### ARC

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

###### MQ Expression of Interest

###### Submission deadline: COB Monday 4th February 2019

**Submit to:** [**julian.zipparo@mq.edu.au**](mailto:julian.zipparo@mq.edu.au) ***Please also advise your Faculty Research Manager of your intention to apply:***Faculty of Arts: [artsro@mq.edu.au](mailto:artsro@mq.edu.au)

Faculty of Business and Economics: [fberu@mq.edu.au](mailto:fberu@mq.edu.au)

Faculty of Human Sciences: [humansciencesresearch@mq.edu.au](mailto:humansciencesresearch@mq.edu.au)

Faculty of Medicine and Health Sciences: [fmhs.researchsupport@mq.edu.au](mailto:fmhs.researchsupport@mq.edu.au)

Faculty of Science and Engineering: [sci.research@mq.edu.au](mailto:sci.research@mq.edu.au)

***The University will not consider 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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| 1a. Project title: Provide a short descriptive title of no more than 10 words | | | | | | | |
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| 1b. Funding request: | | | | | | | |
| Total cost of equipment | | | | | | $ | |
| Amount requested from ARC | | | | | | $ | |
| Amount requested from DVCR funding | | | | | | $ | |
| \* MQ Faculty contribution – see note below | | | | | | $ | |
| \* MQ Departmental contribution (optional) | | | | | | $ | |
| Total MQ contribution | | | | | | $ | |
| Amount from all other sources | | | | | | $ | |
| *\* For total MQ commitments in the range $1,000 - $50,000, the Faculty/Department must contribute the first $12,500; for total MQ commitments greater than $50,000, the Faculty/Department must contribute 25% of the total.* | | | | | | | |
| 2. Macquarie University Contact: | | | | | | | |
| Surname |  | | Initial |  | Title | |  |
| Email |  | | Phone |  | | | |
| 3. Is Macquarie University the lead institution? | | | | | | | |
| Yes  No If No, name lead institution | |  | | | | | |
| Chief Investigator at lead institution | |  | | | | | |

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| 4. Collaborating Institutions and Contacts | | | | | | | | |
| **Institution** |  | | | **Contribution** | | | $ | |
| **Contact name** |  | | | **Email** | |  | | |
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| **Institution** |  | | | **Contribution** | | | $ | |
| **Contact name** |  | | | **Email** | |  | | |
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| **Institution** |  | | | **Contribution** | | | $ | |
| **Contact name** |  | | | **Email** | |  | | |
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| **Institution** |  | | | **Contribution** | | | $ | |
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| **Institution** |  | | | **Contribution** | | | $ | |
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| **Institution** |  | | | **Contribution** | | | $ | |
| **Contact name** |  | | | **Email** | |  | | |
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| 5. Provide a brief description of the equipment (up to half a page): | | | | | | | | |
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| 5. Expenditure and location of items | | | | | | | | |
| For 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 | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Item of equipment/infrastructure | Cost  (Estimate or formal quote) | At which University would this item be located? | |  | $ Estimate OR Formal Quote (delete one) |  | |  | $ Estimate OR Formal Quote (delete one) |  | |  | $ Estimate OR Formal Quote (delete one) |  |  6. 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** | | **Proposed Usage  (incl an estimation of hours or days as applicable)** | | | |
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| 7. Associated postgraduate research students: | | | | | | | | |
| **Name** | | **Department** | | | | **Degree** | | **Supervisor** (TBA if scholarship not yet filled) |
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| 8. Provide a brief description (up to one page in total) of:  a) how the equipment relates to any existing related equipment or infrastructure on campus (e.g. new capabilities, growth in demand etc.) and,  b) the strategic alignment of the equipment to Faculty or Macquarie University strategic research frameworks: | | | | | | | | |
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| 9. 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 13c. 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 of 4th February 2019.* | | | Yes  No |
| Where will the equipment be located?  (please provide building and room at MQ or answer n/a) | | |  |
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| 10. 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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| 11. (MQ Led applications) If a similar application has been submitted and unsuccessful in previous ARC LIEF rounds, please provide details of how renewed application will strategically address previous feedback and assessments:  |  | | --- | |  |  12. Investigator track records: | | | |
| Attach a one-page track record summary for each MQ investigator covering the period 2012 to date, specifically detailing (1) major competitive grants, (2) relevant publications, and (3) HDR supervisions over this period. | | | |
| **13. Certifications**   |  |  |  | | --- | --- | --- | | 1. Certification by the Lead Chief Investigator: | | | | **Name:** |  | | | **Signature:** |  | **Date:** | | | | |
| 1. Certification by the Head of Department:   *I certify that the Departmental contribution indicated by the applicant, if applicable, will be met by the Department should this application for funding be submitted and be successful.* | | | |
| **Name:** |  | | |
| **Signature:** |  | | **Date:** |
| 1. Certification by the Faculty Technical Manager (Faculty of Science and Engineering)  |  |  |  | | --- | --- | --- | | **Name:** |  | | | **Signature:** |  | **Date:** |  1. Certification by the Executive Dean of Faculty:   *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:** |
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