



Western Australian
Future Health Research
& Innovation Fund

Innovation Fellowships 2024-25

Guidelines and Conditions

Applications close:

1:00 pm (AWST) Friday 21 February 2025

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1. Introduction

Innovation Fellowships 2024-25 (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 Goal](#):

- enhance skills in innovation (including commercialisation), which will advance the quality and capacity of innovation in WA and help WA innovators to obtain funding to support their work.

The expected outcomes are in alignment with the following objectives of the [Western Australian Future Health Research and Innovation Fund Act 2012](#):

- improving the health and wellbeing of Western Australians
- improving Western Australia's economic prosperity.

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 DOH.OMRI@health.wa.gov.au.

2. Purpose

The purpose of the Program is to build human capability in health and medical related innovation and to increase the innovation capacity of WA.

The aims of the Program are to:

- build the innovation and entrepreneurial skills and expertise of talented individuals who have innovative ideas but have not had the opportunity to fully develop these
- contribute to enhancing the health and medical innovation knowledge and culture in WA.

The objectives of the Program are to:

- enable Innovation Fellows, in conjunction with appropriate innovation and content experts (Mentors and Supervisors), to develop effective and acceptable solutions to address problems associated with unmet health or medical needs or opportunities in WA
- assist innovators to be more successful in obtaining follow-on funding
- increase the collaborative and cooperative culture in the WA innovation and commercialisation sectors
- increase the awareness of the importance and benefit of innovation in WA.

3. Program description

This Program is designed to encourage talented individuals to enhance their innovation knowledge, skills and experience, in conjunction with experts who will supervise and mentor them, while developing an innovation of significance to the health and/or wellbeing of the WA community.

The total time dedicated to the Fellowship Activity must be 6 months, which may be completed full-time and/or part-time within a maximum period of 12 months.

As such, the Activity may be undertaken as follows:

- full-time for 6 months; or
- part-time or a combination of full-time and part-time, within a maximum period of 12 months.

Funding will be provided to innovation proposals that demonstrate potential to develop or advance novel (new) processes, products and/or services. The innovation may result in incremental or transformative/disruptive change.

Funding is to support Activities that would be undertaken at Innovation Maturity Levels (IMLs) 3 to 6, as outlined in Appendix 1. These include various stages of the innovation development life cycle, including proof of concept, feasibility or value and preliminary validation.

The Program is directed towards Activities that fall within the [health and medical innovation and commercialisation stream](#) of the FHRI Fund.

Funding cannot be used to support Activities that are deemed to be [research](#), unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the Activity. It should also be noted that this Program will not support 'business as usual' activities, such as quality improvement.

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

The Activity Lead (Innovation Fellow) 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 agreements 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:
 - have an active Australian Business Number (ABN)
 - have a physical and operational presence in WA.
- 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
 - physically reside 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
 - have a position or title at the Responsible Entity for the period of the Activity.
The Activity Lead will be required to declare which of the following applies:
 - (a) *employee of the Responsible Entity; or*
 - (b) *honorary or adjunct title at the Responsible Entity.**In the case of (a), if the Activity Lead is also employed by the WA public health system (may include Clinical Academics) they will [register](#) (WA Health staff access only) a Conflict of Interest for this grant in accordance with the Department of Health*

[Managing Conflicts of Interest Policy](#) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.

In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have an active ABN, a physical and operational presence in WA and evidence must be provided that either:

- i. an affiliation agreement* exists between the Responsible Entity and the relevant Employer; or
- ii. the intention is for this Activity to be subcontracted* to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.

* the affiliation/subcontract agreement must clearly define each entity's responsibilities in relation to the Activity, and in accordance with the 'Contractual arrangements' section below, include relevant permissions to use third-party intellectual property (IP) required to deliver the Activity and address ownership of new IP generated by the Activity.

- The proposed innovation Activity to be undertaken must be within the range of IML 3 to IML 6 (as outlined in Appendix 1).
- The total time dedicated to the Activity must be equivalent to 6 months.
- An Innovation Mentor must be nominated, who does not necessarily need to have specific content expertise, or be based in WA, but must:
 - have expertise in health and/or medical innovation
 - have experience in taking an idea or concept through the innovation process to a product, process or service that has been, or is in the process of being, implemented
 - provide guidance to the Innovation Fellow during the term of the Fellowship
 - review and endorse the application.
- A Fellowship Supervisor must be nominated who does not necessarily need to have innovation experience, but must:
 - have expertise and content knowledge relevant to the Activity to be undertaken
 - provide guidance and ongoing support during the term of the Fellowship and directly oversee the Activity
 - be involved in the development of the Activity
 - be based in WA
 - review and endorse the application.
- Any rights (for example Intellectual Property rights) to develop or implement the innovation must be vested with the innovation team, or otherwise not be vested in another entity in a manner which would preclude the ability of the innovation team to deliver the innovation (Freedom to Operate).
- The Responsible Entity or 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.
- An Activity Lead may submit more than one application to the Program, providing that there is no overlap in the Activity, however only one Fellowship would be awarded.
- 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
- the proposed Activity duplicates activity previously or currently being undertaken
- it is not an innovation, e.g. is a 'business as usual' activity, such as quality improvement
- 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.
- 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.

5. Program funding

Fellowships will be funded, each to the value of **up to \$150,000**, to support the Fellow's salary and the Activity costs, with this to be expended within the Activity period.

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:

- Fellowship salary costs:
 - of **up to \$100,000** (including on-costs) may be requested for the Fellow's time
 - must be paid by the Responsible Entity in accordance with the Fellow's employment conditions, the applicable FTE and the duration, noting OMRI reserves the right to request documented evidence of the employment conditions of the Fellow
 - may include Award/Agreement increases and salary increments as appropriate
 - may be used to offset salary normally provided to the Fellow
 - must not result in payment of more than a total of 1.0 FTE
 - may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding (noting annual leave is accrued at a rate of 7.69% and long service leave at a rate of 2.5% of the base salary paid by grant funding)
 - may not include leave entitlements accrued outside this period, parental leave, sabbatical, severance and termination payments
 - may include superannuation, payroll tax and workers compensation as on-costs up to a maximum of 30%, noting that WA public health system salaries can only include superannuation as a salary on-cost.
- Innovation Activity costs:
 - may include expenses such as essential services, supplies, unique equipment and consumer involvement
 - may include salary for additional personnel, noting the salary on-costs limits above apply
 - for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity and must not include costs related to conference attendance
 - may be requested for equipment, however, the total value of all equipment items must not exceed 10% of the budget request or \$15,000, whichever is

- the lesser amount, and quotes for each item must be attached to the application
- must not be used for Innovation Mentor or Fellowship Supervisor costs.
- Overhead charges (indirect/infrastructure costs):
 - may be requested up to a maximum of 10% of the total budget, noting that WA public health system Responsible Entities cannot claim overhead charges in accordance with the Financial Management Manual s522 (grant funding administered by OMRI is exempt).
- **Up to \$50,000** may be requested for Innovation Activity costs and Overhead charges combined.

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.

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 cannot be used to support activities that are deemed to be [research](#), unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the grant.

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

6. Application instructions

The instructions below must be followed when making a submission:

- The Application Form must be submitted via the Department of Health Grant Management System by **1:00 pm (AWST) Friday 21 February 2025**.
- 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.

Instructions for the Grant Management System are located at <https://fhrifund.health.wa.gov.au/Funding/GMS-link-page>.

Acknowledgement of receipt of the Application Form will be provided via email to the Responsible Entity, Activity Lead and Team Members (Innovation Supervisor and Mentor) after submission in the Grant Management System.

Queries related to the Guidelines and Conditions can be directed to DOH.OMRI@health.wa.gov.au with the subject line beginning with 'Query – IF 2024-25'.

Queries regarding the application process can be directed to DOH.GMS@health.wa.gov.au with the subject line beginning with 'GMS Application Assistance – IF 2024-25'.

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 the eligible 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 experienced innovators, health and medical innovation experts and consumer representative(s).

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

The full assessment will be based on the criteria and % weightings set out in the table below.

Assessment Criteria	%
Significance of the problem <ul style="list-style-type: none">• The health or medical problem that the innovation addresses.• The relevance and scale of this problem in WA.• The importance of addressing the problem in WA, and at a national and global level.	20
Proposed innovation <ul style="list-style-type: none">• The proposed innovation (process, product and/or service) and how it is novel (new).• The justification for the selected maturity level of the innovation Activity, which must be within the range of IML 3 to IML 6, and how this is appropriate for the funding requested and the Activity duration proposed (refer to Appendix 1).• The expected IML at the end of the Activity and justification for this.• The differentiation between the proposed innovation and any existing, emerging or competing processes, products and/or services.	20
Value proposition <ul style="list-style-type: none">• The potential impact of the proposed innovation on the problem in WA.• The impact that the innovation will have on the health and/or wellbeing of the WA community.• The economic, social and environmental benefits of the innovation to WA.• The potential commercial value of the innovation, including market size and scalability, at the WA, national and global level, where applicable.• The advantage of the innovation over any competing processes, products and/or services.• The drivers for clinicians, patients, community and/or industry to adopt the innovation.	15
Activity plan <ul style="list-style-type: none">• The Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound.• The methodology that will be followed and how achievement of the Activity objectives will be demonstrated.• The contribution the grant funding will make to progression of the solution along the innovation pipeline, in the context of other funding that may be required for the proposed Activity.• The achievability of the proposed milestones and timeframe.• The proposed budget to undertake the Activity and justification for budget items.	15

<p>Activity Lead (Innovation Fellow) track record and potential</p> <ul style="list-style-type: none"> • The contribution of the Activity Lead to the proposed Activity, including the specific responsibilities towards the delivery of the objectives, methodology and outcomes. • The extent to which the Activity Lead’s expertise and experience will support the proposed Activity, and their ability to deliver the proposed solution. • The clear and achievable goals for the Activity Lead’s innovation capability development during the Fellowship. 	10
<p>Supporting environment</p> <ul style="list-style-type: none"> • The knowledge, expertise, experience and innovation achievements of the Innovation Mentor. • The contribution of the Innovation Mentor to the proposed Activity. • The knowledge, expertise and experience of the Fellowship Supervisor of relevance to the Activity. • The contribution of the Fellowship Supervisor to the proposed Activity. • Appropriate level of partner engagement and collaboration during both the development of the proposal and the conduct of the Activity. • Access to technical resources, infrastructure, equipment, facilities and additional support personnel, if necessary. 	10
<p>Consumer involvement</p> <ul style="list-style-type: none"> • How consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) have been involved in the development of the proposed Activity. • The plan for ongoing engagement in the Activity, including their roles and how their lived experience perspectives will inform the Activity through formal and informal processes. <p>Refer to the ‘Consumer involvement’ section of this document.</p>	10

Selection of recipients

Based on the assessments and recommendations of the review panel(s), 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 [Consumer and Community Involvement Program](#) website and the [NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016](#).

It is recommended that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](#) course (or equivalent) and for the Activity Lead to complete the free online 30 minute [Consumer & Community Involvement and Grant Writing](#) course.

9. Contractual arrangements

Grants 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).

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 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 recommends that you seek advice from your insurance advisors to confirm what level and type of insurance 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 [Western Australian Government Intellectual Property Policy 2023](#) (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. You will negotiate in good faith with Us to provide, in a fair and reasonable manner for both parties, any product to which this grant funding has significantly contributed, to the WA (public) Health system, or agreed components of this, either free of charge, or at the cost of production, for a mutually acceptable period of time after its production, providing that this in no manner compromises the attraction of additional funding, and/or the commercialisation by You of the product.
5. 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.
6. 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 (DOH.OMRI@health.wa.gov.au).

Requests for variation

Requests for variations to the Grant Funding Agreement, 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 Grant Funding Agreement
- subsequent instalments, if applicable, will be subject to provision of satisfactory 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 Activity to date and risk assessment of future Activity
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

Additional funding sources

Additional sources of funding are permitted, and encouraged, provided the additional funding supports activities that complement, but do not duplicate, the Activity for which grant funding under this Program is awarded.

Termination of funds

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

- eligibility requirements are no longer met
- the Activity is terminated by OMRI as a result of insufficient progress being made, 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, noting the date funds revert to, or are recoverable from, would be the date you are notified by the funding 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
- the Fellow leaves the Responsible Entity or relevant Employer or resigns from the Fellowship and OMRI determines that it is not feasible for the objectives of the grant to be fulfilled, including recruiting a replacement Fellow and completion of the Fellowship activities, within the remaining term of the grant.

11. Approvals

Research ethics and research governance

Funding cannot be used to support Activities that are deemed to be [research](#), unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the Activity.

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 [Health Services Act 2016](#) and the [Health Services \(Information\) Regulations 2017](#). 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 DataServ@health.wa.gov.au. 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 [Data Linkage Services](#) 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 Reports

Progress Reports may be required as stipulated in the Grant Funding Agreement.

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 must 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 over-expenditure 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 support must be made in publications, conference presentations, public discussion, press statements etc. A copy of any published material or media must be provided to Us.

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

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 [Freedom of Information Act 1992 \(WA\)](#) 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).

Appendix 1 – Innovation Maturity Level (IML)

The proposed innovation Activity to be undertaken must be within the range of IML 3 to IML 6, as highlighted below.

	IML 1	IML 2	IML 3	IML 4	IML 5	IML 6	IML 7	IML 8	IML 9
	Need	Idea	Proof of Concept	Proof of Feasibility	Proof of Value	Preliminary Validation	Confirmatory Validation	Approval and Launch	Uptake
Description	Identification of problem or unmet need	Potential solution described, evaluated and selected (where applicable, in comparison with any existing, inferior, solution)	Key concepts validated and value proposition tested	Feasibility of solution demonstrated, which aligns with stakeholder and/or potential user feedback and/or expectations	Solution developed to a stage where it is recognised to have value by stakeholders and/or potential users	Production of prototype, minimum viable product, or equivalent, and collection of relevant data. As required, is attractive to further developmental investment.	The solution is definitively demonstrated to be effective and to be of value to stakeholders and/or users. The solution is ready to be taken to market (or equivalent).	Institutional and regulatory approval received (as required) and solution launched	The solution is implemented/used by stakeholders and/or users

Adapted from the Innovation Maturity Levels (IMLs) of the MTPConnect *BioMedTech Horizons* program, which is based on the Consortia for Improving Medicine with Innovation & Technology's *Navigating the HealthTech Innovation Cycle*.



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