**Kidney Health Australia Research Grant**

**Application Form**

Stream 3 Funding Round – 2020-21

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| Before completing this application form please refer to the Guide for Applicants, available at <https://kidney.org.au/health-professionals/research/kidney-health-australia-research>.  **The submission deadline is Friday 5 February 2021.**  Late or incomplete applications will not be accepted. |

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| **Principal Investigator** | | | | | | | | | |
| Title |  | | First name |  | | Last name |  | | |
| **Lead Institution where the work will be conducted** | | | | | | | | | |
| Institution | |  | | | | | | State |  |
| **Administering institution** | | | | | | | | | |
| As Above | | 🞏 | | | | | | | |
| Institution | |  | | | | | | State |  |
| **Project** | | | | | | | | | |
| Full title of project | |  | | | | | | | |
| Short  title of project | |  | | | | | | | |
| Start date | |  | | | Total request of funding | |  | | |

**Lay summary**

Provide a summary of your project using lay English terms that are understood by the general public. This summary is used to inform people with kidney disease and their families and friends, as well as supporters and sponsors of your work so please ensure that the language is accessible to a reader who does not have a background in scientific research (100 word limit).

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**Scientific summary** (250 word limit).

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**For researchers outside of the kidney disease research field:**

This section relates only to if the Principal Investigator works outside the field of kidney research. Please explain how this proposal applies to and may yield outcomes in relation to kidney disease (200 word limit).

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**Knowledge translation plan** (250 word limit).

How will this research be translated to make an actual difference to the lives of people living with kidney disease and their community?

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**Consumer or community engagement plan** (250 word limit).

How will the project engage the consumer and/or community?

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**Personnel**

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| **Principal Investigator** | | | | | | | | | | | | | |
| Work phone | | | |  | | | | | Email | | |  | |
| Postal address | | | | | | | | | | | | | |
| Department | | | |  | | | | | | | | | |
| Institution/Hospital | | | |  | | | | | | | | | |
| Address | | | |  | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | |
| State | | | |  | | | | | Post code | | |  | |
| **Citizenship** | | | | | | | | | | | | | |
| Australian citizen or Australian permanent resident? | | | | | | Yes | | 🞏 | | No | | | **🞏** |
| **Will the Principal Investigator be based in Australia for the duration of the grant?** | | | | | | | | | | | | | |
| Yes | 🞏 | No | **🞏** | | | | | | | | | | |
| If no, please explain. (50 word limit) | | | | | | | | | | | | | |
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| **Do you request a salary as the Principal Investigator?** | | | | | | | | | | | | | |
| Yes | 🞏 | No | **🞏** | | | | | | | | | | |
| If no, is continuing employment guaranteed over the period of the grant? | | | | | | | | | | | | | |
| Yes | 🞏 | No | **🞏** | | | | | | | | | | |
| Current source of salary funding. (50 word limit) | | | | | | | | | | | | | |
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| **Is the Principle Investigator a co-investigator on another proposal submitted to KHA for this grant round?** | | | | | | | | | | | | | |
| Yes | 🞏 | No | **🞏** | | | | | | | | | | |
| If yes, please outline any potential for project overlap. | | | | | | | | | | | | | |
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| **Co-investigator/s** | | | | | | | | | | | | | |
| Please list names and institutions/hospital of any co-investigators. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Research Officer at administering institution** | | | | | | | | | | | | | |
| Work phone | | | | |  | | Email | | | |  | | |
| Postal address | | | | | | | | | | | | | |
| Department | | | | |  | | | | | | | | |
| Institution/Hospital | | | | |  | | | | | | | | |
| Address | | | | |  | | | | | | | | |
| Suburb | | | | |  | | | | | | | | |
| State | | | | |  | | Post code | | | |  | | |

**Budget**

Funding for grants is for a maximum of one year. Please refer to the Guide for Applicants for details of allowed and ineligible expenses.

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| **Personnel** | |
| Please include names, role in the project, percentage of effort and salary with on costs | |
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| Total personnel costs |  |
| **Supplies & consumables** - itemise in 3-5 categories (100 word limit) | |
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| Total supplies and consumables costs |  |
| **Knowledge Transfer Activities** e.g. publication costs, workshops, scientific forums - up to $5000 (100 word limit) | |
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| Total knowledge transfer activity costs |  |
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| **Total Budget Request \*\*** |  |

**Other sources of funding information**

Kidney Health Australia Research Grants require evidence of any additional funding for the proposed project. This is to ensure that the project is sufficiently supported to facilitate completion.

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| **Please identify other funding sources for THIS project or related projects and funding amounts obtained or applied for for the proposed research project.** | |
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| **Funding agency** |  |
| **Do you expect that you will be able to complete the project with $50,000 of funding from KHA or will additional funding be required?** | |
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**Ethics Approvals**

When relevant approvals are available at the time of application, copies should be forwarded to Kidney Health Australia. If approvals will be sought after the grant is awarded, all relevant approvals must be forwarded to Kidney Health Australia within 3 months of the commencement of the award. Payment of the Grant will be only be made to the Administering Institution on receipt of ethics approval has been by Kidney Health Australia.

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| **1. Does this application involve research on humans, animals, biosafety/genetics or carcinogenic/toxic chemicals? If yes please answer all of the questions (2-5) below.** | **Yes** | **🞏** | **No** | **🞏** |
|  | | | | |
| **2. Does this application involve research on humans?** | **Yes** | **🞏** | **No** | **🞏** |
| If *Yes*, do you have final approval from your Human Research Ethics Committee? | Yes | 🞏 | No | 🞏 |
| If *Yes*, please attach a copy of the approval to Kidney Health Australia's Research Office. |  |  |  |  |
| If *No*, please explain below. (50-word limit) |  |  |  |  |
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| **3. Does this application involve research on animals?** | **Yes** | **🞏** | **No** | **🞏** |
| If *Yes*, do you have final approval from your Animal Experimentation Ethics Committee? | Yes | 🞏 | No | 🞏 |
| If *Yes*, please forward a copy of the approval to Kidney Health Australia's Research Office. |  |  |  |  |
| If *No*, please explain below. (50-word limit) |  |  |  |  |
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| **4. Does this application involve research with genetically modified organisms?** | **Yes** | **🞏** | **No** | **🞏** |
| If *Yes*, do you have final approval from the relevant Biosafety Committee? | Yes | 🞏 | No | 🞏 |
| If *No*, please explain below. (50-word limit) |  |  |  |  |
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| **5. Does this application involve research using toxic/carcinogenic chemicals?** | **Yes** | **🞏** | **No** | **🞏** |
| If *Yes*, do you have final approval from the relevant Biosafety Committee? | Yes | 🞏 | No | 🞏 |
| If *Yes*, please forward a copy of the approval to Kidney Health Australia's Research Office. |  |  |  |  |
| If *No*, please explain below. (50-word limit) |  |  |  |  |
|  |  |  |  |  |

**Contact Us**

Kidney Health Australia

GPO Box 9933

Melbourne

VIC 3001

Telephone: 1800 454 363

Email: research@kidney.org.au

www.kidney.org.au

**Certification**

**This page must be printed, and all required signatures obtained (electronic signatures are acceptable).**

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| Grant ID (Kidney Health Australia Research office use only) | |  | |
| Type of Award |  | | |
| Project Title |  | | |
| Institution |  | | State |
| Other |  | | |

By signing the undersigned agree to the following:

* Not to contest the decision of Kidney Health Australia regarding funding of this proposal
* To abide by the Policies of Kidney Health Australia’s Research Program as set out in the Guide to Applicants https://kidney.org.au/health-professionals/research/kidney-health-australia-research
* Funding is dependent on all relevant approvals (e.g. human ethics committee approval) being obtained, with copies of the letters forwarded to Kidney Health Australia, within 6 months of commencement of funding round
* To notify Kidney Health Australia if funding from alternative sources beyond that identified in the grant application form, other than Kidney Health Australia, is later obtained for any aspect or specific aim of this research proposal
* To acknowledge Kidney Health Australia in all presentations and publications
* To make Kidney Health Australia aware when data has been accepted for publication
* To allow Kidney Health Australia to release a summary of the presented or published data to the media, with the prior approval of the investigator, which will not unreasonably be withheld
* Work with Kidney Health Australia on consumer-friendly summaries of the research findings (eg. infographics/visual abstracts or digital content such as videos) for distribution to the kidney community through Kidney Health Australia media channels.
* Within reason, to accept opportunities to present or discuss your research as requested by Kidney Health Australia
* To provide Kidney Health Australia with reports as detailed in the Guide to Applicants
* The Administering Institution accepts financial responsibility for the grant
* The Administering Institution is also responsible for providing basic infrastructure support to those involved in the research project
* Failure to comply with the conditions as laid out in the Guide to Applicants will result in Awards being reclaimed.

**Principal Investigator**

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| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Signature** | |  | | **Date** |  |

**Head of Department/Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Signature** | |  | | **Date** |  |

**Finance Officer of Administrating Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Signature** | |  | | **Date** |  |