**COVID-19 RESEARCH**

**GRANTS**

**NEW PROJECTS**

APPLICATION FORM

**CLOSING DATE ROUND 1: 5pm Wednesday 20 May 2020**

**The COVID-19 Research Grants Program**

**Round 1** is a rapid funding round, with short application and review timeframes. Applications close on **20 May 2020**.

Round 1 is designed for projects that are ready to start in 3-4 weeks. Preliminary data must be available within 6 months.

There are two application forms for Round 1:

* **New Projects** – ready to start in 3-4 weeks **(use this form).**
* **Existing Projects** - a COVID-19 extension to an existing peer-reviewed, funded research project – form available at <https://www.medicalresearch.nsw.gov.au/covid-19-research/>.

**Round 2** will open in June 2020 and allow more time for research proposals that require a longer development period.

**NSW Health Research Topics:** The peer review process for both rounds will be targeted to projects that will support NSW Health to address the NSW pandemic. See Appendix A in the 2020 COVID-19 Research Grants Round 1 Guidelines for Round 1 research topics.

**NB: There is sufficient funding to support both funding rounds**

**information for applicants**

All applicants must refer to the **2020 COVID-19 Research Grants** **Round 1 Guidelines**, available at <https://www.medicalresearch.nsw.gov.au/covid-19-research/>. These outline the program objectives, research topic areas, timelines, eligibility and selection criteria, and other key information.

This application form is for **new research projects** that are **ready to start within 3-4 weeks of funding**.

If your proposal involves a COVID-19 extension to an existing peer-reviewed, funded project, please use the alternative application form available at <https://www.medicalresearch.nsw.gov.au/covid-19-research/>.

**iNSTRUCTIONS TO APPLIcANTS**

All applications for new research projects must be prepared using this form.

Please name your application using the following naming convention:

R1New\_SURNAME\_FirstName (e.g. R1New\_SMITH\_Jane)

**Submitting the APPLICATION**

The application and attachments must be submitted by email to:

[MOH-COVID-19Grants@health.nsw.gov.au](mailto:MOH-COVID-19Grants@health.nsw.gov.au) by **5pm on Wednesday 20 May 2020**.

**Please note NSW Health will acknowledge receipt of your application by email within 24 hours.** If you do not receive an acknowledgement, it is your responsibility to follow up immediately. Note single emails larger than 20MB will be blocked.

Two versions of the application should be submitted:

* A Word version
* A PDF version

**ALL applicants must attach the following documents:**

A track record summary for the Chief Investigator (as requested in section B)

A list of references supporting the science

**Clinical trial applications attach:**

☐ A protocol or protocol synopsis

An Investigators Brochure (if required, draft is acceptable)

**If applicable, also attach:**

Certified evidence of residency status and the right to remain in Australia for the duration of the funding period.

**For each additional attachment, use the following format for naming**:

R1New\_document name\_SURNAME\_FirstName  
(e.g. R1New\_Residency\_SMITH\_Jane)

**APPLICATION FORM REQUIREMENTS**

This application form has seven sections reflecting the selection criteria outlined in the guidelines.

|  |  |
| --- | --- |
| **Section** | **Content** |
| **A** | **Project Summary for First Review – Maximum 1 page (additional pages will not be read)**  Given the large volume of applications expected, this summary will be used for the first review. Please ensure you provide all requested information. |
| **B** | **Skills and experience of the research team and collaborators (30% weighting)**  Section B1: Chief Investigator and Team  Section B2: Partners and Collaborators |
| **C** | **Scientific quality of the research project (30% weighting)**  Please outline the project’s purpose, hypothesis, objectives, methodology, key milestones and other information as requested. |
| **D** | **Evidence generated will be directly translatable into supporting the COVID-19 response in NSW (40% weighting)**  Demonstrate how your project will generate new evidence, methods or techniques that will improve the COVID-19 response in NSW. |
| **E** | **Project Budget and other contributions** |
| **F** | **Administrative information** |
| **G** | **Declarations by the Chief Investigator and host organisation**. |

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| SECTION A – PROJECT SUMMARY – For First Review – Maximum 1 page |
| 1. **Do not exceed one page for the Project Summary, including up to one diagram**   Due to the high volume of applications expected, this Project Summary will be used for an initial review by NSW Health and scientific experts.   1. **The project will not be eligible for review if it does not target a research topic area.**   See Appendix A of the Guidelines for Round 1.   1. Round 1 projects must provide **immediate evidence to inform the NSW response to COVID-19.** Projects must be ready to start in 3-4 weeks and preliminary results must be available within six months. Exclusions are listed in the Guidelines. |
| **Project Title:** Please ensure the title describes the project clearly and avoids overly technical language. |
| **NSW Health research topic –** please choose one category only:  Diagnostics research  Prevention of infection  Treatment, including antivirals and immunosuppressive agents  Public and population health |
| **Chief Investigator:** Title, Name, Organisation  **Host Organisation:**  **Administering Organisation:** (if separate to Host) |
| **Total funds requested (excluding GST):**  **Length of research project:**  Can this project start in 3 - 4 weeks?  Yes  No – consider applying for Round 2  Can you deliver preliminary results within 6 months?  Yes  No – consider applying for Round 2 |
| **Project Summary for Review 1**   1. Outline proposed project including research question, hypothesis, research design and outcomes (maximum 300 words). 2. Explain how this project is directly addressing a NSW Health COVID-19 research topic [see Appendix A in Guidelines] (maximum 100 words). 3. Provide a summary of if/ how this project will add to new knowledge by placing it within the context of research projects in Australia or internationally.Include justification of why additional research in this area should be funded and how it does not duplicate other current research. Demonstrate how the proposed research will complement or collaborate with national and international efforts (maximum 100 words). |
| SECTION A – PROJECT SUMMARY – For First Review – 1 page only - max 1 diagram. |
|  |
| SECTION B – Skills and experience of the research team and collaborators (Selection criteria 1 - 30%) |

**B1: Skills and experience of the Chief Investigator and research team**

B1.1 Please complete the following table for all team members, starting with the Chief Investigator

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Relevant Skills and Experience** | **Contribution to the project** | **FTE on project** | **Provide link to online profile and/or CV** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 | *Add rows as required* |  |  |  |  |  |  |

**B1.2 Chief Investigator’s Track Record**

Please attach a **summary of the Chief Investigator’s track record**, relative to opportunity.  
Include a list of top career journal articles, with those most relevant to this submission highlighted (maximum 5 pages).

**B1.3 Funding awarded (last five years only)**

List funding awarded to Chief Investigator from 2015 onwards.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Grant Title** | **Chief**  **Investigators** | **Funding Source** | **Grant Amount** | **Years Covered by Grant**  (e.g. 2015-2017) |
| **1** |  |  |  |  |  |
| **Add** |

**B1.4 Responsibilities impacting on track record (maximum 150 words)**

Indicate any significant career disruptions or clinical responsibilities that could reasonably be considered to have had a negative impact on your research track record, and note their duration.

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**B2. Project Collaborators and Governance**

**B2.1 Project Partners and Collaborators**

List project partners who will support the successful conduct of the project and implementation of the outcomes, including other research institutes, non-government organisations and commercial /industry partners.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 | *Add rows as required.* |  |  |  |

**B2.2 Project Governance (maximum 300 words)**

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| Summarise the governance structure for your project. |

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| **SECTION C – Scientific quality of the research project (30% weighting)** |

**C.1 Research Protocol (maximum 1000 words)**

Use all of the following headings to provide a research protocol for your project in the box below:

* Background and rationale
* How this project will add new knowledge
* Aim
* Research questions
* Hypothesis
* Design
* Methods
* Expected outcomes

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**C.2 Project Milestones**

| **Key milestone** | **Related deliverables** | **Completion date (mm/yyyy)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
| *Add rows as required.* |  |  |

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| **SECTION D - Evidence generated will be directly translatable into supporting the COVID-19 response in NSW (40% weighting)** |

## D.1 How will the evidence generated by this project be directly translatable into supporting the COVID-19 response in NSW? (maximum 300 words)

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**D.2 Proposed pathway to research translation (maximum 300 words)**Outline the pathway for this research to be implemented into clinical policy and practice and scaled across other sites.

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| **SECTION E – BUDGET** |

The NSW Health COVID-19 Research Grants Program will fund up to $1 million for projects between 6 months and 2 years in length. *Grants over $1 million will only be provided in exceptional circumstances with clear justification.*

## E.1 Length of project

Please indicate the length of your proposed project:

6 months  1 year  18 months  2 years

## E.2 Grant funds requested

## Outline the project budget using the table below. Including salaries of research team members, research project costs and translation activities.

* Specify research roles, salary level, maximum on-costs and full-time equivalent hours (FTE).
* NSW Healthfunding cannot be directed towards capital works, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent or the cost of utilities.

Note that the budget must be expended within the grant period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Category** | **Budget item Details** | **Amount** | | |
| **Year 1** | **Year 2 (if requested)** | **Total** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **Add** |  | **Total funds requested** |  |  | [Max $1,000,000] |

## E.2 Budget justification (maximum 200 words)

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## E.3 Cash contributions from the host organisation and other funding sources

List financial support for the project from the host organisation and any other funding bodies/ sources, including funding that has been applied for but not yet awarded.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Funding body/source** | **Funding used to support** | **Duration of funding** | **Amount** | **Awarded or not yet awarded** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **Add** |  | **Total contribution from other sources:** | | | |

## E.4 In-kind contributions from the host organisation and other collaborators

Report in-kind contributions for the project from the host organisation and any other collaborators.

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| --- | --- | --- | --- |
| **#** | **Source**  Host organisation or collaborator | **Budget item** | **Description (<100 words per item)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **Add** |

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| **SECTION F – ADMINISTRATIVE INFORMATION** | | |
| **Chief Investigator Contact Details**  Name:  Position:  Organisation:  Address:  Email:  Phone: | | |
| Gender | | Male  Female  Other |
| Is the Chief Investigator currently a practicing clinician?  If yes, will the CI continue clinical duties during this project?  Indicate FTE split between clinical and research duties. | | Yes  No  Yes  No |
| **Aboriginal or Torres Strait Islander origin**  Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander  Neither | | |
| **Do all team members have the right to work in Australia for the duration of the project?**  MCj04347760000[1]Non Australian Citizens and Non-Permanent Residents are required to provide evidence of residency status and the right to remain in Australia for the duration of the funding period. Refer to the Guidelines for more details.  Yes  No | | |
| **Host Organisation Contact Details**  Name:  Position:  Organisation:  Address:  Email:  Phone: | **Administering Organisation Contact Details**  (If different from host organisation)  Name:  Position:  Organisation:  Address:  Email:  Phone: | |
| **Lay Summary**  Provide a Plain English summary of the COVID-19 research project for communication with a broad audience (maximum 300 words). | | |

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| **SECTION G – DECLARATIONS** |

The word version of your application may not have signatures but please ensure the adobe version of your application contains all required declarations below.

**G1. Declaration by the Chief Investigator**

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information will render me ineligible for Research Grant funding.
2. All investigators named have read this application in full and have given their consent to be included.
3. I consent to this application being shared with expert reviewers engaged in the selection process.

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**Full name**

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|  |

**Signature**  \_\_\_\_\_\_\_\_ **Date**

**G2. Declaration by the Host Organisation**

I certify that:

1. I am an authorised signatory on behalf of the entity identified as the Chief Investigator’s Host Organisation.
2. The Chief Investigator has an agreement with this organisation to undertake the research described in this application, if successful.
3. This organisation is engaged in the delivery of health and medical research and can be classified as: a department or research centre within a University; a NSW Health entity; an independent Medical Research Institute; or a not-for-profit organisation.
4. Each of the Host Organisation’s commitments outlined in the guidelines are acknowledged.
5. Infrastructure support for this project will be provided if the grant is received.
6. The application is authorised to be submitted to the NSW Ministry of Health.

|  |
| --- |
| Chief Executive or Executive Director |

**Full name & Position**

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|  |

**Signature**  **Date**

**G3. Declaration by the Administering Organisation (if separate to the Host Organisation)**

I certify that:

1. I am an authorised signatory on behalf of the entity identified as the Applicant’s Administering Organisation.
2. This organisation can be classified as: a department or research centre within a University; an independent Medical Research Institute; or a not-for-profit organisation.
3. Each of the Administering Organisation’s commitments outlined in the guidelines are acknowledged.
4. The application is authorised to be submitted to the NSW Ministry of Health.

|  |
| --- |
| Chief Executive or Executive Director |

**Full name & Position**

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**Signature**  **Date**

**G4. Declaration by the organisation that employs Chief Investigator for clinical work, if relevant**

Clinical Scientists may undertake clinical work separately from where research is undertaken. If the grant is to be used to quarantine research time and backfill a clinical position, the application must be endorsed by the Chief Executive/Executive Director of the organisation where clinical duties are to be undertaken.

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| Chief Executive or Executive Director |

**Full name**

|  |
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|  |

**Organisation**

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|  |

**Signature**  **Date**