**Major Research and Innovation Application Support Round 6**

# **Application Form**

##### Due by: 1:00 pm (AWST) Tuesday 9 September 2025

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***for Program instructions.***
* ***Please refer to the*** [***application submission user guide***](https://fhrifund.health.wa.gov.au/Funding/GMS-link-page) ***for instructions on how to complete and submit this application form.***
* ***Activity Leads are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

## Activity title

The Major Research and Innovation Application Support (MRIAS) application should have the same title as the planned application to the External Program.

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## Activity summary

Provide a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the health and/or wellbeing of the WA community. This summary may be used for publicity purposes. *[Maximum 250 words]*

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## Funding request

The information provided below must align with the ‘Budget request’ table. All amounts must exclude GST. Funding requested from the External Program funding body (B) + Other partner cash contributions (C) must be greater than or equal to the MRIAS co-funding cash request (A) i.e. A ≤ B + C.

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| --- | --- |
| A. MRIAS co-funding cash request (A)*Must be less than or equal to $1,000,000 and equal to or less than* ‘*Funding requested from the External Program funding body’ plus ‘Other partner cash contributions’*  |  |
| B. Funding requested from the External Program funding body (B) |  |
| C. Other partner cash contributions to be included in the External Program application (C) |  |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds. Must be considered an eligible entity in accordance with the External Program’s definition.* |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer pre-award*Officer responsible for application (must be different to the Activity Lead)* | Name: Position: Email: Phone:  |
| Contact officer post-award*Officer responsible for grant administration (must be different to the Activity Lead)* | Name: Position: Email: Phone: |

## Activity Lead

Upload an abridged (two-page maximum) Curriculum Vitae (CV) which includes key research and/or innovation achievements over the last 5 years.

|  |  |
| --- | --- |
| Title First name SURNAME |  |
| Primary telephone number |  |
| Primary email address |  |
| ORCiD (if relevant) |  |
| Citizenship/residency status |  |
| Will the Activity Lead physically reside in WA for a minimum of 80% during the grant period? |  |
| 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* |  |
| 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)*Note: Although this training is for ‘research’ it contains insights which also have relevance to innovation activities* |  |
| Does the Activity Lead have overdue reports for any OMRI or FHRI Fund grant programs? |  |
| Activity Lead CV (filename) |  |

**Grant Arrangement**

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| --- | --- |
| Relationship to Responsible Entity*Refer to ‘Eligibility’ section of the Guidelines and Conditions* |  |
| Position at Responsible Entity |  |
| Title at Responsible Entity |  |
| Intended grant arrangement |  |
| Employer |  |
| Position at Employer |  |
| Employer has an active ABN? |  |
| Employer has a physical & operational presence in WA? |  |

**Other employment and affiliations**

This table is populated from the Activity Lead user profile and must include all the entities that the Activity Lead is employed by or has an affiliation with. The Position/Title must identify if it is an adjunct or honorary title or a Clinical Academic position. If incomplete or incorrect, the Activity Lead must update their user profile.

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

**Other information**

|  |  |
| --- | --- |
| Discipline/Profession |  |
| Clinician Profession*Note: this is collected for statistical purposes only* |  |
| 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* |  |
| Postgraduate research degree*Note: this is collected for statistical purposes only* |  |
| Within which area are you located |  |

## 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, each team member must upload an abridged (two-page maximum) CV, which includes relevant key achievements over the last 5 years.

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| **Team member 1 Name** |
| Primary telephone number |  |
| Primary email address |  |
| ORCiD (if relevant) |  |
| Role in this Activity |  |
| Time commitment to this Activity  |  |
| 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* | applicable, equivalent course name: |
| Team Member CV (filename) |  |
| Entity | Position(s) and Title(s) | Paid |
|  |  |  |

## External Program

|  |  |
| --- | --- |
| Name of External Program funder*Entity which administers the External Program* |  |
| Name of External Program to be applied to |  |
| The Activity Lead is the: |  |
| Did the External Program application process include an Expression of Interest or shortlisting stage?*If yes, the correspondence uploaded indicating you were successful at this stage (filename)* |  |
| External Program full application closing date*No less than 6 weeks and no more than twelve months from the closing date of this application* |  |
| Expected award notification date |  |
| Expected funding commencement date |  |
| External Program funding duration |  |
| When is MRIAS funding required by the External Program funder?*Date(s) or payment schedule* |  |
| Any requirements or other relevant conditions for applying to the External Program*e.g. a policy or practice partner is required* |  |
| Is a letter of support required from the Department of Health?  |  |
|  Department of Health letter required dateIs a specific format or template required?Letter of support specific format (filename)  |  |
| Is the External Program listed in the Guidelines and Conditions as an Eligible External Program? |  |
| External Program guidelines (filename) |  |
| External Program Eligibility Form (filename) |  |
| Approval email from OMRI (filename) |  |
| Is the project health and medical research or innovation? *Refer to the definition in the Guidelines and Conditions* |  |
| MRIAS co-funding contribution request |  |
| Total expected expenditure in WA*Must be double the MRIAS co-funding contribution request* |  |
| Is a WA organisation a named partner on the External Program application |   |
| Describe the WA organisation and its role in the External Program application |  |
| Are any organisations partnering on the External Program application part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community? |  |
| Partner Organisations |  |

## Activity classification

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| --- | --- |
| **Broad Research Area for applications to *research* External Programs** *(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.* | ​  |
| Field of Research (FoR) for applications to *research* External Programs*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):***Not applicable (innovation External Program)**Secondary FoR(s) *(optional):***  |
| **Burden of Disease** (up to 2) state the disease groups and names that are most applicable or have the highest burden*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* |  |
| **Keywords** (up to 5)*Must be selected from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library**Note: this source of keywords is used for consistency across grant reporting and is applicable to all applications* |  |

## Competitiveness for External Program funding (40%)

Describe here how the application addresses the External Program’s assessment criteria.

1. List below each of the External Program’s assessment criteria and your response to these.
2. Criteria related to the Activity plan, methodology and timeframes should be included in the Activity Plan section of this form at Section 9a.
3. Criteria related to Budget should be included in the Budget section of this form at Section 9b – 9e.
4. At a minimum, your responses should address the following areas:
	* Activity quality, feasibility, novelty
	* Benefits and/or impacts
	* Collaborations, partnerships or alliances
	* Track record of the team (note CVs must be attached for each team member)
	* Governance, identified risks and plan for sustainability.

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| **External Program Assessment Criteria** |
| **Criterion 1**  |  |

## a) Activity plan

Describe the Activity plan including:

1. the Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound *[Maximum 50 words per objective]*

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1. the methodology that will be followed, how achievement of the Activity objectives will be demonstrated, measures of outcomes, approvals, milestones and novel approach *[Maximum 500 words]*

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1. a list of all locations where the Activity will be undertaken, ethics and governance approvals (if applicable) and agreements that will be required before the Activity can proceed *[Maximum 500 words]*

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1. the proposed, achievable timeline *[Maximum 500 words]*

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| Enter the duration of the Activity *(72 months maximum)* |  |

## b) MRIAS Budget request

The cash co-funding amount requested in the MRIAS application can be up to $1 million (excluding GST) per application, paid over a period of up to 6 years.

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

The requested MRIAS co-funding cash amount cannot exceed the total amount of the cash amount requested from the External Program and other partner cash contributions (combined). In-kind contributions are excluded from this amount.

The amount requested from MRIAS, partners and the External Program must allow for expenditure in WA to be at least double the MRIAS funding amount requested.

List requested budget items in the table below, noting the following:

1. Salary costs:
	1. *May include Award/Agreement increases and salary increments as appropriate.*
	2. *Can only include superannuation, payroll tax and worker compensation as salary on-costs up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include superannuation as a salary on-cost.*
	3. *Cannot include parental leave, sabbatical, severance and termination payments.*
	4. *Are not to provide salary for the Activity Lead. An exemption to this rule may be requested, where it is deemed that this salary is crucial to the success of the Activity. Adequate justification must be provided. Determination of exemptions will be made on a case-by-case basis, at the discretion of the Office of Medical Research and Innovation.*
2. Non-salary costs:
	1. *Can only include essential services, supplies, equipment unique to the Activity and consumer involvement and other expenses directly related to the Activity.*
	2. *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.*
	3. *Equipment and specialised computing requirements that are unique to the Activity, however, the total value of all equipment items must not exceed a total value of 10% of the budget request or $15,000, whichever is the lesser amount, and quotes for each item must be attached to the application.*
	4. *Cannot include personal computers/devices and IT equipment, related peripherals or software for communicating, writing and undertaking simple analyses are not permitted.*
	5. *Cannot include entertainment costs (as defined by the ATO) unless incurred in support of participants of a clinical trial.*
	6. *Cannot include administrative costs such as stationery, photocopying, postage and communications (such as telephone or internet).*
3. Overhead charges:
	1. *Overhead charges (indirect/infrastructure costs) may be requested up to a maximum 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 the Office of Medical Research and Innovation is exempt).*

| **Budget category and item description** | **Year 1 request** | **Year 2 request** | **Year 3 request** | **Year 4 request** | **Year 5 request** | **Year 6 request** | **Total**(ex GST) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Salary costs**
 |
| Position title/roleSalary level:FTE: On-cost %:  | Base salary: On-costs:  | Base salary: On-costs: | Base salary: On-costs: | Base salary: On-costs: | Base salary: On-costs: | Base salary: On-costs: | Base salary: On-costs: |
| ***Subtotal salary costs*** |  |  |  |  |  |  |  |
| 1. **Non-salary costs**
 |
| Non-salary item |  |  |  |  |  |  |  |
| ***Subtotal non-salary costs*** |  |  |  |  |  |  |  |
| 1. **Overhead charges** Up to a maximum of 10% of costs (1 + 2)
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| **TOTAL (1+2+3)***Must be less than or equal to $1,000,000 ex GST* |  |  |  |  |  |  |  |

### c) Budget request justification

Provide a justification for requested budget items listed in the table above, for example, specific expertise or equipment, and where this expenditure is not in WA explain why this is necessary. Travel costs must be strongly justified as being essential to the undertaking of the activity. If salary costs for the Activity Lead is included provide justification of how paying this salary is crucial to the success of the Activity (see note 1.4 above)

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### d) Total indicative budget

Please provide in the table below the total indicative budget for the project, excluding GST. Include all funding sources in this budget (including funding being sought from MRIAS).

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| **Budget category** | **Cash****($ excl GST)** | **In-kind****($ excl GST)** |
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| **Total excluding GST** |  |  |

### e) 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).

*For multiple funding applications, please provide each in a separate table*.

|  |  |
| --- | --- |
| Funding Organisation |  |
| Funding Scheme/Round |  |
| Amount of funding requested(ex GST and $AUD) |  |
| Describe the overlap with this Activity |  |
| Expected date of Award or Decision |  |

## Significance of the Activity for WA (30%)

Applications must address contemporary challenges or needs faced by the WA health system and health and medical research and innovation sector.

Describe the following:

1. the significance of the issue or opportunity for WA (relevance/scale) *[Maximum 200 words]*

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1. how the proposed Activity will address the issue or opportunity *[Maximum 200 words]*

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1. potential to build WA capability and capacity in research and/or innovation *[Maximum 200 words]*

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1. the expected benefits to the WA community (e.g. reduced inequities, improved health outcomes, economic, social and environmental benefits) *[Maximum 200 words]*

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1. potential for translation and implementation of findings into policy, practice and/or the development of new processes, products and/or services, and commercialisation, if applicable *[Maximum 200 words]*

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## Capacity, capability and resources (20%)

Describe the following:

1. the knowledge, expertise and experience of the Activity Lead and Team Members *[Maximum 100 words]*

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1. the contribution of the Activity Lead and each Team Member to the proposed Activity *[Maximum 100 words]*

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1. collaborations with relevant partner organisations *[Maximum 100 words]*

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1. access to resources, infrastructure, equipment, facilities and additional support personnel, if necessary *[Maximum 100 words].*

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## Consumer involvement (10%)

Describe the following:

1. 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 *[Maximum 250 words]*

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1. the plan for ongoing consumer engagement in the Activity, including their roles and how their lived experience perspectives will inform the Activity through formal and informal processes *[Maximum 250 words]*

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Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions. It is recommended encouraged that all team members complete 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) and that the Activity Lead also completes the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course before completion of this section.

*\* Although this training is for ‘research’ it contains insights which also have relevance to innovation activities.*

For example, if the Activity relates to the trialling of a healthcare service provided by clinicians for patients or the development of a new medical device to be used by clinicians on patients, the clinician is not considered to be a consumer for the purposes of this application. Rather, the patient or the patient’s carer are consumers.

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.

|  |  |
| --- | --- |
| Full name |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this Activity (if applicable) |  |

## Bibliographic references and cited information

If applicable, provide bibliographic references and cited information to any publications or reports cited in the application. Please only include publications strictly pertinent to the application.

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## Assessors not to be approached

Provide the name(s) of any assessor(s) or organisation(s) you request not to be approached to assess this application (if applicable) to DOH.OMRI@health.wa.gov.au. This information will only be available to the Office of Medical Research and Innovation and must be provided by the application closing date.

## Team certification

We certify that:

1. we commit to taking part in 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 Activity and have Freedom to Operate for this Activity.
7. we agree to obtain any research ethics and governance 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. we will advise if funding is awarded for any component of the Activity.

### Activity Lead

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

###  Team Member

|  |  |
| --- | --- |
| **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.

### Representative

|  |  |
| --- | --- |
| **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 MRIAS and External Program grant if successful.
4. if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided to the Office of Medical Research and Innovation.
5. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular.
6. the Responsible Entity will coordinate the major External Program funding application and 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 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.
9. 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.

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

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