**DISCOV3R Focus Grants**

# **Application Form**

**Minimum Data Form due by: 1:00 PM (AWST) Thursday 23 March 2023**

**Application Form due by: 1:00 PM (AWST) Friday 6 April 2023**

***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***

## Minimum Data Form

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| --- | --- |
| Minimum Data Form submission date  *(Mandatory eligibility requirement)* |  |

Provide details if anything on the minimum data form has changed in the application.

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## Activity title

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## Stream

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| --- | --- |
| Select the DISCOV3R stream this application relates to *(select one)* | **​**  Reassure  **​**  Reclaim  **​**  Repurpose |

## Activity summary

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

*[Maximum 250 words]*

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## Research 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):*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Secondary FoR(s) *(optional):*   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Burden of Disease** (select one disease)  *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* |  |
| **Research Keywords** (up to 5)  *Available from NHMRC*  [*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* | 1.  2.  3.  4.  5. |

## Activity funding request summary

The information provided below must align with the ‘Budget request’ table. All amounts must be excluding GST.

|  |  |
| --- | --- |
| Project funding request | Salaries $  Activity costs $  Indirect/infrastructure costs $ |
| Total funding request  *Minimum $100,000, maximum $350,000 for 6-month period* | $ |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity  *Entity which would administer grant funds* |  |
| ABN |  |
| Address  *Must have a physical and operational presence in WA* |  |
| Contact officer name  *Person responsible for grant administration* |  |
| Contact officer position |  |
| Contact officer email address |  |

## Activity Lead

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

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if registered) |  |
| Citizenship/residency status | Australian citizen  Australia permanent resident  New Zealand citizen  Appropriate work visa |
| Discipline/Profession |  |
| 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) | 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 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course | Yes No |
| 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 publications from the last 5 years (where applicable). CVs can be inserted at the end of this application form.

Insert additional tables as required.

|  |  |
| --- | --- |
| **Team member 1** | |
| Title, First name, SURNAME |  |
| ORCiD (if registered) |  |
| Role in this activity |  |
| Time commitment to this Activity | hours/week |
| Telephone number |  |
| Email address |  |
| Completed the free 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course | Yes No |
| CV attached  *Maximum two pages* | Yes |

## Significance of the Activity (Repurpose: 10%)

Note: only complete this section if you are applying to the Repurpose stream. Applicants to Reassure and Reclaim streams should leave this section blank. Applications must address the significance of their approach regarding the DISCOV3R stream being applied to.

Describe the following:

1. the significance of the issue and/or gap to the diagnosis of COVID-19
2. how the proposed Activity will address the issue/gap described above
3. the expected benefits to the WA health system (e.g. reduce inequities, improved efficiencies and cost savings)
4. the impact on existing programs that are currently operating in this area.

*[Maximum 500 words]*

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## Activity plan (all streams: 30%)

Describe the Activity plan including:

1. the hypothesis, questions and objectives. Ensure objectives are specific, measurable, attainable, relevant and time-bound
2. the methodology, including techniques, target group(s), a realistic sample size and measures to be used
3. a list of all locations where the Activity will be undertaken, ethics and governance approvals and agreements that will be required before the Activity can proceed (if any research is undertaken at a WA public health system site or involves a WA public health system employee, ethics approval must be sought from a WA Health HREC, as per the Department of Health [Research Governance Framework](https://rgs.health.wa.gov.au/Pages/Research-Governance-Framework.aspx))
4. an achievable timeline.

*[Maximum 2000 words]*

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List the major activity milestones for the Activity and their duration in months.

Milestone activity commences upon execution of a Grant Funding Agreement or Memorandum of Understanding (as appropriate). Include as separate milestones ethics and governance approvals, employment of staff, data collection, participant recruitment (as applicable), data analysis and submission of publications. If materials such as virus or biological samples will be sent to or sourced from other jurisdictions (interstate or international), a separate milestone should be included for obtaining relevant permits and/or approvals.

The Activity must be completed within 6 months.

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

## Consumer involvement (All streams: 10%)

Describe the following:

1. How consumers (people with lived experience of a health issue) have been involved in the development of the proposed activity.
2. The plan for ongoing engagement during the Activity, including their roles and how their lived experience perspectives will inform the activity through formal and informal processes.

Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions.

*[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.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this Activity  (if applicable) |  |

## Feasibility (Reassure and Reclaim: 20%; Repurpose: 10%)

Describe the following:

1. Relevance and strength of qualifications of the team members and policy and practice partners and their availability to conduct Activity.
2. Collective gain of the team to the Activity.
3. Access to the required resources, including expertise.
4. Access to materials such as virus and biological samples and the plan to import or export these to/from WA (as required), including obtaining relevant permits and/or approvals.

With regards to a) and b), consideration must be given to the [NHMRC Relative to Opportunity Policy.](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)

*[Maximum 500 words]*

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## Translation and implementation (all streams: 10%)

Describe the following:

1. Planned steps for the translation and/or implementation of findings and the activity timeframes for translational impacts. Specifically address how the findings will be publicly communicated to inform policy and practice change.
2. How the knowledge, expertise and experience of the team members and collaborating partners will assist with the process of translating findings into policy and/or practice.

*[Maximum 500 words]*

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## Novelty (Reassure and Reclaim: 10%; Repurpose: 20%)

Describe the following:

1. how this approach is novel and what distinguishes it from similar or related activity in this area
2. the potential benefits and advantage of the novel approach.

*[Maximum 500 words]*

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## Budget request (Reassure and Reclaim: 20%; Repurpose: 10%)

| **Budget item**  ***(insert additional rows as required)*** | **Budget requested**  ***(excluding GST and in Australian Dollars)*** |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **Total budget**  *Between $100,000 and $350,000*  *Note: A maximum of $150,000 per annum for FTE salary, including on-costs, may be requested for each individual, with this limit adjusted to a pro rata amount for fractional FTE and project duration* |  |

## 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 employee
2. FTE or fractional, and why this is appropriate
3. duties, and how these contribute to the delivery of activity outcomes
4. the annual salary amount, and the basis for this
5. other salary funding sources.

*[Maximum 250 words]*

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## Budget request justification – non-salary items

Provide a justification for any requested budget items (other than salary), such as specific expertise or equipment. Where expenditure is proposed to occur outside WA (e.g. subcontracts), provide justification including the reason(s) this is necessary, the suitability of the interstate/international service provider and the export permits required (if applicable).

*[Maximum 250 words]*

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## Submission to other funding sources for this activity

List any other funding source(s) and the amount(s) requested. Include applications already submitted and planned submissions. These must complement, but not duplicate, the work for which the funding is requested. The Activity must not be dependent on the receipt of these other funding sources.

*[Maximum 250 words]*

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## 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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## Team certification

We certify that:

1. we commit to taking part in the activities 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 funded activities
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. no team members have overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs)
9. an OMRI or FHRI Fund grant has not been awarded for the same activity
10. if successful, the Activity Lead or a suitable team member will submit an abstract and attend the annual Science on the Swan conference after the first year of the grant.

### 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 activities proposed in this application for the duration of the Fellowship if successful
2. I agree to abide by the *Guidelines and Conditions*
3. I agree to be contacted 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. the Responsible Entity is not the manufacturer of the RATs that are being used in the Activity
3. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
4. the Responsible Entity endorses this application, confirms that the information supplied on this form is complete, true and correct in every particular and is willing to administer the grant 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
5. the grant does not constitute the entire financial base of the Responsible Entity
6. the Department of Health will be notified immediately of any changes to the applicant’s eligibility or changes to the information originally provided in this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title, First Name, SURNAME** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |
| **Telephone number** |  | | |
| **Email address** |  | | |

### Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised 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 claimed 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 with any modifications approved by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |
| **Telephone number** |  | | |
| **Email address** |  | | |

Where different to the officer named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this Fellowship.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address** |  |

**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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