###

### ARC

### *Linkage Infrastructure, Equipment and Facilities* (LIEF)

###### MQ Expression of Interest Form

###### Submission deadline: 9am Wednesday 7 February 2024

**Submit to:** **grant.development@mq.edu.au** ***Please cc your Faculty Research Office when you submit:***Faculty of Arts: artsro@mq.edu.au

Faculty of Medicine and Health Sciences: fmhhs.researchsupport@mq.edu.au

Faculty of Science and Engineering: sci.research@mq.edu.au

Macquarie Business School : mqbs-ro@mq.edu.au

 ***The University will not consider co-funding cash contributions for any application for which an EoI has not been received by the closing date.***

***An EoI is required whether or not the application seeks DVCR funding.***

***An EoI is required if you intend to participate in a LIEF application being submitted through another institution.***

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| 0B1a. Project titleProvide a short descriptive title of no more than 10 words |
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| 1B1b. Funding request |
| Total cost of equipment | $ |
| Amount requested from ARC^ | $ |
| Amount requested from DVCR funding | $ |
| \* MQ Faculty contribution – see note below | $ |
| \* MQ Department/School contribution | $ |
| **Total MQ contribution** | **$** |
| Amount from all other sources | $ |
|  |
| Percentage of ARC request of total cost | % |
| Percentage of total MQ contribution of total cost | % |
| *^Please note that due to the financial impacts of Covid-19 across the University sector, the NSW/ACT institutions will be requesting 70-75% of project costs from the ARC. Lower ratios may be requested under exceptional circumstances only.* *\* For total MQ commitments in the range $1,000 - $50,000, the Faculty/Department/School must contribute the first $12,500; for total MQ commitments greater than $50,000, the Faculty/Department/School must contribute 25% of the total.* |

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| 2B2. Macquarie University Lead CI |
| Surname |  | Initial |  | Title |  |
| Email |  | Phone |  |

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| 3B3. Is Macquarie University the lead institution? |
| Yes [ ]  No[ ]  If No, name lead institution |  |
| Chief Investigator at lead institution |  |
| Funding contribution of lead institution | $ |

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| 4B4. Collaborating Institutions and Contacts (add more lines as needed)Please include as much information as possible here, even if not confirmed |
| **Institution**  |  | **Contribution**  | $ |
| **Contact name** |  | **Email** |  |
|  |
| **Institution**  |  | **Contribution** | $ |
| **Contact name** |  | **Email** |  |
|  |
| **Institution**  |  | **Contribution** | $ |
| **Contact name** |  | **Email** |  |
|  |
| **Institution**  |  | **Contribution** | $ |
| **Contact name** |  | **Email** |  |
|  |
| **Institution**  |  | **Contribution** | $ |
| **Contact name** |  | **Email** |  |
|  |
| **Institution**  |  | **Contribution** | $ |
| **Contact name** |  | **Email** |  |

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| 5B5. Provide a brief description of the equipment/infrastructure (<200 words): |
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| **6. In plain language, summarise the research that this equipment will support (<200 words):** |
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| 6B7. Describe how this infrastructure will support and build research collaboration among LIEF collaborators and beyond (<200 words) |
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| 7B8. Describe access/usage arrangements for partners (and non-partners, if relevant), including remote access or usage options (<200 words): |
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| 8B9. Expenditure and location of itemsFor each item of equipment/infrastructure, please provide a cost, an indication of whether formal quote has been given or an estimate is used, and the University where each item would be located.  |
| 9BItem of equipment/infrastructure | 10BCost (Estimate or formal quote) | 11BAt which University would this item be located? |
|  | 12B$13BEstimate OR Formal Quote (delete one) |  |
|  | 14B$15BEstimate OR Formal Quote (delete one) |  |

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| 16B10. Associated Macquarie University staff |
| Provide brief details of all Macquarie University Staff (Level A and above) who will make substantial use of the equipment: |
| **Name** | **Department/School** | **Proposed Usage (incl an estimation of hours or days as applicable)** |
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| 17B11. Associated postgraduate research students: |
| **Name** | **Department** | **Degree** | **Supervisor**  |
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| 18B12. Provide a brief description of: a) how the equipment relates to any existing related equipment or infrastructure on campus (e.g., new capabilities, growth in demand etc.) (200 words) b) MQ’s return on investment (this may be cash and/or access time to facility) (200 words) c) the strategic alignment of the equipment to Faculty and/or Macquarie University strategic research frameworks (200 words). If uncertain, email your Faculty Research Office to gain access to your Faculty research strategy – if your Faculty has a strategic plan, it must be referenced in this response.  |
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| 19B13. Provision for equipment |
| Can the equipment be adequately accommodated by existing facilities and services: for example, adequate space is available and no building or services renovations or modifications are required? *Please note that in the Faculty of Science and Engineering, sign off from the Faculty Technical Manager is required for all applications under question 16c. A full assessment of the equipment needs may take some time so the Faculty Technical Manager will therefore need to be consulted at least two weeks in advance of the submission deadline.* | Yes [ ]  No [ ]  |
| Where will the equipment be located? (please provide building and room at MQ or answer n/a) |  |

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| 20B14. Previously successful LIEF grants |
| *For LIEF grants held in the last two years by any named MQ investigator on this application, please state the use that has been made of the equipment by MQ staff and HDR students, both on and off the MQ campus.* |
| **LIEF ID / Title / Lead Organization** | **Use of the equipment by MQ staff/students** | **Years of Funding** |
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| 21B15. If a similar application has been submitted and unsuccessful in previous ARC LIEF rounds, either led by Macquarie or elsewhere, please provide details of how renewed application will strategically address previous feedback and assessments (300 words) |
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| **16. Certifications** |

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| 1. Certification by the **Lead Chief Investigator**:
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| **Name:** |  |
| **Signature:** |  | **Date:** |

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| 1. Certification by the **Head of Department/School**:

*I certify that the Departmental contribution indicated by the applicant, if applicable, will be met by the Department/School should this application for funding be submitted and be successful.* |
| **Name:** |  |
| **Signature:** |  | **Date:** |

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| 1. Certification by the **Faculty Technical Manager** (Faculty of Science and Engineering)

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| **Name:** |  |
| **Signature:** |  | **Date:** |

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| 1. Certification by the **Deputy Dean Research and Innovation**:

*I certify that the Faculty contribution indicated by the applicant will be met by the Faculty should this application for funding be submitted and be successful.* |
| **Name:** |  |
| **Signature:** |  | **Date:** |