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**Grant Application Form**

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| Applicant Name/s: |
|  |
| Project Title: |

**Submission Deadline**

* Please refer to the [webpage](https://www.maqohsc.sa.gov.au/research-grants).
* Late or incomplete applications will not be accepted.

Thank you for your interest in our research program.

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| **PRINCIPAL APPLICANT** | | | | |
| Name |  | | Dr.  Mr.  Ms.  Other | |
| Title |  | |
| Host Organisation |  | | | |
| Address |  | | | |
| Telephone |  | | | |
| Email |  | | | |
| **PROJECT TITLE/RESEARCH QUESTION** | | | | |
| Project Title |  | | | |
| Central question being addressed |  | | | |
| Keywords |  | | | |
| **certificates required**  All required certificates must be received prior to the release of any approved funding. | | | | |
| Are the following certificates required? | | | | |
| Ethics Approval | | Yes  No  Certificates will be required from successful applicants | | |
| **BUDGET SUMMARY**  Please verify the numbers add up correctly. | | | | |
| 1. Salaries and Benefits | | | | $ |
| 1. Supplies and Expenses | | | | $ |
| 1. Permanent Equipment | | | | $ |
| 1. Travel, Accommodation and Meals | | | | $ |
| TOTAL | | | | $ |

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| **project team information (Co-applicants and Additional Authors)** | | |
| Name |  | Dr.  Mr.  Ms.  Other |
| Title |  |
| Organisation |  | |
| Department |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Signature |  | |
| Date |  | |
|  | | |
| Name |  | Dr.  Mr.  Ms.  Other |
| Title |  |
| Organisation |  | |
| Department |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Signature |  | |
| Date |  | |
|  | | |
| Name |  | Dr.  Mr.  Ms.  Other |
| Title |  |
| Organisation |  | |
| Department |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Signature |  | |
| Date |  | |

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| **FINANCIAL OFFICER INFORMATION**  The Financial Officer cannot be the Principal Applicant or a Co-Applicant. | |
| Name |  |
| Title |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Email |  |

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| **PROJECT SIGNATORIES (electronic signatures are accepted)**  We, the undersigned, have read this proposaland certify that the statements contained in this application are true, complete and accurate to the best of our knowledge. | |
| **Principal Applicant** | |
| Name |  |
| Title |  |
| Date |  |
| Signature |  |
| **Head of Department (if applicable)** | |
| Name |  |
| Title |  |
| Date |  |
| Signature |  |
| **Executive Authority of Host Organization at which the research will be conducted** | |
| Name |  |
| Title |  |
| Date |  |
| Signature |  |

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| **HIGH-LEVEL SUMMARY (100 words)**  This summary should capture all relevant details in plain, non-technical language. |

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| **DETAILED research proposal**  The detailed research proposal must be no longer than 10 pages of double-spaced text. References and any appendices do not affect the page count. |
| |  | | --- | | **Objective**  Explain the problem to be solved and how your research will address it. | |  |  |  | | --- | | **Relevance**  Why is the research important and what are the knowledge gaps that the research seeks to fill? | |  |  |  | | --- | | **Methodology**  What methods do you plan to use and why are they appropriate? Briefly explain how you plan to conduct your research, who the participants will be, sample size, when and where the study will be done, etc. | |  |  |  | | --- | | **Outcomes/Potential Impact**  Clearly describe how you will define the successful achievement of each objective identifiedabove. Explain the outcomes or potential impact that will indicate project success. | |  | |
| **References**  Provide a complete list of references. |
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| **RESEARCH WORKPLAN** |
| Use the table below to provide a timeline of key activities and milestones. Include a description and dates. You may add additional rows as required. |

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| **Team Member** | **Key Activity / Milestone** | **Start Date** | **End Date** |
| Name | Example: Literature review and analysis |  |  |
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| **budget REQUEST** |
| You may add more rows as required. |

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| **Salaries and Benefits (including consultants)** | |
| Description | Amount |
|  |  |
|  |  |
|  |  |
| Subtotal |  |
| **Supplies and Expenses** | |
| Description | Amount |
|  |  |
|  |  |
|  |  |
| Subtotal |  |
| **Permanent Equipment (items over $1,000 each)**  Requests must be justified in Section 13C. | |
| Description | Amount |
|  |  |
|  |  |
| Subtotal |  |
| **Travel, Accommodation and Meals**  Please include expenses relating to project research in this section. | |
| Description | Amount |
|  |  |
|  |  |
| Subtotal |  |
| **TOTAL OF ALL CATEGORIES** |  |

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| **budget EXPLANATION**  Provide a detailed description and justification of the budget items requested above. |
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| **PERMANENT equipment items OVER $1,000**  Provide a detailed description and justification for permanent equipment items over $1,000. |
| Description of equipment (including manufacturer, model number, and accessories requested). |
| Estimated cost of equipment and accessories (attach supplier quotes). |
| What equipment is currently being used for this purpose? |
| Why is the new equipment required? (e.g., to replace existing equipment, to make new types of measurements, to furnish a new laboratory, etc.) |
| Provide a list of all other requests for research equipment (include all current or planned requests related to this project for equipment from other sources and granting agencies). |

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| **AVAILABLE RESOURCES/OTHER CONTRIBUTIONS**  List resources available to the research team (laboratory facilities, necessary equipment, software, etc.). If you will be receiving in-kind contributions (financial and/or other resources), please describe the contribution and indicate the value. |

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| **DESCRIPTION OF MAQOHSCBC PARTICIPATION (if applicable)**  This section is only applicable if MAQOHSC will have an active role in the project (e.g., by providing facilities, MAQOHSC data, or through another form of direct participation). |

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| **PROJECT TEAM QUALIFICATIONS**  Summarize the experience and roles of the Principal Applicant and project team members (one paragraph each). Illustrate how collectively you have the experience, capability and skills to achieve your objectives and outcomes. |
| Principal Applicant: |
| Co-applicant/Additional Author (if applicable): |
| Co-applicant/Additional Author (if applicable): |
| Co-applicant/Additional Author (if applicable): |

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| RESUMÉ HIGHLIGHTS  Provide resumé highlights for the Principal Applicant and each Co-Applicant and/or Additional Author. You may use the template provided on the following page or you may use your own format. Each resumé must be a maximum of five pages.  Your resumé should include the following information:   * Full name and title * Institution or organization * Education and training * Research, relevant experience and publications * Other funding applied for or received (include active grants and/or applications pending) |

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| **template – resumÉ highlights** | | | | | |
| Surname: | Given Name and Initial: | | Title:  Dr.  Mr.  Ms.  Other: | | |
| Institution/Organization: | | | | | |
| **Educational/Training Background** | | | | | |
| **Institution and location** | | **Degree/Diploma/**  **Certificate/Qualification** | | **Year conferred** | **Field of study** |
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| **RESEARCH AND RELEVANT EXPERIENCE** | | | | | |
| **Research and professional experience**  *In chronological order, list previous employment, experience and honours, concluding with current position held:*  **Publications**  *List all publications for the last five years and indicate which publications, reports, and articles relate to this research proposal:* | | | | | |
| **Funding applied for and Received** | | | | | |
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