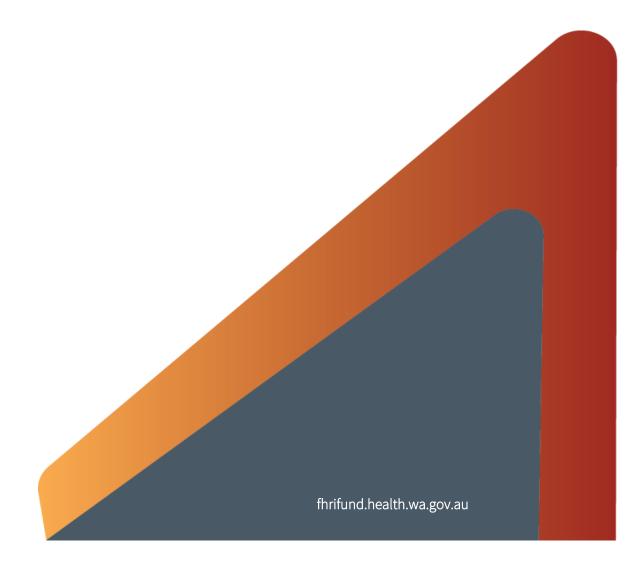


# **Collaborative Centres Program**

# **Guidelines and Conditions**

# **Applications close:**

1:00 pm (AWST) Thursday 18 April 2024



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### 1. Introduction

Collaborative Centres (the Program) is a funding program of the Western Australian (WA) Future Health Research and Innovation (FHRI) Fund.

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation, and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

This Program contributes to the FHRI Fund Priority Goals:

- enhance clinical trial capacity and expertise to improve the quality of clinical trials in WA and make the State more attractive to funders of clinical trials (grant funding and commercial sponsors)
- target high-performing researchers in WA to maintain and/or advance the State's position as a leader in health and medical research

and to the Sustainable Health Review Final Report Recommendation 29:

 ensure that future research activities and investments are linked to the priorities of the WA health system and are actively translated into practice.

The expected outcomes are in alignment with the following objectives of the <u>Western</u> <u>Australian Future Health Research and Innovation Fund Act 2012</u>:

- improving the health and wellbeing of Western Australians
- improving the financial sustainability of Western Australia's health system
- improving Western Australia's economic prosperity
- advancing Western Australia to being, or maintaining Western Australia's position as, a national or international leader in research and innovation activities.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to <a href="mailto:DOH.OMRI@health.wa.gov.au">DOH.OMRI@health.wa.gov.au</a>.

# 2. Purpose

The Program is intended to enable WA's future research leaders to leverage further funding opportunities to move their existing program of research towards a self-sustaining model of funding, wherein the research program becomes eligible to apply to other state and national funding programs, for example, the National Health and Medical Research Council (NHMRC) Centres of Research Excellence scheme.

The aims of the Program are to:

- increase the number of WA researchers undertaking world-leading research with clear translation and/or commercialisation outcomes
- increase the national and international research partnerships and collaborations in WA
- ensure WA is better placed to attract and retain skilled senior researchers.

The objective of the Program is to:

 facilitate Western Australian participation in leading international collaborative research that contributes to improved health outcomes and/or economic benefits for the WA community.

### 3. Program description

The Program provides time-limited funding for WA researchers based in the WA public health system or private hospitals, to substantially accelerate new or emerging programs of world-leading collaborative research and to develop and enhance national and international partnerships (the Activity). The Program will support the further development of local, national and international partnerships and collaborations in order to improve international standing of the research program, with a view to increasing the team's potential to become a self-sustaining Collaborative Centre.

The Program is open to all health and medical research programs based in a public health service provider across any discipline.

Funding will be provided to accelerate the nominated research program and support the establishment of a Collaborative Centre that can become self-sustaining beyond the life of this funding program. The Collaborative Centre should involve multi-disciplinary teams with clear plans for encouraging translation and commercialisation of research outcomes, where appropriate.

The Program will support applications that:

- are proposing substantial acceleration of new or emerging WA-led research programs to increase international standing and reach
- involve collaborative, multi-disciplinary teams of researchers who are working toward building a world-leading research program
- include relevant stakeholders such as other Health Service Providers, Industry and cross-sector partnerships to increase international standing and/or potential translation or commercialisation
- provide a significant health and/or economic benefit for the WA community, in areas such as models of care, new treatments, health advice or policy positions that are not done elsewhere
- include an appropriate governance framework that oversees the program of research, a sustainability plan to ensure long term viability, and achievable milestones against proposed timelines
- build national and international collaboration that benefits WA
- provide opportunities for research capacity, capability and workforce development for WA researchers. For example, potential to create employment and training opportunities for early- to mid-career researchers in WA.

The Program encourages applications that demonstrate alignment with the FHRI Fund Focus Areas, which include Aboriginal health and/or regional WA health issues, Burden of Disease, COVID-19, Long COVID and Mental Health.

Funding will be awarded through a competitive and merit-based process.

The Activity Lead will be responsible for coordinating the Activity and ensuring its timely execution.

The Responsible Entity\* will be accountable for the governance and financial management of any funding awarded.

\* It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however for this grant, the term Responsible Entity is inclusive of industry and reflects that grant arrangements are the responsibility of the contracted entity.

# 4. Eligibility

To be eligible for this Program all of the following criteria apply:

- The Responsible Entity must:
  - o have an active Australian Business Number (ABN)
  - have a physical and operational presence in WA
  - be a WA public health service provider<sup>1</sup>, WA private hospital or a WA public-private partnership (PPP) provider<sup>2</sup>.

### The Activity Lead must:

- be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place for the duration of the Activity
- o be based in WA for a minimum of 80 per cent of the period of the Activity
- have no overdue reports for any grant funding program administered by OMRI (including FHRI Fund programs) from any year (excludes authorised extensions)
- ensure that funding has not been awarded for any component of the Activity
- o have a position at the Responsible Entity for the period of the Activity
- be named as the Australian or WA Partner Investigator on the national or international partnership

### • The Activity must:

- have 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
- have at least one national and/or international partnership evidenced by a letter(s) of support
- not have received funding through a National Collaborative Research Infrastructure Strategy (NCRIS) or FHRI Fund program such as the Research Infrastructure Support (RIS) or WA Cohort Studies – Operational Support Program (WACS-OSP) for the same Activity.
- Other entities that fund or are involved in the Activity must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
- The grant funding must not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity must have other external sources of income.
- The Responsible Entity must ensure applications meet all eligibility criteria as set out in these guidelines.
- Applications must be submitted in accordance with the 'Application instructions' section of this document.
- The Responsible Entity may submit more than one application to the Program, providing that there is no overlap in the Activity and the Activity Lead is different on each application.
- An application may be deemed ineligible and excluded from further consideration if OMRI identifies that:
  - it does not meet all eligibility criteria as set out in these guidelines
  - o it includes any incomplete, false, or misleading information
  - it was submitted after the advertised closing date and time.
- Grant offers may be withdrawn if it is determined that eligibility criteria are not met.
- OMRI reserves the right to request further information and make final decisions regarding eligibility.

<sup>&</sup>lt;sup>1</sup> WA public health service provider means a health service provider established by an order made under section 32(1)(b) of the *Health Services Act 2016*, such as the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service and PathWest.

<sup>&</sup>lt;sup>2</sup> Public-private partnership (PPP) provider refers to private hospitals with an agreement with the state government to provide public health services, for example, Joondalup Health Campus and St John of God Midland Public Hospital.

 Decisions made in relation to previous grant programs will not be regarded as precedents and will not be considered when assessing eligibility for this grant program.

#### **Definitions**

#### **Collaborative Centre**

A Collaborative Centre is defined as a collaboration of a new or emerging program of research led by a WA team, with either local or national and international partners. The program of research may include, but is not limited to, the following:

- basic science laboratory-based research
- clinical research including conducting multi-centre clinical trials
- health services research involving evaluation of health policy, design and innovation
- public health research such as the development and implementation of policy and strategies for improving health and well-being or infectious diseases modelling
- multi-disciplinary and/ or cross-sector research (i.e. involving multiple sectors e.g. health, education, community services, disability).

### World-leading research

World-leading research is defined as program of research that is setting or has potential to accelerate WA's global reputation as a leader in the field due to the anticipated research and significance of the research and its impact on society, health and the economy.

### National and/or international partnerships

Partnerships are expected to have:

- the capacity to raise the reach of the program of research and encourage further collaborations
- the capacity to utilise findings for the benefit of WA, Australia and/or globally with potential to influence policy decision making or health system performance
- experience in delivering research, health programs, health services or policy
- a demonstrated record of achievement in leading and affecting large scale changes
- the ability to provide capacity and capability to the WA program of research that may not otherwise be available
- a focus on diversity, equity and inclusion through culturally safe and responsive approaches
- expectations that align with the FHRI Fund Focus Areas, Priority Goals or Themes.

### Co-funding

Co-funding refers to cash and/or in-kind contributions attributed to the research proposal and should be evidenced with funding outcome documents, for example letters of award.

Co-funding that is equal to or greater than the FHRI Fund budget request must be provided. A minimum of at least 20 per cent of the co-funding must be provided in cash (this may be via other grants) with the remaining provided as in-kind support. For example, a \$500,000 FHRI Fund request would require co-funding of \$500,000 with at least \$100,000 in cash and the remaining \$400,000 of in-kind support. Noting that an in-kind contribution is the provision of a good or service other than money, in-kind support may include voluntary research assistance, donated goods such as equipment, or services including professional advice and dedicated FTE.

# 5. Program funding

Funding amounts between \$500,000 and \$1,200,000 are available to successful applications to finance the program of research and the associated operational costs of the Collaborative Centre Activity to be completed within a 36-month period.

The requested FHRI Fund budget must be used to support the WA component of the proposal.

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

Funding will be in accordance with the following:

- Salary costs:
  - may include Award/Agreement increases and salary increments as appropriate
  - may include on-costs up to a maximum of 30 per cent, noting that WA public health system salaries can only include superannuation as a salary on-cost
  - o may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding (annual leave is accrued at a rate of 7.69% of the base salary paid by grant funding). Leave entitlements accrued outside this period, long service leave, parental leave, sabbatical, severance and termination payments cannot be paid by the grant funding
  - are 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 OMRI.

### Non-salary costs:

- may include essential services, supplies, consumer involvement and travel related to the Activity
- may be requested for equipment, on condition it is fully justified as to how each equipment item is unique to and essential for the Activity. Quotes for each item must be attached to the application.
- the cost of operating existing research facilities dedicated to the Activity such as research laboratory space. For example, basic consumables and support staff.
- the cost of operating equipment to support the Activity. For example, the operational costs of research equipment may include operator/staff costs, servicing costs, routine software upgrades, other maintenance costs and registration costs.

#### Overhead charges:

may be requested up to a maximum of 10% of the total budget, noting that WA public health system Responsible Entities cannot claim standard overhead charges in accordance with the Financial Management Manual s522 (grant funding administered by OMRI is exempt).

Funding will only be made available for the scope of work described in the Application Form, or any modifications to the scope of work approved in writing by OMRI. The Department of Health will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

Funding can be used to support specific research to be undertaken interstate or internationally, if the research is critical to the successful completion, collaboration or partnership associated with the Activity.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process.

Budgets must be calculated accurately, as requests for additional funding will not be considered.

Funding is offered subject to budget availability, which could be varied in the event of unforeseen circumstances.

Relevant external funding information must be included in the Budget section of the Application Form to demonstrate co-funding.

### 6. Application instructions

The instructions below must be followed when making a submission:

- The Application Form available from the <u>FHRI Fund website</u> must be submitted by 1:00 pm (AWST) Thursday 18 April 2024.
- The application must be completed in Arial font 11 point or larger.
- Electronic signatures are acceptable if approval to use the electronic signature has been obtained from that person.
- The application is to be emailed to <u>DOH.OMRI@health.wa.gov.au</u> as a <u>single</u> Adobe Acrobat PDF or Microsoft Word file, not exceeding 5 MBs, including CVs and bibliographic references (if applicable). The application document and email subject line must be titled as follows:

Activity Lead SURNAME, First name – CC e.g., SMITH, Alex – CC

 Applications must be complete, include requested certifications and be submitted by the closing date/time. Consideration must be given to the time needed to comply with internal deadlines.

Acknowledgement of receipt of the Application Form will be provided via email to the Responsible Entity and Activity Lead within 5 working days of the closing date.

Applications including commercially sensitive information should be marked as commercial-in-confidence, noting that the 'Activity summary' section in the Application Form may be used for publicity purposes.

Queries regarding the application process should be directed by email to <a href="mailto:DOH.OMRI@health.wa.gov.au">DOH.OMRI@health.wa.gov.au</a>.

# 7. Selection process

### Assessment process

Funding will be awarded on merit, based on a process of assessment and selection.

Depending on the number of applications received, a review panel may conduct a shortlisting assessment stage to determine those applications that are most aligned with the aims and objectives of the Program.

All eligible applications, or only those selected if a shortlisting assessment stage is undertaken, will be referred for full assessment and scoring by a review panel comprising of one or more of each of the following:

- experts in health and medical research, innovation and/or commercialisation
- persons with appropriate WA health and medical knowledge/experience
- consumer representatives
- Aboriginal health leaders (if relevant).

Applications will be assessed based on the criteria and % weightings set out in the table below.

Conflicts of interest that may arise will be treated in accordance with the WA health system Managing Conflicts of Interest Policy.

Assessment Criteria	%
World-leading	
<ul> <li>Recognition of the new or emerging research program as innovative in its field based on significance and impact on health policy, healthcare, society and the WA economy</li> <li>Evidence of being world-leading e.g. extensive publication record, evidence of limited or no competition based on other publications, patents awarded, plenary presentations at international meetings</li> <li>Includes activity (partnerships, drug discovery, models of care etc.) that will substantially expand the reputation, reach and international standing of the program of research</li> <li>Potential for the program of research to improve its reach and partnerships and become a Collaborative Centre.</li> </ul>	
Partnerships and collaborations	
<ul> <li>Inclusion of relevant stakeholders (i.e. other public health service providers, university, medical research institutes, industry, multi-disciplinary, cross sector etc.), partnerships and/or team members to increase international standing and potential of translation and or/commercialisation</li> <li>Existing national and/or international partnerships with appropriate governance framework(s)</li> <li>Collaborations should support equity, diversity and responsiveness.</li> </ul>	
Sustainability and achievability	
<ul> <li>Includes an appropriate governance framework that oversees the research and includes co-design, consumer and stakeholder involvement</li> <li>Has a suitable sustainability plan to ensure ongoing operations of the centre once the grant has ceased</li> <li>Achievability of milestones against timeline.</li> </ul>	
Budget	
<ul> <li>Justified budget that is reasonable and adequate to achieve the planned outcomes</li> <li>Adequate sources of co-funding, which together with the requested budget and resources, is sufficient to undertake the initiative.</li> </ul>	
Capacity and capability	
<ul> <li>Potential to create employment and training opportunities for early and mid-career researchers in WA</li> <li>Potential to attract, develop and retain high-quality researchers, teams and/or innovators to WA</li> <li>Potential to support new employment and industry</li> <li>The capacity and capability (track-record, expertise and industry knowledge) of the Activity Lead, research team and any partners to deliver the proposal.</li> </ul>	
Impact and benefits to WA	
<ul> <li>Alignment of anticipated outcomes to a FHRI Fund theme, focus area or priority goal</li> <li>Significance of potential health and/or economic benefit for WA e.g. innovative models of care, new treatments, health advice or policy positions</li> <li>Access to national and/or international researchers, research facilities and organisations for further collaborations and research opportunities.</li> </ul>	

### **Consumer and community involvement**

- 10
- Evidence of consumer involvement in the design and proposed operation of the Collaborative Centre
- Evidence of consumer involvement in the Activity proposal and the plan for ongoing involvement during the project(s).

### Selection of recipients

Based on the review panel assessments, the Department of Health will determine and approve the awarding of grants in accordance with the Department of Health financial and procurement processes and delegation authorities.

OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

### 8. Consumer involvement

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Health consumers should be engaged during the development of funding applications and embedded in the proposed Activity by being provided with a detailed description of their role and contribution and where appropriate, included as a team member.

Consumer involvement should incorporate:

- clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses
- demonstrated understanding of the benefits derived from involving people with a lived experience
- inclusion of consumers in the Activity where appropriate
- plans to involve consumers in the Activity throughout the delivery timeline
- budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the <u>Consumer and Community Involvement Program</u> website and the <u>NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016</u>.

It is encouraged that all team members complete the free online 30 minute <u>Consumer and Community Involvement in Health Research</u> course (or equivalent) and for the Activity Lead to complete the free online 30 minute <u>Consumer & Community Involvement and Grant Writing e-Course.</u>

# 9. Contractual arrangements

Grants to entities external to the WA public health system are offered in accordance with the Department of Health Grant Funding Agreement (and its Terms and Conditions) which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You). Within the WA public health system, a Memorandum of Understanding (MOU) will be entered into.

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the Grant Funding Agreement and/or Grant Funding Agreement Terms and Conditions, or MOU cannot be agreed between the parties.

#### Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of insurance as a condition of the Grant Funding Agreement, which may include:

- Public Liability (mandatory for all grants)
- Professional Indemnity (mandatory if the Responsible Entity is conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Responsible Entity's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Responsible Entity has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Responsible Entity manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Responsible Entity owns vehicles
- Clinical Trials if the Responsible Entity undertakes clinical trials (note this insurance may include Professional Indemnity)
- Cyber Liability if the Activity involves confidential data, e.g. identifiable patient information.

OMRI recommend that you seek advice from your insurance advisors to confirm what level and type is required for the Activity.

The Responsible Entity is responsible for ensuring participating entities have appropriate insurance.

Note that any Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

### Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the <u>Western Australian Government Intellectual Property Policy 2023</u> (or any future iterations of this), and that IP rights should be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP. For information, the IP clause that will apply to this Program is:

- 1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
- 2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
- 3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the

- other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
- 4. Subject to the confidentiality provisions of the Agreement, You hereby grant to Us, a non-exclusive, irrevocable, perpetual, royalty-free licence to use (excluding the ability to sub-licence or grant further licences) any of the Intellectual Property generated in the Activity, and which falls within the scope of WA Health's normal activities. This includes, but is not necessarily limited to, activities related to healthcare provision, teaching, training and research. This license does not automatically extend to any potential or eventual commercial development of the Intellectual Property, and any commercial products that might directly or indirectly result from the Activity Intellectual Property. However, where You believe that there is the potential for commercialisation of the Intellectual Property developed in the course of the Activity, both Parties shall negotiate in good faith the appropriate legal and beneficial interests, rights and access to the Intellectual Property by Us.
- 4. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
- 5. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

Where relevant, agreements between the Activity Lead, team members and participating entities must include relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI (<a href="mailto:DOH.OMRI@health.wa.gov.au">DOH.OMRI@health.wa.gov.au</a>).

### Requests for variation

Requests for variations to the Grant Funding Agreement or MOU, such as Activity description, Activity Lead or Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

# 10. Funding conditions

### Payment instalments

Funding will be provided in instalments to the Responsible Entity as follows:

- The first instalment will be subject to execution of a MOU\*.
- Subsequent instalments (if applicable) will be subject to satisfactory progress being achieved against the Activity milestones, as demonstrated in Progress Reports.
- \* Within the WA public health system, payment will be made to the Responsible Entity via a General Ledger Journal (GLJ) transfer progressively upon receipt of evidence of expenditure.

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the first instalment to the Activity

Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

### Partial payment or suspension of funds

The Department of Health reserves the right to:

- provide funding instalments in parts, based on milestone achievement and risk assessment of future milestones
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

#### Termination of funds

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met, unless a request for variation to address this is approved by OMRI
- the Activity is terminated by OMRI as a result of insufficient progress being made at the time of Progress Reports or any interim Progress Report, or it has been otherwise determined by either the Responsible Entity or OMRI that the Activity is no longer viable
- full or partial funding for the Activity is obtained from another source
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals and such approvals were not obtained before undertaking the activities
- funds are not fully expended at the conclusion of the Activity (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided
- the Responsible Entity does not enter into formal agreements with respect to this Activity, which includes Intellectual Property ownership, where appropriate
- other entities fund or are involved in the Activity that are part of an industry that
  produces products or services that may contribute to poor physical health or mental
  wellbeing of the community
- National and/or international partnerships cease to exist
- the Co-funding arrangement is withdrawn or no longer viable during the life of the Activity
- the Activity Lead is no longer employed by the Responsible Entity, unless a transfer of Responsible Entity has been approved by OMRI.

### 11. Approvals

### Research ethics and research governance

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the Activity or providing access to data, participants or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: Research Ethics; Research Governance; Multi-centre Research.

#### Use of data collections

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release in accordance with the <u>Health Services Act</u> <u>2016</u> and the <u>Health Services (Information) Regulations 2017</u>. This is in addition to research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.

Preliminary cost and time estimates can be obtained by contacting <a href="DataServ@health.wa.gov.au">DataServ@health.wa.gov.au</a>. Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the <u>Data Linkage Services</u> website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

### 12. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports are to be completed on templates provided by OMRI.

### **Progress Activity Report**

Progress Reports outlining the progress against the milestones listed in the Activity plan will be required as stipulated in the Grant Funding Agreement or MOU.

OMRI reserves the right to request a Progress Report at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made.

### Final Activity Report

A Final Report detailing the Activity and outcomes is to be submitted to OMRI at the conclusion of the Activity. Failure to submit the final report at this time may render the Activity Lead ineligible for further funding from the FHRI Fund and OMRI until the Final Report is received.

#### Financial Report

A financial acquittal statement outlining the expenditure of funds must be submitted to OMRI at the conclusion of the Activity. Acquittal statements must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request interim Financial Reports at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any overexpenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

### Community Stakeholder Brief

In order to provide feedback to consumers, a one-page *Community Stakeholder Brief* which includes an outline of the Activity, its outcomes, and next steps is to be provided to all participating consumers and a copy submitted to OMRI with the Final Activity Report.

### 13. Publicising, acknowledgements, and publications

The Minister for Medical Research and/or the Department of Health will publicly announce recipients, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund/Department of Health support must be made in publications, conference presentations, public discussion, press statements etc.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC's 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the <u>Australian Code for the Responsible Conduct of Research</u> page, and the NHMRC's <u>Open Access Policy</u>.

### 14. Confidentiality

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the <u>Freedom of Information Act 1992 (WA)</u> or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

### 15. Evaluation

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including team members and consumer representatives, are required to contribute to the evaluation.

# 16. Complaints

Responsible Entities or Activity Leads who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General (OfficeoftheDDG@health.wa.gov.au).



This document can be made available in alternative formats on request for a person with a disability.

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