

Biobank Interim Support Program 2021

Application Form

Closing Date: 1.00pm, Tuesday 18 May 2021

fhrifund.health.wa.gov.au

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# APPLICATION INSTRUCTIONS

**Applications Close: 1:00pm, Tuesday 18 May 2021**

LATE APPLICATIONS WILL NOT BE ACCEPTED

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

* **Please note: This form was updated on 11 May 2021 to correct an error in the stated calculation for the PhD Dollar Value Equivalent. The PhD Dollar Value Equivalent Sub-Total does not need to be divided by three.**
* Applications are invited in accordance with the conditions described in the ***Biobank Interim Support Program 2021* Guidelines and Conditions** which are available at: <https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Biobank-Support-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 WA 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](mailto: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 – BIOBANK 2021

e.g. SMITH John – BIOBANK 2021

* For queries please contact the Research and Innovation Office (RIO) via email [RIO.DOH@health.wa.gov.au](mailto:RIO.DOH@health.wa.gov.au).

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

|  |  |
| --- | --- |
| Year | Sections 3 and 4: Ensure grant income is claimed in the year that the grant income was received by the researcher for a project/study based on or using samples and/or associated data from the biobank.  Section 6: Ensure the correct years are stated for PhD students undertaking a doctorate degree between the nominated years 2018 and 2020. |
| Research Centre/  Department | Indicate the relevant research centre and department (if applicable), e.g. Psychology-UWA, Lions Eye Institute. |
| 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 exclusive of GST. |
| Split Grant | If a research grant being claimed for the *Biobank Interim Support Program 2021* is based on or uses samples and/or associated data from more than one biobank that is applying to this Program, then Applicants from the relevant biobanks must determine which of the biobanks will count the research grant income in their application.  If a grant is split, indicate “Y” in the *Application Form* Section 3 and 4 and ensure *Application Form Section 10* is provided for that grant as evidence of agreement. |

**BIOBANK INTERIM SUPPORT PROGRAM 2021**

# APPLICATION FORM

## **Section 1: Applicant Details**

|  |  |
| --- | --- |
| Title |  |
| First name, SURNAME |  |
| Position |  |
| Biobank Title |  |
| Postal Address |  |
| Email Address |  |
| Biobank Description  *(Nature and purpose of the biobank)* |  |
| Administering Institution  *(Institution that will receive the funding)* |  |
| Administering Institution  Postal Address  *(If different to the biobank)* |  |
| Administering Institution  Email Address  *(If different to the biobank)* |  |

## **Section 2: Eligibility Checklist**

|  |  |  |
| --- | --- | --- |
| **Biobank Eligibility Criteria Checklist** | | **Yes** |
| 1. | The biobank named in this *Application Form* is an established biobank in accordance with the NHMRC definition (see *Guidelines and Conditions Section 1)* and is located in WA. |  | |
| 2. | The samples and associated data are available for current and future health and medical research use, including use by researchers not directly involved in the collection and maintenance of the biobank. |  | |
| 3. | The biobank has outward facing public engagement with consumers and the community that provides information about the biobank studies and activities. |  | |
| 4. | The biobank involves PhD students who have projects/studies based on or using the biobank’s samples and/or associated data. |  | |
| 5. | The biobank has Total Research Income of $1,000,000 or more in the three calendar years 2018 to 2020 and this is declared in sections 3 - 6 of this *Application Form*. |  | |

## **Section 3: NHMRC Research Grants**

**2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** | **Chief / Principal Investigator** | **Research Centre/**  **Department** | **NHMRC Grant ID Number** | **2018 Grant Income**  *(AU $)* | **Split Grant**  *(Y/N)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Total** |  |  |

**2019**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** | **Chief / Principal Investigator** | **Research Centre/**  **Department** | **NHMRC Grant ID Number** | **2019 Grant Income**  *(AU $)* | **Split Grant**  *(Y/N)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Total** |  |  |

**2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Funding Scheme** | **Chief / Principal Investigator** | **Research Centre/**  **Department** | **NHMRC Grant ID Number** | **2020 Grant Income**  *(AU $)* | **Split Grant**  *(Y/N)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Total** |  |  |

**Section 3 Summary**

**SUB-TOTAL NHMRC Research Grants 2018 – 2020:** $

## **Section 4: Other 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 |  |
| Chief/Principal Investigator |  |
| Country in which Organisation is based |  |
| Research Centre/  Department |  |

**Amount of funding received by year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Grant**  **Income**  ***(foreign currency)*** | **Grant**  **Income**  ***(AU $)*** | **Split Grant**  ***(Y/N)*** |
| 2018 |  |  |  |
| 2019 |  |  |  |
| 2020 |  |  |  |
| Total |  |  |  |

|  |  |
| --- | --- |
| **Is this health or medical research?**  *If this is not clear from the Grant Project Title, 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 11 - Funding Source Assessment must be provided with this application.* | ACGR list /  DoH approved list / Not listed |

**Section 4 Summary**

**SUB-TOTAL Other Research Grants 2018 – 2020: $**

## **Section 5: Total Research Grant Income**

**TOTAL RESEARCH GRANT INCOME 2018 – 2020: $**

(Add Section 3 Summary + Section 4 Summary)

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

## **Section 6: PhD Dollar Value Equivalent**

Provide the following information on a separate page for each PhD student

|  |  |
| --- | --- |
| **PhD students who conducted research based on or using samples and/or associated data from the biobank** | |
| First Name, SURNAME |  |
| Administering Institution |  |
| Supervisor(s) |  |
| Project Title |  |
| Brief explanation of how the PhD project is based on or uses samples and/or associated data from the biobank |  |
| Year PhD Commenced |  |
| Advise which years (2018, 2019 and/or 2020) the student was a PhD student, noting that only the first three years of the PhD term may be counted |  |
| FTE (full-time equals 1 FTE) |  |
| **PhD Student Sub-Total**  *($30,000 × number of relevant years between 2018 and 2020 × FTE)* |  |

**TOTAL PHD DOLLAR VALUE EQUIVALENT** **2018 – 2020: $**

(For all students)

*Ensure the total is correct.*

## **Section 7: Total Research Income**

**TOTAL RESEARCH INCOME 2018 – 2020: $**

(Add Total under Section 5 and Total under Section 6)

*Ensure all totals are correct.*

## **Section 8: Applicant Declaration**

I declare that:

1. The biobank meets the eligibility criteria specified in *Section 2* of the *Biobank Interim Support Program 2021 Guidelines and Conditions* and as declared in *Section 2* of this *Application Form*.
2. I am an appropriate representative of the biobank.
3. 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.
4. I agree to abide by the *Biobank Interim Support Program 2021 Guidelines and Conditions****.***
5. I will inform RIO of any changes to the information provided in my application, such as the closure of the biobank, if these changes occur prior to the *Biobank Interim Support Program 2021* grant being fully expended.
6. The information supplied by me on this form is complete and correct.

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

## **Section 9: Administering Institution Declaration**

I declare that:

1. I am an appropriate representative of the Administering Institution.
2. The Administering institution is responsible for administering the financial activities of the biobank.
3. The Applicant is an appropriate representative of the biobank.
4. The Administering Institution endorses this application and is willing to administer the *Biobank Interim Support Program 2021* grant under the conditions specified in the *Biobank Interim Support Program 2021 Guidelines and Conditions*.
5. RIO will be notified immediately of any changes to the information provided in this application, such as the closure of the biobank, if these changes occur prior to the *Biobank Interim Support Program 2021* grant being fully expended.
6. The Research Grant Income amounts claimed on this *Application Form* for each calendar year in *Sections 3 to 5* are true and correct.
7. The PhD Dollar Value Equivalent amounts claimed on this Application Form in *Section 6* are true and correct.
8. The Total Research Income amount claimed on this Application Form in *Section 7* is true and correct.
9. Amounts claimed are exclusive of GST.

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

## **Section 10: Split Grant Details**

* **To be completed by one ‘Applicant’** on behalf of all Applicants and a copy attached to each relevant Application to the *Biobank Interim Support Program 2021.*
* 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **2018** |  | | |
| **Applicant** | | | **$ Amount** |
|  | | |  |
|  | | |  |
| **Total:** | | |  |
|  | | | |
| **2019** | |  | |
| **Applicant** | | | **$ Amount** |
|  | | |  |
|  | | |  |
| **Total:** | | |  |
|  | | |  |
| **2020** | | | |
| **Applicant** | | | **$ Amount** |
|  | | |  |
|  | | |  |
| **Total:** | | |  |

**Applicant Declaration**:

I hereby confirm that all the Applicants named abovehave seen and **agreed** to the grant split details as specified above.

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

## **Section 11: 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 *Biobank Interim Support Program 2021* 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 |  |