

2024 Program Grants Form Preview

Applicant eligibility

* indicates a required field

Applicants please note:

Before completing this application form, you must read the [2024 MSH Research Support Scheme Funding Guidelines](#).

Applications close 3pm Thursday 27 July 2023.

To accommodate unexpected technical problems do not leave submission to the last minute - incomplete applications and/or late applications will not be considered under any circumstances.

Refer to the [2024 MSH Research Support Scheme Funding Guidelines](#) for full eligibility and assessment criteria.

If you have any questions in regard to these criteria, please contact the **Research Support Coordinator** on **07 3443 8057** or **MSH-RSS@health.qld.gov.au**

Confirmation of Applicant eligibility

I confirm that:

- I have read the 2024 MSH Research Support Scheme Funding Guidelines.
- I am a MSH employee, and
- to the best of my knowledge my appointment will be for the duration of the grant.
- the proposed research activity is NOT already funded any other organisation.

Select: *

Yes

You must be able to answer YES in respect to ALL of the above statements to progress to the next page.

Principal Investigator (Applicant) Details

* indicates a required field

PART A:

Principal Investigator (Applicant) contact details

Principal Investigator (Applicant) name: *

Title

First Name

Last Name

2024 Program Grants

Form Preview

Metro South Health site:
*

Organisation Name

For example: Logan Hospital or Metro South Addiction and Mental Health Services

Department of: *

For example: Nutrition and Dietetics

Division of: *

For example: Clinical Support Services

Position held in MSH: *

For example: Physiotherapist

MSH employee ID number: *

Must be between 6 and 8 characters.
For example: 00123456 or 123456

Provide details of your MSH appointment and, if applicable, academic partner university appointment/s: *

For example: 0.5 FTE OT at PA Hospital and QUT Postgrad Candidate based at TRI; Prof of Emergency Medicine at Logan (50% of my salary) and Griffith University Research Fellow (50% of my salary).

Academic qualifications:
*

For example: MBBS

Primary phone number:
*

Must be an Australian phone number.

Primary email: *

Must be an email address.

Mobile phone number: *

Must be an Australian phone number.

MSH Research is collecting baseline data to inform activities related to the [Metro South Health First Nations Health Equity Strategy](#).

Are you of Aboriginal and/or Torres Strait Islander origin?

Visit the [Metro South Health First Nations Health Equity Strategy](#) for more information.

PART B:

2024 Program Grants

Form Preview

Principal Investigator (Applicant) research performance relative to opportunity

Are there any disruptions to your career (greater than 28 days) that may have impacted on your research performance that you would like to have taken into consideration? *

Word count:
Must be no more than 200 words.

Grants awarded to the Principal Investigator (Applicant) in last 5 years

Grant type and funding body	Funding period	Amount	Relevant to this application?
		\$	
		\$	
		\$	
		Must be a dollar amount.	

Outcomes from previous grants

Briefly describe the outcomes from the grant funded research listed above, including where the grant term is still current.

Evaluation Criteria 1: Research quality and design 35%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Research quality and design will be evaluated as follows:

- Is the research proposal cohesive, with clearly stated aims, methodology and proposed outcomes?
- Is there a sound rationale for conducting the research, relevant to MSHHS?
- Is the proposed research original or is there a point of difference from existing knowledge?
- Does the study design and methodology support the aims and proposed outcomes?
- Where relevant, evidence of consultation with a Biostatistician.

2024 Program Grants

Form Preview

- Is the sample size and analysis plan appropriate for meaningful outcomes?
- Can the project be completed in the timeframe?

Project title

Project title: *

Must be no more than 50 words.
Your title should be short but descriptive.

Broad research area

Select the response that broadly describes this research area:

Location of research activity

Refer to section 5.3 for criteria.

List the locations where research activities will take place? *

Project details

Please provide a copy of your Research Proposal with the following headings:

- Applicant name
- Title of Project
- Background
- Aims/Objectives
- Hypothesis
- Methodology
- Data management and analysis plan
- Milestones at 6 months, and yearly up to 5 years
- Expected outcomes
- References

Formatting:

- Maximum 8 pages incl references
- Arial font 10
- Line spacing 1.5
- Top, bottom, left and right page margins 2cm

Please upload your Research Proposal *

2024 Program Grants

Form Preview

Attach a file:

External Experts: refer to section 8.1 of the Funding Guidelines for guidance on nominating eligible External Experts.

Please note: Nominating an External Expert is **OPTIONAL**, and is **NOT** for the purpose of asking that person to assess or score your application. External Experts will only be contacted by the Research Support Coordinator in the instance the RSS Sub-Committee require additional expert evaluation or comment in respect to the scientific merit your application. Typically, the External Expert might be asked one or two specific questions about methodology where the field of research is particularly niche or novel. You must seek confirmation from your expert that they are available to be contacted between September and November 2023.

External Expert

Use the 'Add More' option to nominate up to three (3) external experts.

Name

Title

First Name

Last Name

Position held in organisation

Organisation

Organisation Name

Email

Must be an email address.

Phone number

Availability confirmed?

Yes No

Who contacted this expert?

Conflict of Interest

- I declare there is no Conflict of Interest in respect to the nomination of this expert
- I have declared a potential, actual or perceived Conflict of Interest in accordance with section 8.1 (iii) of the Funding Guidelines

Provide a brief summary to support your nomination of this person as an

Word count:

**acknowledged expert
in the field of research
proposed:**

Must be no more than 200 words.

Evaluation Criteria 2: Significance to Metro South community 20%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Significance will be evaluated as follows:

- The extent to which the proposed research addresses a clinical need, evidence gap, or issue of importance to the Health Service.
- The extent to which the proposed research will have impact on burden of disease and deliver meaningful outcomes for the community.
- The extent to which the proposed research considers health equity for disadvantaged groups.
- The extent to which the proposed research aligns with the RSS Objectives, and intents contained in the individual grant category description at Sections 5.1 of the Funding Guidelines.

Significance

In plain English, provide a brief outline of the proposed research and explain why the research is significant. *

Word count:

Must be no more than 300 words.

Explain how your research considers health equity and disadvantaged community groups. *

Word count:

Must be no more than 300 words.

Describe how the proposed research aligns with RSS Objectives and the intent of the Program Grants opportunity. *

2024 Program Grants

Form Preview

Word count:
Must be no more than 300 words.

Describe any environmental sustainability initiatives built into this project.

Evaluation Criteria 3: Clinical impact 15%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Impact will be evaluated as follows:

- The extent to which the proposed research will contribute to advancements in knowledge that will inform clinical practice or health policy.
- The extent to which the proposed research has potential to deliver solutions that have a positive impact for patient care and/or health service delivery.
- Where relevant, evidence of an implementation and evaluation plan.
- For Basic Science projects, articulation of a translation pathway

Clinical impact

In plain English, describe the anticipated clinical impacts of the proposed research. *

Word count:
Must be no more than 300 words.

Translational plan

In plain English, detail the short and long term plan to translate the proposed outcomes over the next 5-10 years? *

Word count:
Must be no more than 300 words.

Evaluation Criteria 4: Collaborative Strength and Capacity Building 20%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Collaborative Strength and Capacity Building will be evaluated as follows:

- Evidence of individual team members expertise and contribution to their field of research.
- The extent to which there is a diversity of research skills and experience through meaningful collaborations across disciplines and with partners.
- Clear description of an active role and responsibility for each team member.
- The potential for the collaboration to build research capacity and strengthen the research profile of MSH.
- Evidence of engagement and consultation with relevant stakeholders, including consumer partners as appropriate.
- Description of how the inclusion of a novice, early career, or HDR student will contribute to research capacity and capability building for MSH.

Research team

Refer to section 5.1 and 5.2 of the Funding Guidelines for guidance on eligibility.

For the purpose of completing this application:

- Co-investigators make a significant contribution to the design and conduct of the research and their participation is for the term of the project.
- Associate Investigators provide some intellectual and practical input into the research and their participation warrants inclusion of their name on a resulting publication.

Co-investigator details:

Use the ADD MORE button to add additional team members.

**Full name incl
profession or
academic title**

Health Profession

Organisation

Location

Full name incl profession or academic title	Health Profession	Organisation	Location

2024 Program Grants

Form Preview

Associate Investigator details:

Use the ADD MORE button to add additional team members.

Name including Title	Health Profession	Organisation	Location

Inclusion of a novice researcher, or early career researcher, or a research higher degree student

Describe how this team member will be incorporated into the program of work, what their expected outputs are and what the expected benefits will be to the project and to this researcher. *

Word count:
Must be no more than 300 words.

Involvement of consumers

Outline the consumer involvement in the project design and ongoing consumer involvement throughout the life of this project. *

Word count:
Must be no more than 300 words.

Why is this the right team for the project?

Starting with the Principal Investigator, your response **must** include a summary of each team members:

- qualifications
- contribution to the field of research
- their role in the project; and
- and how their participation contributes to the collaborative strength of the project.

Team profile *

Word count:
Must be no more than 500 words.

2024 Program Grants

Form Preview

List the best 10 publications relevant to this application that you and your CI's have authored in the previous 5 years. *

Evaluation Criteria 5: Budget and Feasibility 10%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Budget and Feasibility will be evaluated as follow:

- Is the budget reasonable, appropriate, and justified?
- Is there evidence of adequate consideration to resources required to complete the project?
- Is there evidence of adequate consideration of possible difficulties and possible solutions?
- Is there evidence of adequate consultation with a head of department and business manager?
- Represents value for investment.

Instructions:

Please outline your project budget in the tables below.

Refer to section 7.5 of the Funding Guidelines for examples of eligible and ineligible expenditure.

Consult with your Business Manager for costings to build your budget, particularly for calculating salary over several years and on-costs.

A [budget template tool](#) has been made available on the Metro South Research website.

The maximum value of a Program Grant is \$350,000.

List each item separately.

Provide clear descriptions for each item.

Please do not add commas to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Personnel

Your description **must** include:

- 1.type and length of appointment

2024 Program Grants

Form Preview

- 2. whether this person is a MSH employee
- 3. the facility or institution where this person will undertake the majority of the research activity

Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal Personnel

Total Personnel amount
This number/amount is calculated.

Equipment

- list items costing **more than \$500** each
- indicate whether it will be procured through MSH
- **Note:** general use computers will not be funded

Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal Equipment

Total Equipment amount
This number/amount is calculated.

Consumables

Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal consumables

Total consumables amount
This number/amount is calculated.

Travel / Conference / Publication

2024 Program Grants

Form Preview

Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal travel / conference / publication

Total travel / conference / publication amount \$
This number/amount is calculated.

Other expenditure

For example: Pharmacy, pathology, imaging, biostatistics services; Clinical Research Facility costs; biorepository costs; legal costs for IP considerations.

Description	Amount Requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal other expenditure

Total other expenditure amount
\$
This number/amount is calculated.

Grand Total

Grand Total
\$
This number/amount is calculated.
What is the total financial support you are requesting in this application?

Budget justification

Provide full details on how the budget will be used to support this project. *

Word count:
Must be no more than 300 words.

Feasibility and planning

2024 Program Grants

Form Preview

Detail the consultation process undertaken to develop the framework for this project. *

Word count:
Must be no more than 300 words.

What could prevent the project progressing as planned and what strategies have been considered to avoid delays? *

Word count:
Must be no more than 300 words.
ie. slow recruitment, staff shortage, pandemic disruptions, clinical responsibilities.

Provide details of other grants related to this project that you/your team have applied for.

Type of grant and Funding body	Confirmed Funding?	Grant amount
		\$
		\$
		\$

Certification

* indicates a required field

Certification by Principal Investigator

You need to be able to answer YES to each of the following statements before submitting your application.

I certify that:

Written agreement (such as an email) has been obtained from all investigators named in this application. *

YES

The research team meets the relevant eligibility criteria for this grant category as specified in the Funding Guidelines. *

YES

2024 Program Grants

Form Preview

I understand that should this application be successful all named Co-investigators will be required to sign the Conditions of Award. *

YES

On behalf of the research team, we accept and agree to comply with the Australian Code for the Responsible Conduct of Research 2018, the National Statement on Ethical Conduct in Human Research 2007 (updated 2018), and any requirements identified by a Human Research/Animal Ethics Committee. *

YES

The research will not commence until both ethical approval and site specific approval/s have been obtained. *

YES

I acknowledge and accept that grant payments from MSH SERTA can only be made to a MSH employee, and must be journalled into a MSH research ION specific to the research project. *

YES

A Progress Report will be provided to the approving HREC annually, and a Final Report will be provided at the end of the funding period. *

YES

On behalf of the research team, we accept and agree to comply with MSH Policies and Procedures and requests from MSH Research office in respect to the management of Research Support Scheme grants. *

YES

Certification

See section 7.2.2 of the Funding Guidelines.

Upload the Certification page (page 17 of the Funding Guidelines) signed by your Head of Department. *

Attach a file:

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

2024 Program Grants

Form Preview

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Word count:

Must be no more than 200 words.