**APPLICATION NOTES - 2019 Funding Round**

Please refer to the Avner Pancreatic Cancer Foundation 2019, Round 5 Grant Application Guidelines for a detailed description of available grants.

This form is to be used for Round 5 Grant Applications.

**Applications Close: 5:00pm (AEST), Friday 19 July 2019**

LATE APPLICATIONS WILL NOT BE ACCEPTED

(Applicants are advised to confirm internal deadlines with the research grants administrator at

the nominated institution(s), as these may be earlier)

* Instructions on completing the form:
  + Please complete all ‘text form fields’ (grey cells)
  + Free text can be inserted including the insertion of electronic signatures in:
    - Section 11 ‘Certification by Project Applicant’; and
    - Section 12 ‘Certification by Finance Officer’
* Applicants can remove the first two pages prior to submission (‘Application notes’ and ‘Table of Contents’)
* We will acknowledge receipt of your application by e-mail
* If using figures they should be inserted at the end of the form (after Section 12) as supporting documentation and referenced accordingly in the appropriate section/s
* Queries regarding the application process should be directed to [grants@avnersfoundation.org.au](mailto:grants@avnersfoundation.org.au)
* Completed applications are to be submitted *electronically* by COB on the due date as follows:

Please attach ONE electronic copy of the application form (as a single pdf file including supporting documentation and not exceeding 10MBs in total) to an email sent to [grants@avnersfoundation.org.au](mailto:grants@avnersfoundation.org.au)

Both the subject heading of the email and the completed application must be sent/saved including the title:

“Organisation name – APCF R5 2019 Type of Grant Application”

(e.g. West Shore Cancer Institute (WSCI) – APCF R5 2019 Innovation Grant Application)

**Table of contents**

|  |  |  |
| --- | --- | --- |
| Section 1 | Applicant Details………………………………………………………… | 1 |
| Section 2 | Preferred Contact Person……………………………………………….. | 1 |
| Section 3 | The Project……………………………………………………………….. | 2 |
| Section 4 | Persons Involved……………………………………………………….. | 3 |
| Section 5 | Collaborations…………………………………………………………… | 4 |
| Section 6 | Ethics…………………………………………………………………….. | 4 |
| Section 7 | Innovation……………………………………………………………….. | 4 |
| Section 8 | Project Plan…………………………………………………………… | 5 |
|  | *Milestones and timelines……………………………………………….* | 5 |
| Section 9 | Project Budget………………………………………………………….. | 6 |
| Section 10 | Justification of Budget…………………………………………………. | 7 |
| Section 11 | Certification by Project Applicant……………………………………… | 8 |
| Section 12 | Certification by Finance Officer………………………………………… | 8 |

Grant Application Form

|  |
| --- |
| All applications for funding MUST be submitted on the following application form. Failure to do so will render your application ineligible: |
| **Date:** |
| **The Foundation will provide funding for INSERT Innovation Grants in Round 5** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1 – Applicant Details** | | | | |
| **Organisation name:** |  | | | |
| **Postal address:** |  | | | |
| **Street Address** |  | | | |
| **Suburb:** |  | | | |
| **State:** |  | | **Post code:** |  |
| **GST registered** | Yes | | No | |
| **Principal Investigator’s name:** |  | | | |
| **Section 2 – Preferred Contact Person**  *All application correspondence will be directed to this person* | | | | |
| **Title:** | Dr | Mr | Mrs | Ms |
| **Name:** | **First name:** |  | | |
|  | **Surname:** |  | | |
| **Position Held:** |  | | | |
| **Business Phone:** |  | | | |
| **Email:** |  | | | |
| **Postal Address:**  *If different from above* |  | | | |
| **Suburb:** |  | | | |
| **State:** |  | | **Post code:** |  |

|  |  |  |
| --- | --- | --- |
| **Section 3 – The Project** | | |
| **Project Title:** |  | |
| **Project Status:** | **New** | **Ongoing** |
| **Time required to complete project:** |  | (final report and financial acquittal due by Friday 4 December 2020) |
| **Application Status:**  *Is this application a resubmission, renewal or revision of an existing project? Has the project or other projects with major overlaps been previously rejected by any other funding sources? (Please provide detail)* | | |
| **Submission to other funding sources for this project:**  *List the names of the other funding source(s) and the amount(s) requested/received in the past 5 years. Include already submitted and pending applications* |  | |
| **Research category:**  *(please select)* | **Biomarker**  **Clinical management**  **Gene therapy**  **Immunotherapy**  **Microenvironment/Stroma/Cell therapy**  **Novel Combination Therapy**  **Novel Compounds** | |
| **Amount requested:** *(ex GST)* |  | |
| **Project summary:** *(limited to two A4 pages)*  *Please include:*   * *A summary of your research question* * *What you hope to achieve/goals* * *Some background to the project including references where applicable* | | |
| **Summary for public release:**  *In approximately 500 words please provide a description of the purpose and expected outcome of the project, in language written in plain English that can be reasonably understood by the non-scientific community, which is suitable for media or other promotional material. Your summary must not refer to ‘we’ or ‘I’ and must instead refer to ‘the Project Team’ or the ‘Principal Investigator’ given the Foundation will be using your summary for promotional purposes. Do not duplicate or simply truncate the ‘Project summary’. The summary for public release can be adjusted with the prior written agreement of the parties.* | | |
| **Probability of success:**  *What probability (expressed as a percentage) do you associate with the project achieving its research goals?* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 4 – Persons Involved**  *Principal Investigator* | | | | |
| **Title:** | Dr | Mr | Mrs | Ms |
| **Name:** | **First name:** |  | | |
|  | **Surname:** |  | | |
| **Highest Qualification:** |  | | | |
| **Position Held:**  *Include year appointed* |  | | | |
| **Institution:** |  | | | |
| **Business Phone:** |  | | | |
| **Email:** |  | | | |
| **Number of years work experience:**   1. Clinical Health practice 2. Post graduate research |  | | | |
| **Time contribution to this project:**  *(hours/week)* |  | | | |

In addition to the Principal Investigator please provide details of other research team members (where applicable). Please copy and paste additional tables as required.

|  |  |  |
| --- | --- | --- |
| **Section 4** *cont***– Persons Involved**  *Research Team Members* | | |
| **Title:** |  | |
| **Name:** | **First name:** |  |
|  | **Surname:** |  |
| **Highest Qualification:** |  | |
| **Position Held:**  *Include year appointed* |  | |
| **Institution:** |  | |
| **Business Phone:** |  | |
| **Email:** |  | |
| **Role in project:** |  | |
| **Time contribution to this project:**  *(hours/week)* |  | |

|  |  |  |
| --- | --- | --- |
| **Section 5 – Collaborations** | | |
| **Does the project involve collaborations?** | **Yes** | **No** |
| *If ‘yes’ please provide detail as to the nature of the collaboration/s, including the institution/s and department/s* | | |

|  |  |  |
| --- | --- | --- |
| **Section 6 – Ethics** | | |
| **Does the project require submission to a human research ethics committee?** | **Yes** | **No** |
| **Does the project require submission to an animal research ethics committee?** | **Yes** | **No** |
| **Will the project/research require the use of human stem cells?** | **Yes** | **No** |
| **Will the project/research require the use of animal stem cells?** | **Yes** | **No** |
| *If you answered ‘yes’ to any of the above questions please provide details (eg approval granted, pending, yet to be applied for)* | | |

|  |
| --- |
| **Section 7 - Innovation** |
| **Describe how the project is innovative:**  *(limited to two A4 pages)* |
| **Describe what distinguishes this work from other research being carried out in this area**  *(limited to ½ A4 page)* |

|  |
| --- |
| **Section 8 – Project Plan** |
| **Provide detail about the project methodology**  *(maximum two pages)* |
| **List all approvals that will be required before the project can go ahead. Eg ethics, intellectual property, administrative, governance** |

|  |  |  |
| --- | --- | --- |
| **Section 8** *CONT* **– Milestones and Timelines** | | |
| **Outline the proposed milestones against timelines, taking into account the creation of any positions, report writing, purchase of equipment etc** *(insert further rows as required)* | | |
| **Milestone** | **Detail** | **Timeline** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** | **Final report and financial acquittal submitted to the Avner Pancreatic Cancer Foundation** | **04 Dec 2020** |

*Please complete the following table, inserting additional rows as required*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 9 The Budget** | | | |
| Budget Item | Jan 2020 – Jun 2020  ($) | Jul 2020 - Dec 2020  ($) | TOTAL  ($) |
| Position Held *specify for each position*  **Position 1.**   * *title* * *new/ existing* * *%FTE* * *salary level/grading* |  |  |  |
| **Position 2.**   * *title* * *new/ existing* * *%FTE* * *salary level/grading* |  |  |  |
| Consumables *Supplies and materials needed to complete the project* |  |  |  |
| **Equipment**  *Quotations must be attached* |  |  |  |
| **Travel** |  |  |  |
| **Professional services** |  |  |  |
| **Other** |  |  |  |
| **TOTAL** |  |  |  |

Where applicable, in-kind support and other source funding should be indicated against the project’s costs, details of which to be provided in Section 10 below.

Applicants should note that:

* It is important to calculate budgets accurately, as requests for additional funding will not be approved.
* Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 12.
* Figures are to be GST exclusive

|  |
| --- |
| **Section 10 – Justification of Budget** |
| **Each budget claim must be adequately justified. Contributions of in-kind support and other sources of funding should be outlined here** *(maximum of TWO pages)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 11 – Certification By Project Applicant** | | | |
| 1. I declare that I have agreed to take part in the research proposed in this application 2. I declare that the information supplied by me on this form is complete, true and correct in every particular 3. I understand and agree that research carried out by me will be in accordance with the relevant codes of practice and guidelines of the National Health & Medical Research Council (NHMRC) and other relevant agencies 4. I have discussed the likely impact of the project on other relevant departments and support services and this project has been approved and is acceptable to them 5. I declare that this application will be submitted to the Institution’s Research Administration Office or equivalent, and I agree to obtain the relevant research governance approvals and agreements before commencement of the project. 6. I understand and agree that no further claim will be made on the Avner Pancreatic Cancer Foundation to cover any over-expenditure of budget or any costs beyond the research project. | | | |
| **Principal Investigator** | | | |
| **Full name and title:** |  | | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 12 – Certification By Finance Officer** | | | |
| I certify that:   1. The budget costs on this application form for       (Principal Investigator) are true and correct and reflect the latest costing information available to me; and 2. Amounts claimed are exclusive of GST. | | | |
| **Full name and title:** |  | | |
| **Position:** |  | | |
| **Organisation:** |  | | |
| **Business Phone:** |  | | |
| **Email:** |  | | |
| **Signature:** |  | **Date:** |  |