

## Section 7: Feasibility (10%)

1. Describe how the knowledge, expertise and experience of the Project Lead and team members will assist in achieving the aims of the project.
2. Describe how collaboration with policy and practice partners will contribute to the outcomes of this project.
3. Describe access to technical resources, infrastructure, equipment and facilities and additional support personnel (if necessary) for the project.

To further demonstrate the capacity of the team and its suitability to conduct the project, insert the Curriculum Vitae of the ***Project Lead*** and each ***Team Member* (maximum 2 pages per CV)*.***

(Maximum of ONE AND A HALF pages)

**(i)**

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## Section 8: Translation and implementation (15%)

1. Provide an outline of the planned steps for the implementation of the proposal to create new processes, products and/or services and the projected timeframes for translational/commercial impacts.
2. Discuss how the knowledge, expertise and experience of the team members and collaborating partners will assist with implementation of the innovation.
3. Indicate if translation would be scalable to a broader geographical area, population or to other disciplines, and how would this be achieved.

(Maximum of TWO pages)

**(i)**

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## Section 9: Budget

This section should be completed in accordance with the following:

* Major equipment items will not be funded.
* Minor equipment items considered essential to the project will be funded (quotations must be provided). Equipment will become the property of the administering institution.
* Salary level and industrial award and agreement should be listed for each position (indicate if new or existing position). Salary scales should be confirmed by relevant officer (i.e. Business Managers).
* Salary on-costs must be separately identified and justified and a maximum of 30% can be claimed.
* Salary on-costs include payroll tax, superannuation, leave loading, workers' compensation and insurance payments.
* For WA public health system applicants, salary on-costs should be calculated at the recommended level outlined in the [Financial Management Manual](https://healthpoint.hdwa.health.wa.gov.au/FinanceGroup/Chapter%205%20Revenue%20Management/FMM%20s521%20-%20On-Cost%20Charges%20v0-50.pdf).
* Requests for travel funds will not be approved unless the travel is specifically required to undertake the project.
* Indirect (infrastructure) costs (e.g. utilities) must be no greater than 10% of the total budget. WA public health system applicants cannot claim indirect (infrastructure) costs.
* Where applicable, other sources of funding and in-kind support should be included in the budget.
* Applicants should note that it is important to calculate budgets accurately, as requests for additional funding will not be approved.
* Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 12.

| **BUDGET ITEM** | **AMOUNT REQUESTED**  **($ EXCL GST)** | | | |
| --- | --- | --- | --- | --- |
|  | **TOTAL BUDGET REQUEST (1 year)**  **($)** | **ADDITIONAL IN-KIND SUPPORT**  **($)** | **ADDITIONAL OTHER SOURCE FUNDING**  **($)** | **TOTAL PROJECT COST**  **($)** |
| **Personnel**  *specify for each position*  **Position 1**   * *title* * *new/ existing* * *%FTE* * *salary level*   Position 2   * *title* * *new/ existing* * *%FTE* * *salary level* |  |  |  |  |
| **Salary on-costs**  *specify for each position*  *Maximum of 30%*  **Position 1**  *\_\_\_% applied*  **Position 2**  *\_\_\_% applied* |  |  |  |  |
| **Minor essential equipment**  *quotations must be attached* |  |  |  |  |
| **Consumables** |  |  |  |  |
| **Professional services**  *e.g. economic and statistical analysis* |  |  |  |  |
| **Diagnostic/treatment services**  *e.g. Nuclear Medicine, Pharmacy, Pathology, Radiology, Radiation Oncology* |  |  |  |  |
| **Indirect (Infrastructure) costs**  *Maximum of 10%* |  |  |  |  |
| **Consumer Involvement**  *e.g. stakeholder training, honoraria and payments, consultations and/or events etc.* |  |  |  |  |
| **Other**  *specify each item* |  |  |  |  |
| **TOTAL** |  |  |  |  |

## Section 10: Justification of Budget

1. Describe and justify each section of the budget request.
2. Provide details regarding in-kind support and other sources of funding.

(Maximum ONE page)

**(i)**

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**(ii)**

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## Section 11: Certification by Project Team

1. I declare that I have agreed to take part in the innovation proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *FHRI Focus Grants: COVID-19 Guidelines and Conditions.*
4. I have discussed the likely impact of the project on other relevant departments and support services and this project is acceptable to them.
5. I declare that this application will be submitted to the administering institution’s grant administration office.
6. I agree to obtain the relevant approvals and agreements before commencement of the project.
7. 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 project.
8. I declare that I have no outstanding reporting obligations for any other RIO funding programs.

**Project Lead**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Team member 1**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Team member 2**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Team member 3**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

*Note:* If more than three Team members, please insert additional tables as required.

## Section 12: Certification by Finance Officer/ Business Manager or equivalent

I certify that:

1. The budgeted costs in this Application Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project Lead) are true and correct and reflect the latest costing information available to me.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 13: Certification by Head of Department or equivalent

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Project Lead) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area.
2. This area is capable of providing the facilities and services necessary for the efficient conduct of this project.
3. Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Please include separate *Certification by Head of Department* pages for ***each department and institution*** where resources are being obtained and/or data accessed, by providing additional copies of this page.

## Section 14: Certification by Grant Administration Officer or equivalent

I declare that:

1. The administering institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Project Lead) and is willing to administer the grant under the conditions specified by the Department of Health in the *FHRI Focus Grants: COVID-19 Guidelines and Conditions.*
2. The Project Lead has confirmed employment at the administering institution for the proposed period of the project.
3. The Research and Innovation Office, 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.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 15: Cited References

## Section 16: Check List

Prior to submitting the application, the Project Lead should check that they have completed the following requirements:

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Removed the **Application Instructions** pages from the **Application Form** for electronic submission |  |  |
|  |  |  |  |
|  |  |  |  |
| **2.** | Identified all relevant approvals or agreements that are required |  |  |
|  |  |  |  |
| **3.** | Attached abridged CVs of the Project lead and each Team Member (maximum 2 pages) |  |  |
|  |  |  |  |
| **4.** | Signed the Application Form, and obtained the signature of each Team Member |  |  |
|  |  |  |  |
| **5.** | Obtained certification by the Business Manager, Finance Officer or equivalent that the budget costs have been reviewed and are |  |  |
|  | correct |  |  |
| **6.** | Obtained certification from the Head of School, Director or Head of Unit/Institution for each institution involved in the project |  |  |
|  |  |  |  |
| **7.** | Obtained certification by the Grant Administration Officer or equivalent at the nominated administering institution |  |  |
|  |  |  |  |
|  |  |  |  |
| **8.** | Emailed the completed application (including CVs and quotes) in ONE PDF or Microsoft Word file (maximum 2MB) by the closing date to: |  |  |
|  | [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au) |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



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