

2026 MSH INNOVATE Grants - Full application Form Preview

Instructions

* indicates a required field

Applicants please note

Only shortlisted applicants will be required to complete this full application form.

Some responses in this application form will auto-fill from your EOI. Responses can be edited but major edits that change the scope of the project proposed in your EOI may not be accepted.

Please review all the questions in this form before starting to ensure you are not repeating information across questions.

Before completing this application form, you must read the [MSH Research Translation and Innovation Initiative \(RTII\) 2026 INNOVATE Grants Funding Guidelines](#) for full eligibility and assessment criteria.

Closing date

Applications close 3pm Monday 2 February 2026.

To accommodate unexpected technical problems or emergent events that might prevent meeting the submission deadline do not leave submission to the last minute - applications will not be accepted after the deadline.

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

Confirmation of applicant eligibility

I confirm that:

- I have read the MSH RTII 2026 INNOVATE Grants Funding Guidelines, and
- I meet the applicant eligibility criteria described in the Funding Guidelines, and
- to the best of my knowledge my appointment will be for the duration of the grant, and
- the proposed activity is NOT already funded by 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.

Applicant details

* indicates a required field

Applicant contact details

2026 MSH INNOVATE Grants - Full application

Form Preview

Applicant name: *

Title First Name Last Name

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: Heart, Lung and Critical Care or Allied Health and Rehabilitation.

Position held in MSH: *

For example: Physiotherapist

MSH employee ID number: *

Must be between 6 and 8 digits, 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: *

If this is a landline include the area code, for example: 07 3443 8057.

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](#).

2026 MSH INNOVATE Grants - Full application

Form Preview

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

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

Selection Criteria 1: Significance 30%

* indicates a required field

Refer to section 11 of the Funding Guidelines for guidance on Evaluation Criteria.

Significance will be evaluated as follows:

The extent to which the application

- identifies the problem, evidence-practice gap, and justifies the need for the project.
- describes the established evidence-base for an intervention or solution to address this need.
- proposes a project that will deliver a substantive and sustainable change in the relevant service delivery area/s.
- considers health equity for priority population groups, and the high and medium priority needs of the Metro South community ([Brisbane South Joint Regional Needs Assessment 2025 - 2027](#)).

Significance

Describe the problem or evidence-practice gap and need for this project. *

Word count:

Must be no more than 300 words.

Describe the established evidence-base for an intervention or solution to address this need. *

Word count:

Must be no more than 300 words.

Summarise in plain English, the project you will deliver to implement the intervention or solution into practice. *

Word count:

Must be no more than 100 words.

Provide a short description (100 words recommended) of your project - what are you out to do?

2026 MSH INNOVATE Grants - Full application

Form Preview

Explain how this project considers health equity for priority populations groups and the high and medium priority needs of the Metro South community identified in the Brisbane South Joint Regional Needs Assessment 2025 - 2027. *

Word count:

Must be no more than 300 words.

Link: [Brisbane South Joint Regional Needs Assessment](#).

References: *

Word count:

Impact

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

Word count:

Must be no more than 300 words.

Selection Criteria 2: Project design 35%

* indicates a required field

Refer to section 11 of the Funding Guidelines for guidance on Selection Criteria.

Project design will be evaluated as follows:

The extent to which the application

- - identifies the framework, model or methodology that underpins the delivery of the project.
 - describes the implementation plan including project scope, sites involved, methodology, project tasks/activities, deliverables, evaluation plan and project timeline.
 - demonstrates a robust process for sustainability of the intervention or model of care beyond the project through incorporation into existing resources and infrastructure.
 - identifies stakeholders and proposed stakeholder engagement plan which may include health service consumers/patient representatives; project implementation partners (e.g. clinical networks, local champions, digital health & informatics); end users (e.g. clinical, operational and technical colleagues, policy makers, decision makers).
 - includes details of prior consultation with and support of stakeholders.

2026 MSH INNOVATE Grants - Full application

Form Preview

- outlines the proposed project governance arrangements and links to existing MSH clinical and operational governance.
- outlines a communication plan, including reporting to governance committee/s.

Project title

Project title: *

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

Project scope

Define the boundaries of the project, what it will and will not include.

List the services, stakeholders and deliverables identified to be within the scope of in the project. *

Word count:
Must be no more than 300 words.
You can use dot points.

List any exclusions, tasks, or deliverables outside the project scope. *

Word count:
Must be no more than 300 words.
You can use dot points.

Location of project activity

List the locations where project activities will take place? *

Word count:
Must be no more than 100 words.

Project plan

Describe the implementation plan - include the project activities, methodology, deliverables, governance arrangements, and evaluation plan *

Word count:
Must be no more than 1000 words.

Outline how the intervention or model of care will be sustained beyond the project period and incorporated into existing resources and infrastructure. *

Word count:
Must be no more than 300 words.

Project milestones up to 3 years.

Milestone

Months to complete from commencement

| Milestone | Months to complete from commencement |
|-----------|--------------------------------------|
| | |
| | |
| | |

Stakeholder engagement

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

Word count:
Must be no more than 300 words.

Describe the ongoing stakeholder engagement plan. *

Word count:
Must be no more than 300 words.

Dissemination and Communication

Describe the plan to communicate the change. *

Word count:
Must be no more than 300 words.

Selection Criteria 3: Project team 25%

* indicates a required field

Refer to section 11 of the Funding Guidelines for guidance on Selection Criteria.

The strength of the Project Team will be evaluated as follows:

The extent to which the application

- demonstrates the project team has the combined requisite knowledge, expertise (research, clinical, operational, technical, implementation science, project management) and capacity to successfully manage the project to completion.
- describes an active role and responsibilities for each team member.
- includes a consumer representative/s.

Project team details

Refer to section 8.1 and 8.2 of the Funding Guidelines for guidance on eligibility.

Use the ADD MORE button to add additional project team members.

| Full name including professional or academic title | Health profession | Organisation | Location |
|----------------------------------------------------|-------------------|--------------|----------|
| | | | |

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 Project Lead, your response **must** include a summary of each team members:

- qualifications
- related experience
- 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.

Selection Criteria 4: Budget and Feasibility 10%

* indicates a required field

Refer to section 11 of the Funding Guidelines for guidance on Selection Criteria.

Budget and Feasibility will be evaluated as follows:

The extent to which

- the budget is reasonable, appropriate, and justified.
- there is evidence of adequate consideration to resources required to complete the project within the 3-year timeframe.
- there is evidence of adequate consideration of risk management strategies.

Instructions:

Please outline your labour and non-labour grant budget in the tables below.

Budgets must be between \$200,000.00 and \$250,000.00.

Refer to section 10.2.1 of the Funding Guidelines for examples of eligible and ineligible expenditure.

Consult with the Metro South Research Finance team (MSH_RES_FIN@health.qld.gov.au) or local Business Manager for costings to build your budget, particularly for calculating QH salary over several years and on-costs.

List each item separately.

Provide clear descriptions for each item.

Do not estimate your costs.

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

Labour

Your description **must** include:

- 1.type and length of appointment
- 2.whether this person is a MSH employee

2026 MSH INNOVATE Grants - Full application

Form Preview

3.the facility or department where this person will undertake the majority of the activity

| Description | Amount requested |
|----------------------------------------------------------------------------------------|--------------------------|
| | \$ |
| | \$ |
| | \$ |
| For example: AO7 Project Officer, 0.2 FTE for 2 years, MSH employee, based at PA Hosp. | Must be a dollar amount. |

Subtotal labour

Total labour amount This number/amount is calculated.

Non-labour

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

Subtotal non-labour

Total non-labour amount This number/amount is calculated.

Total labour and non-labour

Grand Total

 This number/amount is calculated.

Budget justification

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

Word count:
 Must be no more than 300 words.

If the grant does not cover all your project costs, list other cash and/or in-kind contributions, if any, here.

2026 MSH INNOVATE Grants - Full application

Form Preview

Word count:

Must be no more than 300 words.

Feasibility

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

Word count:

Must be no more than 300 words.

Certification

* indicates a required field

Certification by Project lead

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 project team named in this application. *

YES

I understand that should this application be successful all named project team members will be required to sign the Conditions of Award. *

YES

The project will not commence until both ethical approval and site specific approval/s have been obtained, where necessary *

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 ION specific to the awarded project. *

YES

A Progress Report will be provided to the Metro South Research office annually, and a Final Report will be provided at the end of the funding period. *

YES

On behalf of the project team, we accept and agree to comply with MSH Policies and Procedures and requests from MSH Research office in respect to the management of RTII INNOVATE Grants. *

YES

Applicant Feedback

2026 MSH INNOVATE Grants - Full application Form Preview

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

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.