**Submission Guidelines**

**Submit a signed copy of this form by uploading at Section F1 in the online form by 5pm on Monday 17 August 2020.**

**Formatting**: Arial, Font 11, Single spacing. Do not change the margin of this file.

**Page limits**: The project summary must be strictly a maximum of TWO pages including a maximum of two diagrams if applicable. There are no word limits for specific questions. The track record summary must be a maximum of ONE page with no attachments.

**Content of project summary (Section B)**: The project summary must address the following questions:

1. **Research summary**: Outline of the proposed project, including need or problem to be addressed, research question, aim, research design and methods, outcomes, and impacts.
2. **Contribution**: How will your project add to existing knowledge and current research, and why is this important for the COVID-19 response in NSW?
3. **Implementation**: How will your findings, if positive, be implemented? Which key partners will be engaged for this purpose, and how will you work with them? What will each partner’s contribution to translation and/or implementation of findings be over the duration of the project, and at the conclusion?

**SECTION A – OVERVIEW**

**A1. Chief Investigator (Title, first name, surname):**

**A2. Host organisation**

**A3. Administering organisation (optional for EOI stage but will be required at full application stage)**

**A4. Project Title** (Please ensure the title describes the project clearly and avoids technical language)

**A5. Length of research project**

[ ]  **6 months** [ ]  **1 year** [ ]  **18 months** [ ]  **2 years**

**A6. Research topics**

Please choose your primary research topic (one only) from the following list:

[ ]  Effective models of care

[ ]  Mental health impacts

[ ]  Public health messaging

[ ]  Prevention

[ ]  Therapeutics

[ ]  Diagnostics

**A7. Does your research project focus on Aboriginal or Torres Strait Islander people?**

[ ]  Yes [ ]  No

**A8. Total Funds Requested (excluding GST)**

**$**

**A9. Is this funding request for a new project, or additional funding for an existing project?** (refer to page 4 of the Guidelines)

[ ]  New project

[ ]  Additional funding for an existing project

If this request is for additional funding for an existing project, please specify:

Funding body:

Existing grant amount: **$**

**A10. Please indicate whether this project is a clinical trial**

[ ]  Yes

[ ]  No

**SECTION B - PROJECT SUMMARY – TWO pages only, including maximum two diagrams**

**SECTION B - PROJECT SUMMARY – TWO pages only, including maximum two diagrams**

**SECTION C – RESEARCH TEAM TRACK RECORD – ONE page only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Relevant track record (max 5 per person)** |
| 1 |  |  |  | 1.2. 3.4. 5.  |
| 2 |  |  |  | 1.2. 3.4. 5. |
| 3 |  |  |  | 1.2. 3.4. 5. |
| 4 |  |  |  | 1.2. 3.4. 5. |
| 5 |  |  |  | 1.2. 3.4. 5. |

Please summarise the relevant track record of up to 5 key members of the research team.

For each person, list the top five publications and/or grants awarded that are relevant to this project. Do not attach resumes, CVs, or full track record documents to your EOI. Only this page will be reviewed.

**SECTION D – DECLARATIONS**

This section must be fully signed prior to submission of the project summary and EOI. Project summaries that are not signed by both the Chief Investigator AND Host Organisation will not be accepted. Late submission of signature pages is not permitted.

**D1. 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**

**D2. 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.

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| Chief Executive or Executive Director |

**Full name & Position**

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| --- |
|  |

**Signature**  **Date**