|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Application to Deputy Vice-Chancellor Research for Co-Funding**

**Closing date: C.O.B 1 month prior to external deadline**

Submission: Complete this application form and submit it to research.preaward@mq.edu.au

1. **Project title**

 Provide a short descriptive title of no more than 20 words

|  |
| --- |
|  |

1. **Macquarie University Chief Investigator**

Please provide the below details for the first named Macquarie University Chief Investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Department |  | Faculty |  |
| Email |  | Phone |  |

1. **External funding**

|  |  |
| --- | --- |
| Name of funding body |  |
| Name of scheme |  |

1. **External closing date for applications**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**5. Project description**

Provide a very brief project description (max 100 words)

|  |
| --- |
|  |

**6a. Funding requested from external funding body**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Requested |
| $ | $ | $ | $ | $ | $ |

**6b. Funding description**

Provide a brief outline of how the grant funds will be used (max 100 words)

|  |
| --- |
|  |

**7a. Funding requested from DVCR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Requested |
| $ | $ | $ | $ | $ | $ |

**7b. Justification of request from DVCR**

Provide justification for the funding requested from the DVCR including reference to outputs, income, and personnel (max 200 words)

|  |
| --- |
|  |

**8. Details of previous funds, if any, provided by the DVCR for this research**

(max 200 words)

|  |
| --- |
|  |

**9. Chief Investigator Certification**

In applying for this funding I agree to meet the reporting requirements as outlined in the ‘Guidelines for Co-Funding’ and I acknowledge that funds allocated by the DVCR may be reduced on a pro-rata basis, depending on the amount of external funding received.

Signed: Chief Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_

**10a. Funding to be provided by Macquarie Department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Provided |
| $ | $ | $ | $ | $ | $ |

**10b. In-kind support to be provided by Macquarie Department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Provided |
| $ | $ | $ | $ | $ | $ |

**10c. Use of Departmental funding and in-kind**

Provide a brief outline of how the funds and/or in-kind provided by the Macquarie Department will be used in the project (max 100 words)

|  |
| --- |
|  |

Signed: Head of Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_

**11a. Funding to be provided by Macquarie Faculty**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Provided |
| $ | $ | $ | $ | $ | $ |

**11b. In-kind support to be provided by Macquarie Faculty**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total Provided |
| $ | $ | $ | $ | $ | $ |

**11c. Use of Faculty funding and in-kind**

Provide a brief outline of how the funds and/or in-kind provided by the Macquarie Faculty will be used in the project (max 100 words)

|  |
| --- |
|  |

Signed: Associate Dean, Research \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_\_

Signed: Executive Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_

***The following section is for Research Office use only:***

**DVCR Recommendation**

Approved under the following conditions / NOT approved for the following reasons:

*(strike out whichever is not applicable)*

|  |
| --- |
|  |

**Amount awarded:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Deputy Vice-Chancellor (Research)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_