**Collaborative Centres**

# **Application Form**

##### Due by: 1:00 pm (AWST) Thursday 18 April 2024

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***
* ***The Activity Lead is responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

## Activity title

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## Eligibility Checklist

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| **Collaborative Centres Eligibility Criteria Checklist** | **Yes** |
| 1. | The Collaborative Centre named in this *Application Form* has evidence of current co-funding (cash and in-kind contributions) that is equal to or greater than the amount being requested from the FHRI Fund (see *Guidelines and Conditions Section 4).* | ​​☐​  |
| 2. | The Activity Lead must be named as the Australian or WA Partner Investigator on the national or international research program. | ​​☐​  |
| 3. | The Collaborative Centre named in this *Application Form* has at least one national and/or international partnership evidenced by a letter(s) of support. | ​​☐​  |
| 4. | The following definitions are met in accordance with the *Guidelines and Conditions Section 4:*1. Collaborative Centre
2. World-leading research
 | ​​☐​  |
| 5. | Has not received funding through a National Collaborative Research Infrastructure Strategy (NCRIS) or FHRI program such as from the FHRI Fund Research Infrastructure Support (RIS) or FHRI Fund WA Cohort Studies – Operational Support Program (WACS-OSP) grant for the same activity |  ☐​  |

## Activity summary

Provide a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the WA health system and health and medical innovation sector. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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## Funding request

The information provided below must align with the ‘Budget request’ table.

|  |  |
| --- | --- |
| Amount requested (ex GST)*$500,000-$1,200,000* | $ |

## Activity classification

|  |  |
| --- | --- |
| **Broad Research Area** *(select one)**Refer to National Health and Medical Research Council* [*website*](https://www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords?mc_cid=8d59f951bb&mc_eid=e758823e42) *for description of broad research areas.* | **​ ☐** Basic scienceresearch**​ ☐** Clinical medicine and science research**​ ☐** Health services research**​ ☐** Public health research |
| Field of Research (FoR)*Australian and New Zealand Standard Research Classification, 2020 downloadable from the Australian Bureau of Statistics* [*website*](https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release)*.* | Primary FoR *(mandatory):*

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Secondary FoR(s) *(optional):*

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| **Burden of Disease** (up to 2) state the disease groups and names that are most applicable or have the highest burden*Downloadable Australian Institute of Health and Welfare* [*Australian Burden of Disease Study*](https://www.aihw.gov.au/reports/burden-of-disease/abds-methods-supplementary-material-2018/data) *Table 2.1* | *e.g. Blood and metabolic disorders - Cystic fibrosis* |
| **Keywords** (up to 5)*Must be selected from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* | 1.2.3.4.5. |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds**Must be a public Health Service Provider or a private hospital* |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer pre-award | Name:Position:Email: |
| Contact officer post-award | [ ]  Same as pre-award above**or**Name:Position:Email: |

## Activity Lead

Provide the details of the Activity Lead. Insert an abridged (two-page maximum) Curriculum Vitae (CV) which includes key research achievements over the last 5 years. CVs can be inserted at the end of this application form.

|  |  |
| --- | --- |
| Title (e.g., Dr, Ms) First name SURNAME |  |
| ORCiD*An ORCiD can be generated for free at* [*https://orcid.org/*](https://orcid.org/) |  |
| Citizenship/residency status | ☐ Australian citizen ☐ Australia permanent resident☐ New Zealand citizen ☐ appropriate work visa |
| Within which area are you located | ☐ Perth metropolitan ☐ Regional and remote |
| Employer: |  |
| Position title at Employer: |  |
| Affiliated entities, position/title*List all entities that the Activity Lead is employed by or affiliated with, other than the Employer listed above. Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Clinician Profession*Note: this is collected for statistical purposes only* | ☐ Allied health and health sciences☐ Dentistry☐ Medical Practitioner☐ Nursing & Midwifery☐ Non-clinician |
| Research career stage *An Early-Career researcher has held their PhD for no more than 5 years from the date that their PhD was passed and a Mid-Career researcher no more than 10 years as at the time of application, taking into consideration any career disruptions as defined in the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)*Note: this is collected for statistical purposes only* | ☐ Early-Career☐ Mid-Career☐ Post Mid-Career☐ No postgraduate degree |
| Primary telephone number |  |
| Primary email address |  |
| Primarily based in WA*Confirm that you will be based in WA for a minimum of 80% during the grant.*  | ☐ Yes |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| Completed the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum two pages* | **☐** Yes |

## Team members

Provide details for each of the team members involved in the Activity. This will include team members associated with the Responsible Entity, and any other participating organisations.

To demonstrate the capacity of the team and its suitability to conduct the Activity, insert an abridged (two-page maximum) CV of each team member, which includes key research achievements over the last 5 years. CVs can be inserted at the end of this application form.

Insert additional team member tables as required.

|  |
| --- |
| **Team member 1** |
| Title, First name, SURNAME |  |
| ORCiD |  |
| Role in this Activity |  |
| Time commitment to this Activity  |  hours/week |
| Primary telephone number |  |
| Primary email address |  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum two pages* | **☐** Yes |

## World-leading research (20%)

Applications must demonstrate that the new or emerging research program is innovative in its field based on significance and impact on health policy, healthcare, society and the WA economy.

Describe the following:

1. the issue and its significance to the WA health system (e.g. incidence, prevalence, burden of disease, impact on delivery or cost of health service)
2. how the program of research will address the issue described above
3. how the program of research is world-leading e.g. extensive publication record, evidence of limited or no competition based on other publications, patents awarded, plenary presentations at international meetings
4. the impact on existing programs that are currently operating in this area (if applicable).
5. the current activities and planned activities for the program of research to substantially improve its reach, partnerships, reputation and international standing through the planned Activity and become a Collaborative Centre.

*[Maximum 1000 words]*

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## Partnerships and collaborations (20%)

Describe the following:

1. the name and description of each partner, collaborator or stakeholder with at least one national and/or international partnership
2. how the relevant partnerships, collaborations and/or stakeholders have been included to increase research output, translation and /or commercialisation and increase international standing of the research program
3. the governance framework(s) of the national and/or international partnership(s). This may include the purpose and scope, responsibilities and accountability, delivery systems and monitoring, inspection and failures
4. how the collaborations and/or partnerships support equity, diversity and responsiveness.

*[Maximum 1000 words]*

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## Sustainability and achievability (15%)

Applicants must plan for the research activity to be transitioned into usual care practices/service delivery and for it to be funded as such or demonstrate other sources of further sustainable funding.

Describe the following:

1. The governance framework and structures that guide the program of research
2. the sustainability plan for the research program to ensure the ongoing operations of the Collaborative Centre once the grant has ceased
3. obtaining other sources of funding (competitive or non-competitive funding) to continue the research activity beyond the term of the three-year grant awarded.

*[Maximum 750 words]*

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List the major milestones for the Collaborative Centre and their duration in months from grant commencement in the following table.

The Activity commences upon execution of a Grant Funding Agreement or Memorandum of Understanding (as appropriate). Include separate milestones as applicable, for example, ethics and governance approvals, employment of staff, data collection, participant recruitment, and data analysis.

*Note: If ethics/governance approval is required for the Activity, this must be achievable within the Activity period.*

| **No** | **Milestone***(chronological - insert additional rows as required)* | **Timeline***(in months from execution)* |
| --- | --- | --- |
| 1. | *e.g. prepare and submit ethics application* | *e.g. 1 month from execution* |
| 2. | *e.g. recruitment of support personnel* | *e.g. 1 months from execution* |
| 3. | *e.g. obtain ethics and governance approvals* | *e.g. 6 months from execution* |
| 4. |  |  |
| 5. |  |  |

|  |  |
| --- | --- |
| Enter the duration of the Activity in months*(Noting that the Activity must be completed within 36 months)* |  |

## Capacity and capability (10%)

Describe the following:

1. the potential to create employment and training opportunities for early and mid-career researchers in WA
2. the potential to attract, develop and retain high-quality researchers, teams and/or innovators to WA
3. the program of research’s potential to support new employment and/or industry(s) in WA
4. the capacity and capability (track-record, expertise, and industry knowledge) of the Activity Lead, research team and any partners to deliver the proposal

*[Maximum 500 words]*

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## Impact and benefits to Western Australia (10%)

Describe the following:

1. alignment of anticipated outcomes to a FHRI Fund theme, focus area or priority goal
2. the expected benefits to the WA health system (e.g. innovative models of care, new treatments, health advice or policy positions)
3. increased access to national and/or international researchers, research facilities and organisations for further collaborations and research opportunities and the potential to advance WA’s reputation as a leader in research.

*[Maximum 500 words]*

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## Consumer and community involvement (10%)

Describe the following:

1. how consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) have been involved in the design and proposed operation of the Collaborative Centre
2. how consumers have been involved in the research program proposed and the plan for ongoing consumer engagement in the Activity, including their roles and how their lived experience will inform the Activity through formal and informal processes.

Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions. Note it is encouraged that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) and that the Activity Lead also completes the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course before completion of this section.

*[Maximum 500 words]*

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Please provide details of each consumer representative involved in the development of this proposal and/or proposed to be involved in the Activity. Note that named consumers must be aware of and agree to the statements above and must provide certification if proposed to be involved in the Activity.

Insert tables as required.

|  |  |
| --- | --- |
| Full name |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this Activity (if applicable) |  |

## Budget request (15%)

The total budget must be between $500,000 and $1,200,000 ex GST over a maximum of 36 months to finance the Activity and associated operational costs of the Collaborative Centre activity.

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

List requested budget items in the table below, noting the following:

1. **Salary costs**
	1. May include Award/Agreement increases and salary increments as appropriate
	2. Salary on-costs may be requested up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include Superannuation as a salary on-cost.
	3. Salary costs and/or on-costs for long service leave, parental leave, sabbatical, severance and termination payments cannot be included.
	4. Funding is not intended to provide salary for the Activity Lead. An exemption to this rule may be requested, where it is deemed that this salary is crucial to the success of the Activity. Adequate justification must be provided. Determination of exemptions will be made on a case-by-case basis, at the discretion of the Office of Medical Research and Innovation.
2. **Non-salary costs**
	1. Must only include essential services, supplies, equipment, consumer involvement, travel and other expenses directly related to the Activity.
	2. Equipment items must not exceed a total value of $15,000 and quotes for items must be attached to the application.
	3. May include the cost of operating existing research facilities dedicated to the Activity such as research laboratory space. For example, costs of basic consumables.
	4. May include the cost of operating equipment to support the Activity. For example, the operational costs of research equipment may include servicing costs, routine software upgrades, other maintenance costs and registration costs.
3. **Overhead charges**
	1. Overhead charges (also referred to as indirect/infrastructure costs, e.g. utilities) may be requested up to 10% of the total budget, unless the Responsible Entity is a WA public health system entity, in which case overhead charges cannot be included in accordance with the Financial Management Manual s522 (grant funding administered by the Office of Medical Research and Innovation is exempt).

| **Budget category and item description** | **Funding request**($ ex GST and in AUD) |
| --- | --- |
| 1. **Salary costs**

*Insert more rows if required* |  |
| *Position title/role:*  | salary: $on-costs: $ |
| *Position title/role:*  | salary: $on-costs: $ |
| ***Subtotal Salary Costs*** | ***$*** |
| 1. **Non-salary costs**

*Insert more rows if required* |  |
|  | $ |
|  | $ |
| ***Subtotal non-salary costs*** | ***$*** |
| 1. **Operational costs**

*Insert more rows if required* |  |
|  | $ |
|  | $ |
| ***Subtotal operational costs*** | ***$*** |
| **Overhead charges***Up to a maximum of 10% of costs (1+2+3)* |  |
|  | $ |
| **TOTAL***Must be between $500,000 and $1,200,000 ex GST* | **$** |

### Budget request justification - salaries

Provide a justification for any salaries in the ‘Budget request’ table. For each person, the salary justification should specify:

1. name of person (if known)
2. position title/role
3. employing entity
4. the full-time annual salary amount and the basis for this
5. salary on-cost % and the basis for this
6. FTE and duration, and why this is appropriate
7. duties, and how these contribute to the delivery of Activity outcomes
8. where this expenditure is not in WA, explain why this is necessary
9. other salary funding sources
10. if the person is the Activity Lead, provide justification of how paying this salary is crucial to the success of the Activity (see note 1.4 above).

*[Maximum 250 words]*

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### Budget request justification – non-salary items

Provide a justification for all requested budget items, such as specific expertise or equipment, and where this expenditure is not in WA, explain if the item is not available in WA or if it is beneficial to WA for the item to be procured outside the State. For equipment items ensure quotes are attached.

*[Maximum 250 words]*

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### Budget request justification – operational costs

Provide a justification for any requested budget items for operational costs such as laboratory consumables, operating costs for equipment etc.

*[Maximum 250 words]*

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## Funding summary

Provide a budget summary in the table below showing all sources of income relating to the Collaborative Centre.

Please note other sources must provide co-funding that is equal to or greater than the FHRI Fund budget request. Additionally, at least 20 per cent of the co-funding must be provided in cash with the remaining 80 per cent provided as in-kind support. For in-kind salary support include the FTE that will be dedicated to the Activity.

Please include additional rows as required.

| **FHRI FUND SUPPORT** |
| --- |
| ITEM | YEAR 1 | YEAR 2 | YEAR 3 | TOTAL | IN-KIND CONTRIBUTION | TOTAL |
| Salary |  |  |  |  | $FTE |  |
| Non-salary |  |  |  |  |  |  |
| Overheads  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| **OTHER SOURCE SUPPORT (NATIONAL AND/OR INTERNATIONAL CO-FUNDING)****Name of source:** |
| Salary |  |  |  |  | $FTE |  |
| Non-salary |  |  |  |  |  |  |
| Overheads  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| **OTHER SOURCE SUPPORT (NATIONAL AND/OR INTERNATIONAL CO-FUNDING)****Name of source:**  |
| Salary |  |  |  |  | $FTE |  |
| Non-salary |  |  |  |  |  |  |
| Overheads  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

## Third party research facilities

Applicants often need to receive services from research facilities to undertake their research. Such facilities may include but are not limited to:

* biospecimen and associated data from biobanks or pathology services
* other organisations that provide clinical trial services.

Applicants will need to consult with research facilities to ensure that the services they require can be provided and that the charges included in the budget are accurate. Letters from research facilities confirming their collaboration must be submitted with this application.

The information provided below must align with the ‘Budget details’ table. Refer to the ‘Program funding’ section of the Guidelines and Conditions.

*[Maximum 500 words]*

|  |
| --- |
| Indicate whether you will be using services provided by a research facility to complete your research. If you select ‘yes’, then include a copy of your letter from the research facility confirming their collaboration.[ ]  Yes [ ] No |

## Other funding sources for this Activity

Please select one of the two options below:

[ ]  I have no other current source of funding for any component of this Activity (other than funding listed in the ‘Funding summary’ section), and no funding applications planned or in progress for any component of this Activity; or

[ ]  I have funding applications planned or in progress which overlap with the entirety of this Activity or a component of this Activity (details below).

 *For multiple funding applications, please provide each in a separate table*.

|  |  |
| --- | --- |
| Funding Organisation |  |
| Funding Scheme/Round |  |
| Amount of funding requested(ex GST and $AUD) |  |
| Describe the overlap with this Activity |  |
| Expected date of Award or Decision |  |

## Bibliographic references

If applicable, provide bibliographic references to any publications or reports cited in the application. Please only include publications strictly pertinent to the application.

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## Assessors not to be approached

Provide the name(s) of any assessor(s) you request not to be approached to assess this application (if applicable) to DOH.OMRI@health.wa.gov.au. This information will only be available to the Office of Medical Research and Innovation, and must be provided by the application closing date.

## Team certification

We certify that:

1. we commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. the information supplied by us on this form is complete, true and correct in every particular
3. we agree to abide by the *Guidelines and Conditions*
4. we agree to participate in an evaluation whether the application is successful or unsuccessful
5. we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
6. we agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity
7. we understand and agree that if the application is successful, that no further claim will be made on the Department of Health to cover any expenditure beyond the approved budget
8. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by OMRI (including FHRI Fund programs) from any year (excludes authorised extensions)
9. we have not received NCRIS or any grant funding administered by OMRI (including FHRI Fund programs) for any component of the Activity
10. we will advise if funding is awarded for any component of the Activity.

### Activity Lead

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

Other Team Members associated with the Responsible Entity and any other participating organisations.

Insert additional tables as required.

### Team Member 1

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

## Consumer representative certification

I certify that:

1. I commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. I agree to abide by the *Guidelines and Conditions*
3. I agree to be contacted in relation to the grant, e.g. for evaluation of the grant funding program.

Insert additional tables as required.

### Consumer Representative 1

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

## Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. all the eligibility criteria listed in the *Guidelines and Conditions* are met
3. the Activity Lead will have a position at the Responsible Entity for the period of the grant if successful
4. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true, and correct in every particular
5. the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
6. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
7. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

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

## Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised finance representative of the Responsible Entity
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts requested in the Budget are in Australian dollars and are exclusive of Australian GST
4. I understand that funding will only be made available for the scope of work described in the application, or any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

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

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