**FHRI Fund Enabling Scheme 2024-25**

# **Application Form**

##### Due by: 1:00 pm (AWST) Tuesday 4 March 2025

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

## Activity title

|  |
| --- |
|  |

## Activity summary

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

*[Maximum 250 words]*

|  |
| --- |
|  |

## Funding request

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

|  |  |
| --- | --- |
| Amount requested (ex GST)*$500,000 to $1,250,000*  | $ |
| Type of request*More than one category may be applicable* | [ ]  Laboratory or facility construction/upgrade[ ]  Facility accreditation[ ]  Upgrades to major equipment and/or digital infrastructure [ ]  Replacement of major equipment and/or digital infrastructure[ ]  Major equipment and/or digital infrastructure commissioning[ ]  Purchase and installation of major equipment and/or digital infrastructure [ ]  Other, please specify |

## Matched funding

It must be demonstrated that funding from othersources has been secured**,** that at least matches the amount of funding requested.

*Note: Matching funding/investment must not be through entities that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.*

Insert additional rows as required.

|  |  |
| --- | --- |
| **Funding Source** | **Funding Amount secured (cash)***($ ex GST and in Australian dollars)* |
|  | $ |
|  | $ |
| **TOTAL** | **$** |

|  |  |
| --- | --- |
| I confirm that I have attached documents that demonstrate other funding has been secured for each of the above | [ ]  Yes  |

## Activity funding summary

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

|  |  |
| --- | --- |
| FHRI Fund request | $ |
| Responsible Entity contribution (cash)  | $ |
| Total other-source contribution (cash) | $ |
| Total funding | $ |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds**Note: NCRIS supported facilities are not eligible to apply* |  |
| Receives funding from the Commonwealth NCRIS or FHRI Fund NCRIS Partner Program  | [ ]  Yes [ ] No |
| Australian Business Number (ABN) |  |
| Is the ABN active | [ ]  Yes [ ] No |
| Does the ABN have a trading history of 3-years or more | [ ]  Yes [ ] No |
| Registered address*Must have a physical and operational presence in WA* |  |
| Financial base of organisation | [ ]  Government funded [ ] Fee for service[ ]  Philanthropy [ ] Competitive grants[ ]  Other, please specify:  |
| Contact officer pre-award*(different to Activity Lead unless Sole Trader)* | Name:Position:Email:Phone: |
| Contact officer post-award*(different to Activity Lead unless Sole Trader)* | [ ]  Same as pre-award above**or**Name:Position:Email:Phone: |
| High-level description of health and medical research and/or innovation services provided by the Responsible Entity |  |
| I confirm that I have attached the Responsible Entities 2023-24 Financial Year audited financial statement (full Annual Report should not be provided). | [ ]  Yes [ ]  No |

## Activity Lead

Provide the details of the Activity Lead. The Activity Lead should be someone with a track record of delivering business/facilities/infrastructure activities.

Insert an abridged (two-page maximum) Curriculum Vitae (CV) which includes key research and/or innovation planning and development or business/facilities/infrastructure 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 (if relevant)*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 |
| Primarily based in WA*Confirm that you will physically reside in WA for a minimum of 80% during the grant*  | [ ]  Yes |
| 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)*Note: Although this training is for ‘research’ it contains insights which also have relevance to innovation activities* | [ ]  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 |
| Has no overdue reports for any OMRI or FHRI Fund grant programs | [ ]  Yes |

**Grant Arrangement**

|  |  |
| --- | --- |
| Relationship to Responsible Entity*Refer to ‘Eligibility’ section of the Guidelines and Conditions* | [ ]  (a) employee of the Responsible Entityor[ ]  (b) honorary or adjunct title at the Responsible Entity |
| If response to grant arrangement is (a), indicate further details | Position at Responsible Entity:  |
| If response above is (b) and there will be an arrangement with an Employer, indicate further details | Title at Responsible Entity:[ ]  honorary [ ]  adjunct |
| Intended grant arrangement:[ ]  affiliation agreement [ ]  subcontract to Employer |
| Employer:  |
| Position at Employer:  |
| Employer has an active ABN:[ ]  Yes |
| Employer has a physical & operational presence in WA:[ ]  Yes |

**Other employment and affiliations**

List all the entities that the Activity Lead is employed by or has an affiliation with, other than the Responsible Entity or Employer listed above. Identify if an adjunct or honorary title or a Clinical Academic position. Add rows if necessary.

|  |  |  |
| --- | --- | --- |
| **Entity** | **Position/Title** | **Paid** Y/N |
|  |  |  |
|  |  |  |
|  |  |  |

**Other information**

|  |  |
| --- | --- |
| Discipline/Profession |  |
| Clinician Profession*Note: this is collected for statistical purposes only* | [ ]  Allied health and health sciences[ ]  Dentistry[ ]  Medical Practitioner[ ]  Nursing & Midwifery[ ]  Non-clinician/Not applicable |
| 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/Not applicable |
| Within which area are you located | [ ]  Perth metropolitan [ ]  Regional and remote |

## 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/innovation/business/facilities/infrastructure 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 (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if relevant)*An ORCiD can be generated for free at* [*https://orcid.org/*](https://orcid.org/) |  |
| Employer(s) |  |
| Position(s) |  |
| 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)*Note: Although this training is for ‘research’ it contains insights which also have relevance to innovation activities* | [ ]  Yes [ ] NoIf applicable, equivalent course name: |

## Impact of the Activity (25%)

Explain why the WA health and medical research and/or innovation sector needs the proposed infrastructure.

Describe the following:

1. the potential for ‘state-of-the-art’ equipment and/or facility that contributes to the competitiveness of the sector
2. how the infrastructure will meet an identified need/demand
3. the impact and interaction with existing initiatives currently operating in the same area
4. the plan to make the facility/equipment broadly accessible
5. the potential to facilitate research and/or innovation developments, translation commercialisation in WA
6. the potential to facilitate national or international partnerships
7. the potential to create employment opportunities and attract and retain high-quality researchers and innovators to WA
8. the potential economic, social, health and environmental benefits to WA of the Activity.

*[Maximum 500 words]*

|  |
| --- |
| a)b)c) d)e)f)g)h) |

## Feasibility of the Activity (25%)

Describe the Activity plan, including:

1. a list of all locations where the Activity will be undertaken, approvals and agreements that will be required before the Activity can proceed
2. outline the plan for implementation of the Activity including major milestones, using the table below
3. outline the plan to ensure availability and broad access to the infrastructure for the sector
4. identify major risks and treatment action plans that will be used to mitigate these
5. outline a sustainability plan for ongoing facility/equipment operation and upgrades.

*Note: Assessment of the Activity plan includes the achievability of the proposed milestones and timeframes (as provided below) and the proposed budget to undertake the Activity and justification for budget items (as provided in the ‘Budget request’ section).*

*[Maximum 1,000 words]*

|  |
| --- |
| a)b)c) d)e) |

List the major milestones for the Activity and their duration in months from Activity start date in the following table.

The Activity starts upon execution of a Grant Funding Agreement. Include separate milestones as applicable, for example, approvals, procurement, building works, instalment, accreditation/commissioning.

| **No** | **Milestone***(insert additional rows as required in order of completion)* | **Milestone date***(in months from start date)* |
| --- | --- | --- |
| 0. | Execution of Grant Funding Agreement | 0 months |
| 1. | *e.g. negotiate specifications with suppliers* | *e.g. 1 month from execution* |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |

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

## Ability to deliver the Activity (25%)

Describe the capacity and expertise of the team to deliver the Activity.

Describe the following:

1. the capacity and capability (track-record, expertise, and industry knowledge) of the Activity Lead, team members and any partners to deliver the proposal
2. whether the resources, total funding sought and provided through the grant, partners, participants, and other funding sources is sufficient to undertake the initiatives.

*[Maximum 1,000 words]*

|  |
| --- |
| a) b) |

## Partnerships and collaborations (25%)

Describe:

1. the arrangement for each partner involved in the Activity including:
	* the name and a brief description of each entity and their role in the Activity
	* how the collaboration and partnership will assist to broaden access, realise efficiency gains and maximise benefits of the facility equipment and/or digital infrastructure to the sector.
2. how stakeholders (providers of health care services or health support organisations) have been involved in the development of the proposed Activity and the plan for ongoing engagement in the Activity.
3. how consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) and community involvement has informed the need for the Activity and its implementation.

*[Maximum 1,000 words]*

|  |
| --- |
| a)b)c) |

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 details

Provide a budget summary in the table below. Please note salary and training costs cannot be included.

| **ACTIVITY COSTS** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL****CASH** | **IN-KIND CONTRIBUTION** | **TOTAL** |
| --- | --- | --- | --- | --- | --- | --- |
| **FHRI Fund request** |
| **Equipment** |  |  |  |  | N/A |  |
| **Facility upgrade**  |  |  |  |  | N/A |  |
| **Commissioning and/or accreditation**  |  |  |  |  | N/A |  |
| **TOTAL** |  |  |  |  | N/A |  |
| **Other partner funding (co-funding)** |
| **Equipment** |  |  |  |  |  |  |
| **Facility upgrade**  |  |  |  |  |  |  |
| **Commissioning and/or accreditation**  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

## FHRI budget request

The total budget must be between $500,000 and $1,250,000 ex GST over a maximum of 36 months.

List requested budget items in the table below:

| **Budget category and item description** | **Year 1 request**(AUD ex GST) | **Year 2 request**(AUD ex GST) | **Year 3 request**(AUD ex GST) |
| --- | --- | --- | --- |
| 1. **Equipment costs**

*Insert more rows if required* |
|  | $ | $ | $ |
|  | $ | $ | $ |
| ***Sub-total - equipment*** | **$** | **$** | **$** |
| 1. **Laboratory or Facility upgrade costs**

*Insert more rows if required* |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| ***Sub-total – laboratory or facility upgrade*** | **$** | **$** | **$** |
| 1. **Digital Infrastructure costs**

*Insert more rows if required* |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| ***Sub-total – digital infrastructure*** | **$** | **$** | **$** |
| 1. **Commissioning and/or accreditation costs**

*Insert more rows if required* |
|  | $ | $ | $ |
| **Sub-total – commissioning and/or accreditation** | **$** | **$** | **$** |
| **TOTAL (1+2+3+4)***Must be between $500,000 and $1,250,000 ex GST* | **$** | **$** | **$** |

### Budget request justification

Provide a justification for all requested budget items, 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.

Attach a 1–2-page letter of intent from each entity providing co-funding (cash) and in-kind support. This letter must be signed by an authorised financial delegate of that entity.

Attach quotes for all major pieces of equipment and its instalment and building works.

*[Maximum 250 words]*

|  |
| --- |
|  |

## Submission to 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, 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).

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.

*[Maximum 250 words]*

|  |
| --- |
|  |

## 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 undertaking 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 have relevant permissions to use any third-party intellectual property required to deliver the innovation Activity and have Freedom to Operate for this Activity
7. we agree to obtain any approvals that might be required for undertaking the funded Activity
8. 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
9. if the Activity Lead is employed by the WA public health system and the Responsible Entity is not the WA public health system entity (includes Clinical Academics where applicable), the Activity Lead will [register](http://coi.hdwa.health.wa.gov.au/) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](https://www.health.wa.gov.au/About-us/Policy-frameworks/Integrity/Mandatory-requirements/Managing-Conflicts-of-Interest-Policy) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected
10. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
11. a grant administered by OMRI (including FHRI Fund programs) has not been awarded for the same 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 or title 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 other source contribution is sufficient to support the additional costs that are not included in the FHRI Fund request
6. 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
7. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
8. the Responsible Entity does not receive funding from the Commonwealth NCRIS or FHRI Fund NCRIS Partner Program
9. the Responsible Entity or other entities that fund or are involved in the Activity are not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
10. 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.

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

## Checklist

Before submitting the application, please ensure you have included the following:

|  |  |
| --- | --- |
| Letters of support from funding partners that demonstrate other source funding has been received, signed by an authorised financial delegate of that entity  | **​​☐​**  |
| A copy of the Responsible Entities audited financial statement for the 2023-24 Financial Year  | **​​☐​**  |
| An abridged (two-page maximum) CV of the Activity Lead, which key research and/or innovation planning and development or business/facilities/infrastructure achievements over the last 5 years  | **​​☐​**  |
| Abridged (two-page maximum) CVs of each team member, which includes key research and/or innovation planning and development achievements or business/facilities/infrastructure over the last 5 years  | **​​☐​**  |
| Quotes for all major pieces of equipment or infrastructure including its instalment and any related works.  | **​​☐​**  |

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