**Research Infrastructure Support 2025**

# **Application Form**

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

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity  *Entity which would administer grant funds*  *Must be a WA university, WA medical research institute, WA public health service provider or a WA public-private partnership provider or a private hospital* |  |
| Entity Type | Medical Research Institute (MRI)  WA public health service provider (HSP)  Public Private Partnership (PPP) provider  Private hospital  University |
| ABN |  |
| Registered address  *Must have a physical and operational presence in WA* |  |
| Contact officer pre-award | Name:  Position:  Email:  Phone: |
| Contact officer post-award | Same as pre-award above  **or**  Name:  Position:  Email:  Phone: |

## Eligibility Requirements

For **MRIs** to complete:

|  |  |
| --- | --- |
| Was the MRI established principally for the conduct of health and medical research? | Yes |
| Does the MRI operate as a separate research institution or organisation, with a name distinct from that of any host institution? | Yes |
| Does the MRI own or have secure tenancy arrangements for the premises in which the research is conducted? | Yes |
| Does the MRI have its own Board of Management on which no affiliated hospital, university or any other identifiable group or organisation has a majority representation? | Yes |
| Does the MRI employ a Scientific Director (or equivalent) who has been a consistent (not one-off) recipient of competitive peer-reviewed research grants? | Yes |
| Does the MRI have an appropriate accounting body to manage its financial affairs, with the capacity to ensure RIS funds are used to support research activities and to account for the use of RIS funds granted to it? | Yes |

For **Universities** to complete:

|  |  |
| --- | --- |
| Is the university a Tertiary Education Quality and Standards Agency (TEQSA) registered university? | **Yes** |
| Does the university provide a program of health and medical research that is overseen by a Deputy Vice-Chancellor of Research or equivalent? | **Yes** |
| Does the university operate a local campus in WA? | **Yes** |
| Does the university have an appropriate accounting body to manage its financial affairs, with the capacity to ensure RIS funds are used to support research activities and to account for the use of RIS funds granted to it? | **Yes** |

For **private hospitals/HSPs/PPP providers** to complete:

|  |  |
| --- | --- |
| Does the hospital/HSP/PPP provider have a program of health and/or medical research overseen by a Director of Research or equivalent? | **Yes** |
| Is the hospital/HSP/PPP provider located in WA? | **Yes** |
| Does the hospital/HSP/PPP provider have an appropriate accounting body to manage its financial affairs, with the capacity to ensure RIS funds are used to support research activities and to account for the use of RIS funds granted to it? | **Yes** |

## Stream 1 – Eligible research income claims

|  |  |
| --- | --- |
| Total eligible research income:  *Please ensure the ‘RIS 2025 Research Grant Income and Operational Costs’ spreadsheet is attached.* | $ |
| Average eligible research grant income (based on 2022-2024 eligible income)  *Must be equal or greater to $450,000* | $ |

## Stream 2 – Eligible operational costs claims

|  |  |
| --- | --- |
| Total average amount eligible to be claimed:  *Please ensure the ‘RIS 2025 Research Grant Income and Operational Costs’ spreadsheet is attached.* | $ |

1. **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 Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular
4. 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
5. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
6. have no overdue reporting obligations for the Research Infrastructure Support program or the previous Research Institute Support program from any year
7. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application
8. we agree to participate in an evaluation whether the application is successful or unsuccessful.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **Position title** |  | | |
| **Signature** |  | **Date** |  |

## Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised finance representative of the Responsible Entity
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts requested in the Budget are in Australian dollars and are exclusive of Australian GST
4. I understand that funding will only be made available for the scope of work described in the application, or any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **Position title** |  | | |
| **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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