**Major Research Application Support (MRAS): Stream A**

# **Application Form**

##### Due by: 1:00 pm (AWST) Thursday 30 May 2024

* ***This form is to be used for applications up to $1 million.***
* ***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

The MRAS application should have the same title as the planned application to the national or internationally grant funding program (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 WA community. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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## Funding request summary

All amounts must be excluding GST.

|  |  |  |
| --- | --- | --- |
| A. MRAS cash contribution request  *Up to $1,000,000* | | $ |
| B. Other partner cash contributions included in the External Program application | | $ |
| C. Funding requested from the External Program funder | | $ |
| Eligibility | | |
| Other partner cash contributions (B) + Funding requested from the External Program funder (C) is greater than or equal to the MRAS cash contribution request (A) | B + C ≥ A | |

## Activity classification

|  |  |
| --- | --- |
| **Broad Research Area** *(select one)*  *Refer to National Health and Medical Research Council* [*website*](https://www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords?mc_cid=8d59f951bb&mc_eid=e758823e42) *for description of broad research areas.* | **​**  Basic scienceresearch  **​**  Clinical medicine and science research  **​**  Health services research  **​**  Public health research |
| Field of Research (FoR)  *Australian and New Zealand Standard Research Classification, 2020 downloadable from the Australian Bureau of Statistics* [*website*](https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release)*.* | Primary FoR *(mandatory):*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Secondary FoR(s) *(optional):*   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Burden of Disease** (select one disease)  *Downloadable Australian Institute of Health and Welfare* [*Australian Burden of Disease Study*](https://www.aihw.gov.au/reports/burden-of-disease/abds-methods-supplementary-material-2018/data) *Table 2.1* |  |
| **Keywords** (up to 5)  *Available from NHMRC*  [*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* | 1.  2.  3.  4.  5. |

## Responsible Entity

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| --- | --- |
| Name of Responsible Entity  *Entity which would administer grant funds*  *Must be a WA university, WA research institute, WA public health service provider or WA public-private partnership provider* |  |
| ABN |  |
| Registered address  *Must have a physical and operational presence in WA* |  |
| Contact officer pre-award  *Person responsible for grant administration* | Name:  Position:  Email: |
| Contact officer post-award  *Person responsible for grant administration* | Same as pre-award above  **or**  Name:  Position:  Email: |

## Activity Lead

Provide the details of the Activity Lead (the MRAS applicant). Insert an abridged (2-page maximum) Curriculum Vitae (CV) which includes key publications from the last 5 years (where applicable). CVs can be inserted at the end of this application form.

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms) First name SURNAME |  |
| ORCiD  *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 |
| Grant arrangement  *Refer to ‘Eligibility’ section of the Guidelines and Conditions* | (a) employee of the Responsible Entity  or  (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:  via affiliation agreement  subcontract to Employer |
| Employer: |
| Position at Employer: |
| Employer has an active ABN:  Yes |
| Employer has a physical & operational presence in WA:  Yes |
| Affiliated entities, position/title  *List all entities that the Activity Lead is affiliated with, other than the Responsible Entity or Employer listed above. Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Clinician Profession | Allied health and health sciences  Dentistry  Medical Practitioner  Nursing & Midwifery  Non-clinician |
| Research career stage  *An Early-Career researcher has held their PhD for no more than 5 years from the date that their PhD was passed and a Mid-Career researcher no more than 10 years as at the time of application, taking into consideration any career disruptions as defined in the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities) | Early-Career  Mid-Career  Post Mid-Career  No postgraduate degree |
| Primary telephone number |  |
| Primary email address |  |
| Primarily based in WA  *Confirm that you will be based in WA for a minimum of 80% during the grant.* | Yes  No |
| 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 |
| CV attached  *Maximum two pages* | Yes |
| Eligibility | |
| The Activity Lead is the: | Coordinating Principal Investigator (CPI), Chief Investigator A or equivalent on the External Program application  Co-lead on the External Program application for a large multi-jurisdictional application |
| Does the Activity Lead have overdue reports for any OMRI or FHRI Fund grant programs | Yes  No |

## External Program

When completing the table below, supporting information must be provided as instructed.

|  |  |  |
| --- | --- | --- |
| Name of External Program funder  *Entity which administers the External Program* |  | |
| Name of External Program to be applied to |  | |
| External Program closing date |  | |
| Expected External Program award notification date |  | |
| Expected External Program funding commencement date and duration |  | |
| When is MRAS 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/commitment required from the Department of Health?  When is the Department of Health letter required?  Is a specific format or template required? | Yes  No  Letter of support/commitment due date:  Yes  No | |
| Eligibility | | |
| Does the External Program require co-funding as an eligibility criterion?  *Describe the co-funding rules (e.g. set amount, ratio, percentage)* | | Yes  No  Description: |
| Is the project health or medical research?  *Refer to the definition in the Guidelines and Conditions* | | Yes  No |
| Is the External Program nationally or internationally competitive?  *Describe how the External Program has a publicly available selection process to assess and rate every application submitted against all the other applications, composition of the review panel (if applicable) and provisions to manage conflicts of interest* | | Yes  No  Description: |
| Is the External Program advertised and available to all potential applicants?  *Describe how the External Program is open and available to all potential national or international applicants* | | Yes  No  Description: |
| Is the total expected expenditure in WA of funding provided through the External Program at least double the MRAS contribution being requested?  *(For example, if the MRAS cash commitment requested is $1 million, at least $2 million in total must be spent in WA)*  *Confirm the above by ticking ‘Yes’ and provide the dollar value* | | Yes  No  MRAS contribution request $  Total expected expenditure in WA $ |
| A WA organisation is the administering, leading, or co-leading organisation on the External Program application  *Describe the WA organisation and its role in the External Program application* | | Yes  No  Description: |
| Other organisations partnering on the External Program application are not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.  *List the partner organisations* | | Yes  No  Partner organisation list: |

## 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 (2-page maximum) CV of each team member, which includes key achievements and publications from 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 |  |
| Role in this Activity, including whether as a Chief, Principal or Associate Investigator (if applicable) |  |
| 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 |
| CV attached  *Maximum two pages* | Yes  No |

## Significance of the Activity (30%)

Applications must address contemporary challenges or needs faced by the WA community.

Describe the following:

1. the significance of the issue or opportunity in WA (e.g. incidence, prevalence, burden of disease, impact on delivery or cost of health service)
2. how the proposed Activity will address the issue or opportunity described above
3. the expected benefits to the WA community (e.g., reduce inequities, improved health outcomes, economic, social and environmental benefits)
4. the potential for translation and implementation of findings into policy and practice, commercialisation and/or proposed pathway for implementation of new processes, products and/or services.

*[Maximum 500 words]*

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## Activity plan (30%)

Describe the Activity plan including:

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

*[Maximum 400 words]*

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## Track record and potential (25%)

Describe the following:

1. the Activity Lead’s track record and how this is relevant to the External Program application
2. the relevance and strength of qualifications of the team members and policy and practice partners, and their availability to conduct the Activity
3. the contributions of each team member
4. collective gain of the team to the Activity, including collaboration with policy and practice partners
5. access to required resources, including expertise.

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

*[Maximum 400 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.
2. 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
3. The requirements for consumer and community involvement for the identified External Program.

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

As an example for clarity, if the Activity relates to the development of a device to be used by a clinician on a patient, the clinician is not a consumer for the purposes of this application, but rather the patient or their carer are consumers.

*[Maximum 500 words]*

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Please provide details of each consumer representative involved in the development of this proposal and/or proposed to be involved in the Activity. Note that named consumers must be aware of and agree to the statements above and must provide certification if proposed to be involved in the Activity.

Insert tables as required.

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

## Alignment with focus areas (5%)

Describe how the primary purpose of the application directly addresses Aboriginal[[1]](#footnote-2) health issues, regional WA health issues, burden of diseases in WA, living with COVID-19 and Long COVID or mental health. If this is not applicable, leave this section blank.

*Note: Applications are either scored ‘yes’ (adequately addresses one or more of the above) or ‘no’ (does not adequately, or does not seek to, address any of the above). A ‘yes’ score will equate to 5% and a ‘no’ score will equate to 0%.*

*[Maximum 400 words]*

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## Other sources of funding

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 |  |

## 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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## Assessors not to be approached

Provide the name(s) of any assessor(s) you request not to be approached to assess this application (if applicable) to [DOH.OMRI@health.wa.gov.au](mailto: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.

## Activity Lead abridged CV

Insert an abridged CV (2-page maximum), which includes significant achievements over the last 5 years.

*Insert here*

## Team abridged CV

Insert an abridged CV (2-page maximum) for each team member, which includes significant achievements over the last 5 years.

*Insert here*

## Team certification

We certify that:

1. we commit to taking part in the activities proposed in this application for the duration of the grant if successful
2. the information supplied by us on this form is complete, true and correct in every particular
3. we agree to abide by the *Guidelines and Conditions*
4. we agree to participate in an evaluation whether the application is successful or unsuccessful
5. we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
6. we agree to obtain any research ethics and governance approvals that might be required for undertaking funded Activity
7. we understand and agree that if the application is successful, that no further claim will be made on the Department of Health to cover any expenditure beyond the approved budget
8. 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)
9. we will advise if funding is awarded for any component of the 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 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. 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 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 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 representative of the Responsible Entity
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts claimed are exclusive of Australian GST
4. I understand that funding will only be made available for the scope of work described in the application, or 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** |  |

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

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1. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community. [↑](#footnote-ref-2)