**FHRI Fund Enabling Scheme 2024**

# **Application Form**

##### Due by: 1:00 pm (AWST) Thursday 4 April 2024

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***
* ***Applicants 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 $1,500,000* | $ |
| Type of request  *More than one category may be applicable* | Facility construction/upgrade  Facility accreditation  New equipment  Equipment replacement  Equipment upgrades  Equipment commissioning |

## Matched funding/investment

It must be demonstrated that at least 50 percent of funding/investment from othersources has been received.

*Note: 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/Investment Amount received**  **(cash)**  *($ ex GST and in Australian dollars)* |
|  | $ |
|  | $ |
| **TOTAL** | **$** |

|  |  |
| --- | --- |
| I confirm that I have attached letters of support that demonstrate other funding/investment has been received for each of the above | Yes  No |

## Activity funding summary

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

|  |  |
| --- | --- |
| FHRI Fund funding requested | $ |
| Responsible Entity contribution | $ |
| Total other source contribution | $ |
| 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 |
| ABN |  |
| Registered address  *Must have a physical and operational presence in WA* |  |
| In operation 3 years or greater | Yes No |
| 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: |
| Contact officer post-award  *different to Activity Lead unless Sole Trader* | Same as pre-award above  **or**  Name:  Position:  Email: |
| 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 2022-23 Financial Year audited financial statement. | Yes  No |

## Activity Lead

Provide the details of the Activity Lead. Insert an abridged (two-page maximum) Curriculum Vitae (CV) which includes key research and/or innovation planning and development 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 |
| Within which area are you located | Perth metropolitan  Regional and remote |
| Employed position at Responsible Entity |  |
| Affiliated entities, position/title  *List all entities that the Activity Lead is employed by or affiliated with, other than the Responsible Entity listed above. Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Clinician Profession  *Note: this is collected for statistical purposes only* | Non-clinician  Allied health and health sciences  Dentistry  Medical Practitioner  Nursing & Midwifery |
| 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 No  If 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 No  If 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 and/or innovation planning and development 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 (if relevant) |  |
| 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 No  If 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 No  If applicable, equivalent course name: |
| CV attached  *Maximum two pages* | Yes |

## Impact of the Activity (25%)

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

Describe the following:

1. the identified need in WA and how the proposed Activity will address this need
2. the expected economic, social, health and environmental benefits to WA
3. the expected benefits to the WA health and medical research and/or innovation sector
4. any link to international or national partnerships enabled by the proposal
5. the plan to make the Activity accessible to WA researchers and innovators
6. the impact on existing programs that are currently operating in this area
7. if the infrastructure duplicates any existing facilities or equipment.

*[Maximum 1,000 words]*

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## 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 the plan for sustainable operations and maintenance of the Activity after the funding.

*[Maximum 1,000 words]*

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

Milestone activity commences upon execution of a Grant Funding Agreement or Memorandum of Understanding (as appropriate). 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 execution)* |
| --- | --- | --- |
| 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. |  |  |

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

## Ability to deliver the Activity (25%)

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

Describe the following:

1. the Activity Lead’s experience, expertise and relevant industry knowledge to lead the infrastructure development
2. the capacity and expertise of implementation partners

*[Maximum 1,000 words]*

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## Partnerships and collaborations (25%)

Describe the arrangement for each partner involved in the Activity including:

1. the name and a brief description of each
2. the capacity and role of the partner(s) in the Activity
3. the plan for integrating the work and outputs into their policy and/or practice
4. how this partnership/s will result in benefits to the WA health and medical research and innovation sector.
5. how the partnership will maximise access, lead to efficiency gains and maximise benefit of the funded activity to the sector

Describe 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.

Describe how consumer (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]*

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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) |  |

## Budget summary

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

| **FHRI FUND SUPPORT** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY COSTS** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL** | **IN-KIND CONTRIBUTION** | **TOTAL** |
| **Equipment** |  |  |  |  |  |  |
| **Facility upgrade** |  |  |  |  |  |  |
| **Commissioning and/or accreditation** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| **OTHER SOURCE SUPPORT (CO-FUNDING)** | | | | | | |
| **Equipment** |  |  |  |  |  |  |
| **Facility upgrade** |  |  |  |  |  |  |
| **Commissioning and/or accreditation** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

## 

## FHRI budget request

List requested budget items in the table below.

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

| **Budget category and item description** | **Funding request**  ($ ex GST and in Australian dollars) |
| --- | --- |
| **Equipment costs** (*Insert more rows if required)* | |
|  | $ |
|  | $ |
| **Sub-total - equipment** | **$** |
| **Facility upgrade costs (***Insert more rows if required)* | |
|  | $ |
|  | $ |
|  | $ |
| **Sub-total – facility upgrade** | **$** |
| **Commissioning and/or accreditation costs (***Insert more rows if required)* | |
|  | $ |
| **Sub-total – commissioning and/or accreditation** | **$** |
| **TOTAL**  *Must be between $500,000 and $1,500,000 ex GST* | **$** |

## Budget 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

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]*

|  |
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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 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 funded activities
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. no team members have overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs)
10. a Department of Health or FHRI Fund grant 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 activities 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 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 be employed 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
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
8. 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 financial delegate 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 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** |  |
| **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 grant.

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

## Checklist

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

|  |  |
| --- | --- |
| Letters of support from third parties 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 2022-23 Financial Year |  |
| An abridged (two-page maximum) CV of the Activity Lead, which includes key research and/or innovation planning and development 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 over the last 5 years |  |
| Quotes for all major pieces of equipment and its instalment and building works. |  |

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

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