

Medical and Health Research Infrastructure Fund 2021

Application Form

Closing Date: 1.00pm, Thursday 25 February 2021

fhrifund.health.wa.gov.au

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# APPLICATION INSTRUCTIONS

**Applications Close: 1:00pm Thursday 25 February 2021**

LATE APPLICATIONS WILL NOT BE ACCEPTED

Check with the research administration and finance office at relevant institution(s) for internal deadlines

* Applications are invited in accordance with the conditions described in the **MHRIF 2021 Guidelines and Conditions** which are available at: <https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Medical-and-Health-Research-Infrastructure-Fund-2021>
* The Application Form must be typed in Arial font 11 point or larger.
* **Do not submit** the ‘Application Instructions’ pages with the ‘Application Form’.
* Applicants are asked to submit their application through the administering institution’s research administration office and are responsible for checking internal deadlines.
* All required administrative sign-offs and approvals must be provided at the time of submission.
* Electronic signatures and initials are acceptable. The onus is on the applicant to ensure approval to use an electronic signature/initial has been obtained.
* Acknowledgment of receipt of application will be provided via e-mail to the research administration office within 2 working days of the closing date.
* The application is to be emailed to RIO.DOH@health.wa.gov.au as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including attachments. The application and email subject line should be titled as follows:

APPLICANT SURNAME First name – MHRIF 2021

e.g. SMITH John – MHRIF 2021

* For queries please contact the Research and Innovation Office via email RIO.DOH@health.wa.gov.au.

The following notes refer to the completion of specific fields within the form:

|  |  |
| --- | --- |
| Year | Ensure grant income is claimed in the year that the grant income was received. A grant awarded in 2019 for which income was not received until 2020 should be included in a future MHRIF round. |
| Research Centre/Department | Indicate the relevant research centre and department (if applicable), e.g. Psychology-UWA, Lions Eye Institute. |
| Classification Code: Field of Research | Provide the Research Classification Field of Research code (six digits) for each grant, e.g. 111201 (Cancer Cell Biology).The code must be relevant to medical and health research. If more than one code is applicable, choose the one that best describes the area of research. The Research Classification Field of Research codes are provided in the *Australian and New Zealand Standard Research Classification* (ANZSRC 2020) which can be accessed from the website: [https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1297.0Main+Features12020?OpenDocument](https://www.abs.gov.au/AUSSTATS/abs%40.nsf/Lookup/1297.0Main%2BFeatures12020?OpenDocument) There have been significant updates across all components of ANZSRC between the 2008 and 2020 iterations of the classification. A summary of changes can also be found on the ABS website. |
| Grant Income | Ensure this reflects the amount actually received in the relevant year and is not the total amount of a grant, which may extend over several years. Do not include interest earned or other income not relevant to the funding agency.Research grants from overseas must be converted to AU$ at the exchange rate that applied at the time the funds were received. All amounts must be ex-GST. |
| Verification | This is the responsibility of the authorised finance officer at the institution where the grant income was received.See *Application Form Section 8* for explanatory notes. |
| Split Grant | If multiple WA Chief/Principal Investigators are named on a grant, MHRIF applicants may agree to split the grant income. If a grant is split, indicate “Y” in the *Application Form* and ensure *Application Form Section 9* is provided for that grant as evidence of agreement (completed by ‘Coordinating’ Investigator). See *Guidelines and Conditions Section 3.2* for explanatory notes. |
| Research Outside WA -Comments | Applicable to researchers new to WA where the grant income being claimed was received outside WA and expended on research outside WA.State the actual grant income for that calendar year and the institution outside WA at which these funds were received, then include only 50% of the grant income in the *Grant Income* field. Ensure Finance Officer Verification is provided, including completion of Section 8.See *Guidelines and Conditions Section 3.1* for eligibility/explanatory notes. |

**MEDICAL AND HEALTH RESEARCH INFRASTRUCTURE FUND**

#

# APPLICATION FORM

## **Section 1: Applicant Details**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Postal Address** |  |
| **Email Address** |  |
| **Principal Place of Research***(See Guidelines and Conditions Section 4)* |  |
| **Tier Claimed***(See Guidelines and Conditions Section 4)* | 1 / 2 |
| **Administering Institution***(Where MHRIF will be deposited)* |  |
| **Is this your first time applying for the MHRIF?** | Yes / No |
| **Did you apply for the 2019 (Round 23) MHRIF?** | Yes / No |
| **Year relocated to WA, if new to WA and claiming grant income received outside WA and expended on research outside WA?***(See Guidelines and Conditions Section 3.1)* |  |

## **Section 2: NHMRC Research Grants**

**2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** *(If Fellowship, applicant must be the direct recipient)* | **Research Centre/****Department** | **NHMRC Grant ID Number** | **Classification Code: Field of Research***(ANZSRC 2020)* | **2017 Grant Income***(AU $)* | **Verification**(“*Previous Round” or Finance Officer Initials)* | **Split Grant***(Y/N)* | **Research Outside WA - Comments \*** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  | **Total** |  |  |  |  |

**2018**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** *(If Fellowship, applicant must be the direct recipient)* | **Research Centre/****Department** | **NHMRC Grant ID Number** | **Classification Code: Field of Research***(ANZSRC 2020)* | **2018 Grant Income***(AU $)* | **Verification**(“*Previous Round” or Finance Officer Initials)* | **Split Grant***(Y/N)* | **Research Outside WA - Comments \*** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  | **Total** |  |  |  |  |

\* **Researchers new to WA** where the grant income being claimed was received outside WA and expended on research outside WA: In the comments field, state the actual grant income for that calendar year and the institution outside WA at which these funds were received, then include only 50% of the grant income in the *Grant Income* field. Ensure the Finance Officer at the receiving institution outside WA has completed Section 8.

**2019**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** *(If Fellowship, applicant must be the direct recipient)* | **Research Centre/****Department** | **NHMRC Grant ID Number** | **Classification Code: Field of Research***(ANZSRC 2020)* | **2019 Grant Income***(AU $)* | **Verification**(“*Previous Round” or Finance Officer Initials)* | **Split Grant***(Y/N)* | **Research Outside WA - Comments \*** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  | **Total** |  |  |  |  |

\* **Researchers new to WA** where the grant income being claimed was received outside WA and expended on research outside WA: In the comments field, state the actual grant income for that calendar year and the institution outside WA at which these funds were received, then include only 50% of the grant income in the *Grant Income* field. Ensure the Finance Officer at the receiving institution outside WA has completed Section 8.

#### Section 2 Summary

#### SUB-TOTAL NHMRC Research Grants 2017 – 2019: $

## **Section 3: Other Eligible Research Grants (non-NHMRC)**

Provide the following information on a separate page for each grant.

|  |  |
| --- | --- |
| **Grant Project Title** |  |
| **Funding Organisation Grant ID Number** |  |
| **Funding Organisation** |  |
| **Grant Funding Scheme***(If Fellowship, applicant must be the direct recipient)* |  |
| **Country in which Organisation is based** |  |
| **Research Centre/****Department** |  |
| **Classification Code: Field of Research***(ANZSRC 2020)* |  |

**Amount of funding received by year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Grant****Income*****(foreign currency)*** | **Grant****Income*****(AU $)*** | **Verification*****(“Previous Round” or Finance Officer Initials)*** | **Split Grant*****(Y/N)*** | **Research Outside WA -Comments \*** |
| **2017** |  |  |  |  |  |
| **2018** |  |  |  |  |  |
| **2019** |  |  |  |  |  |
| **Total** |  |  |  |  |

\* **Researchers new to WA** where the grant income being claimed was received outside WA and expended on research outside WA: In the comments field, state the actual grant income for that calendar year and the institution outside WA at which these funds were received, then include only 50% of the grant income in the *Grant Income* field. Ensure the Finance Officer at the receiving institution outside WA has completed Section 8.

|  |  |
| --- | --- |
| **Is this health or medical research?***If this is not clear from the Grant Project Title and the grant has not been claimed in a previous MHRIF round, please provide a copy of the research project aims.* | Yes / No |
| **Is the Funding Source listed in the *Guidelines******and Conditions Appendix A (ACGR list or DoH approved list)*?***If the funding source is not listed in Appendix A, then Section 10 - Funding Source Assessment must be provided with this application.* | ACGR list / DoH approved list / Not listed |

**Section 3 Summary**

**SUB-TOTAL Other Eligible Research Grants 2017 – 2019: $**

## **Section 4: Total Eligible Research Grant Income**

**TOTAL RESEARCH GRANT INCOME 2017 – 2019: $**

(Add Section 2 Summary + Section 3 Summary)

*Ensure all totals are correct and do not apply rounding.*

## **Section 5: Applicant Declaration**

I declare that:

1. I meet the eligibility criteria specified in section 2 of the *Medical and Health Research Infrastructure Fund (MHRIF) 2021 Guidelines and Conditions*.
2. I understand that the Department of Health has the final determination on both the eligibility of applications and the amount of funding to be awarded.
3. I agree to abide by the *Medical and Health Research Infrastructure Fund (MHRIF) 2021 Guidelines and Conditions****.***
4. I will inform the Research and Innovation Office of any changes to the information provided in my application, such as leaving the Administering Institution or Principal Place of Research, if these changes occur prior to the MHRIF grant being fully expended.
5. The information supplied by me on this form is complete and correct.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Signature |  | Date |  |

## **Section 6: Head of Department Declaration**

I declare that:

1. The applicant has sufficient tenure at the WA institution named below to expend the MHRIF grant in support of their health and medical research in WA.
2. There is provision of the facilities and services necessary for the efficient conduct of the health and medical research and that infrastructure funds shall not be used to meet direct research costs which should be covered by research grants or the host institution.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Position |  |
| Institution |  |
| Telephone Number |  |
| Email Address |  |
| Signature |  | Date |  |

## **Section 7: Research Administration Officer Declaration**

*Officer in the Institution responsible for administering this MHRIF grant.*

I declare that:

1. The Administering Institution endorses this application and is willing to administer the MHRIF grant under the conditions specified in the *Medical and Health Research Infrastructure Fund (MHRIF) 2021 Guidelines and Conditions*.
2. The Research and Innovation Office will be notified immediately of any changes to the information provided in this application, such as leaving the Administering Institution or Principal Place of Research, if these changes occur prior to the MHRIF grant being fully expended.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Position |  |
| Institution |  |
| Telephone Number |  |
| Email Address |  |
| Signature |  | Date |  |

## **Section 8: Finance Officer Declaration**

I declare that:

1. The research grant income amounts claimed on this application form are true and correct and have been received by the applicant at this institution, for the years listed.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Position |  |
| Institution |  |
| Telephone Number |  |
| Email Address |  |
| Signature |  | Date |  |

**Explanatory Notes for Finance Verification:**

Grant income amounts claimed in applications for the MHRIF are subjected to a verification process to ensure that ineligible or inaccurate claims are not funded.

Grant income amounts for each relevant calendar year must be verified by an authorised finance officer at **each** of the institutions where grant income has been received. This means that each grant amount in *Sections 2 and 3* of this form must be verified by the relevant finance officer and this declaration page must be provided for each relevant finance officer.

**Verification must consider the following:**

* **Verification field -**

**Previous Round:** This may be indicated when a 2017 or 2018 grant amount has been verified in a previous MHRIF round and the grant amount being claimed has not changed. In this case, write “Previous Round” in the Verification field of *Sections 2 and 3* of this form.

**Finance Officer Initials:** Initials are required when a grant amount has not been verified in a previous MHRIF round. This will apply to 2019 grant amounts, all grant amounts for new applicants, or where a grant was claimed in a previous round but the amount has changed. In these cases, initial against the grant income amount in the Verification field of *Sections 2 and 3* of this form. Typed initials will not be accepted.

* **Ineligible Grants** - Ensure that grant income previously deemed ineligible is not resubmitted. At the completion of a MHRIF round, a report is provided to applicants and their Research Administration Officer, listing the eligibility status of each grant amount claimed. This report must be used to ensure that ineligible grants are not re-claimed in the current round.
* **Grant Income Expended Outside WA** - For researchers new to WA only. See *Guidelines and Conditions Section 3.1*. If applicable, the column *Research Outside WA – Comments* must be completed in *Sections 2 and 3* of this form.
* **Grants Split Between WA Chief/Principal Investigators** - See *Guidelines and Conditions Section 3.2*. If applicable, *Section 9* of this form must be provided.

## **Section 9: Split Grant Details**

* **To be completed by one ‘Coordinating’ Investigator** on behalf of all WA Chief/Principal Investigators and a copy attached to the MHRIF application of each relevant Chief/Principal Investigator.
* This section must be provided for each grant where a split has been agreed. Where multiple grants have been split, this section must be completed for each grant.
* This section must be completed for this round even if a split grant has been claimed in previous rounds of the MHRIF.
* Ensure only WA Investigators are named and they are MHRIF applicants in this round.

|  |  |
| --- | --- |
| **NHMRC Grant?** | Yes / No |
| **Funding Organisation** **Grant ID** |  |
| **Grant Project Title** |  |

|  |  |
| --- | --- |
| **2017** |  |
| **Chief/Principal Investigator Name** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |
|  |
| **2018** |  |
| **Chief/Principal Investigator Name** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |
|  |  |
| **2019** |
| **Chief/Principal Investigator Name** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |

**‘Coordinating’ Investigator Declaration**:

I hereby confirm that all the above named WA Chief/Principal Investigators have seen and **agreed** to the grant split details as specified above.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Position |  |
| Institution |  |
| Signature |  | Date |  |

## **Section 10: Funding Source Assessment**

To be completed by the applicant if a grant funding source is not listed in the *Guidelines and Conditions Appendix A* and assessment of eligibility for MHRIF purposes is required.

The Department of Health has final determination regarding eligibility of funding sources.

|  |  |
| --- | --- |
| **Funding Organisation** |  |
| **Grant Funding Scheme** |  |

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Statement of Compliance\*** |
| 1. Open to national or international applicants
 |  |
| 1. Competitive selection process; including national or international scientific peer-review
 |  |

**\* Statement of Compliance Instructions:**

1. “Yes/No” responses are insufficient. Please explain fully how each criterion is met.
2. Documents produced by the Funding Organisation in relation to the relevant Grant Funding Scheme, which support each Statement of Compliance, must be provided. The documents must include:
3. Application submission guidelines (including eligibility criteria and any restrictions).
4. Application selection process (including composition of peer-review panel).

**Applicant Declaration:**

The information provided is accurate and complete.

|  |  |
| --- | --- |
| First Name, SURNAME |  |
| Signature |  | Date |  |