

National Blood Sector

Research and Development

Program

**Round 6**

**Project and Seed Application Form**

Deadline for applications:

**11:59pm 27 May 2025**

Australian Eastern Standard Time

(AEST)

## Instructions to applicants

Before completing and submitting this application please:

* Consult the National Blood Sector Research and Development Program Grant Opportunity Guidelines available on GrantConnect or at [Research funding program](https://www.blood.gov.au/data-and-research/research-funding-program). Please liaise with your Administering Institution (AI) to identify any specific requirements that the institution may have
* Ensure your application is complete and correct.

Applications must follow the correct formatting and word count as advised in each section and must include all specified attachments in the specified naming convention. Incomplete or incorrect submissions may result in an ineligible application.

## Submitting the application

Closing time*:* 11:59pm, **27 May 2025** (Australian Eastern Standard Time) AEST.

Applicant responses must be lodged electronically before the closing time and in accordance with the response lodgement procedures set out in Section 4 of theGrant Opportunity Guidelines.

Applications lodged wholly or partly after the closing time will be deemed late. A late Application will not be admitted to the assessment process unless there is a valid reason or prior arrangements have been made.

Applicants are to direct all queries about this application form to:

* Attention: Program Director

Email: Research@blood.gov.au

## Completing the application form

All Project and Seed Grant applications must be submitted using this form. All sections of this form and attachments must conform to the following:

* Applications must be completed in English
* All costings must be in Australian dollars (GST Exclusive)
* Left and right margins of at least 2cm
* Font no smaller than 11 point (preferred font is Calibri)
* Line spacing of 1.0
* Maximum character and word limitations must be adhered to
* Responses must be completely self-contained. No hyperlinked material may be incorporated by reference, noting that any such links will be ignored (excluding links to material on the NBA website)
* The Application Certification must be substantially in the form at Section F of this application, which is to be signed by duly authorised persons. Applicants should not change the text of the certification.

You may also refer to **Attachment B - Submission Checklist** that provides further instructions on how to complete this form.

|  |
| --- |
| **SECTION A - TYPE OF GRANT** |

1. **What type of grant are you applying for:**

[ ]  Project Grant

[ ]  Seed Grant

|  |
| --- |
| **SECTION B - OVERVIEW** |

|  |  |
| --- | --- |
| 1. **Principal Chief Investigator (Applicant)**
 |  |
| 1. **Orcid ID for PCI**
 |  |
| 1. **Are you the PCI/Applicant or are you submitting on behalf of the PCI/Applicant?**
 | [ ]  YES – go to **Question 3**[ ]  NO – answer the below

|  |  |
| --- | --- |
| **Name**  |  |
| **Relationship to PCI** |  |
| **Email** |  |
| **Phone** |  |

 |
| 1. **Administering Institution (which will receive funds from the NBA)**

***NOTE:*** *must be an NHMRC approved Administering Institution, see* [NHMRC Approved Administering Institutions | NHMRC](https://www.nhmrc.gov.au/funding/manage-your-funding/nhmrc-funding/administering-institutions/approved-administering-institutions)  |  |
| 1. **Describe where the project will be conducted (100 words)**
 |  |
| 1. **Total amount requested in Australian dollars (AUD) and excluding GST**
 | $ |
| 1. **Total time required to complete project (typically up to 36 months for Project Grants and 12 months for Seed Grants)**
 |
| 1. **Actual or proposed project start date**
 |  |
| 1. **Proposed project end date**
 |  |
| 1. **Proposed NBA funding start date**
 |  |
| 1. **Proposed NBA funding end date**
 |  |
| 1. **Total Timeframe for grant funding (months)**
 |  |
| 1. **List any funding currently being received from another funding body and/or other submissions planned or under consideration for this project.**

***NOTE:*** *ensure you list the name of the funding agency(s), expected date of notification of success and the amount(s) received and/or requested.**Include applications already submitted and planned submissions* |  |

|  |
| --- |
| **SECTION C – PROJECT SUMMARY** |

***NOTE:*** *You must answer each section as per the instructions provided. Your answers should be suitable for release to media and inclusion on the NBA website.*

|  |
| --- |
| 1. **Simplified project title (100 words)**

***NOTE:*** *The simplified project title should be in lay terminology and be suitable for release to the media or for general publication. Avoid the use of technical terms and abbreviations.**Test whether a non-technical person can understand your summary. You may be asked to provide a revised response if you do not consider this in your initial application.* |
| *[insert answer here]* |

|  |
| --- |
| 1. **Scientific project title (300 words)**

***NOTE:*** *The scientific title should accurately describe the nature of the project being undertaken.* |
| *[insert answer here]* |

|  |
| --- |
| 1. **Check the box to indicate whether the potential benefits of your research will support either:**
* **Efficient and effective use of immunoglobulin products (Ig)**
* **Patient Blood Management evidence gaps (PBM).**
 |
| [ ]  Ig [ ]  PBM |

|  |
| --- |
| 1. **Identify which National Blood Research and Development Strategic Priorities (Priorities 2022-27) your research best relates to and how this will be able to be tracked throughout your project (100 words).**

***NOTE:*** *The Priorities 2022-27 are available via the NBA website at* [*National Blood Research and Development Strategic Priorities | National Blood Authority*](https://www.blood.gov.au/national-blood-research-and-development-strategic-priorities) |
| *[insert answer here]* |

|  |
| --- |
| 1. **Using plain English, summarise your research questions and proposed methods. Describe how the project will be translated into practice change that will directly impact on individual patients’ outcomes, population health and wellbeing and/or blood or blood product use (500 words).**

***NOTE:*** *Test whether a non-technical person can understand your summary. You may be asked to provide a revised response if you do not consider this in your initial application.* |
| *[insert answer here]* |

|  |
| --- |
| **SECTION D – CONTACT INFORMATION**  |

|  |
| --- |
| 1. **Principal Chief Investigator details:**
 |
| **Full Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Contact phone number/s** |  |
| **Email*****NOTE:*** *If you wish to use a joint email address, you must also provide a personal email address option. This is to assist the NBA with following up on projects as required.* |  |
| **Postal address** |  |
| **Affiliation with NHMRC Approved Administering Institution*****NOTE:*** *The PCI must be affiliated with an NHMRC approved Administering Institution (see* [NHMRC Approved Administering Institutions | NHMRC](https://www.nhmrc.gov.au/funding/manage-your-funding/nhmrc-funding/administering-institutions/approved-administering-institutions))  |  |

|  |
| --- |
| 1. **Grant Administration Officer of the Administering Institution responsible for submitting and managing the grant should this application be successful.**
 |
| **Full Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Contact phone number/s** |  |
| **Email*****NOTE:*** *If you wish to use a joint email address, you must also provide a personal email address option. This is to assist the NBA with following up on projects as required.* |  |
| **Postal address** |  |

|  |
| --- |
| 1. **Research project progress report contact.**

***NOTE:*** *Please complete only if different from PCI.**Use this checkbox if you wish to use the PCI details* [ ]  |
| **Full Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Contact phone number/s** |  |
| **Email*****NOTE:*** *If you wish to use a joint email address, you must also provide a personal email address option. This is to assist the NBA with following up on projects as required.* |  |
| **Postal address** |  |

|  |
| --- |
| 1. **The Grantee details**
 |
| **Full legal name of Grantee** |  |
| **Legal entity type (e.g. incorporated association, company, partnership etc)** |  |
| **Trading or business name** |  |
| **Any relevant licence, registration or provider number** |  |
| **Australian Company Number (ACN) or other entity identifiers** |  |
| **Australian Business Number (ABN)** |  |
| **Registration status for Goods and Services Tax (GST)** |  |
| **Date from which GST registration was effective – if applicable** |  |
| **Registered office (physical/postal address)** |  |
| **Relevant business place (if different)** |  |
| **Telephone** |  |
| **Email*****NOTE:*** *If you wish to use a joint email address, you must also provide a personal email address option. This is to assist the NBA with following up on projects as required.* |  |
| **Bank details**1. **BSB**
2. **Account number**
 |  |
|  |

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| --- |
| **SECTION E – EVALUATION CRITERIA** |

This section sets out the evaluation criteria that will be used to assess the applications. Applicants should note that the evaluation criteria are not listed in any order of importance.

## Mandatory requirements

Applications must meet the minimum content and formatting requirements as stated on Page 1. You may also refer to **Attachment B - Submission Checklist** that provides detailed instructions on how to complete this form.

## Evaluation criteria

Applications will also be assessed on the following evaluation criteria:

1. Research scope, focus and potential value
2. Quality
3. Efficient and effective use of funds
4. Governance and ethics

Each application will be assessed and given an overall rating regarding the strength of their proposal in meeting the Evaluation Criteria.

### Research scope, focus and potential value

|  |
| --- |
| * 1. **State the:**
1. **hypotheses to be tested,**
2. **the project aim, and**
3. **the scientific objectives of the project (1000 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **What is the research question? (100 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Describe how this research aligns with the outcomes of the National Blood Sector Research and Development Program as set in Section 1.1,1.2 and 1.3 of the Grant Opportunity Guidelines. Outline how it will directly impact on individual patients’ outcomes, population health and wellbeing and/or blood or blood product use (500 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Describe how this research addresses the research priorities for either Patient Blood Management (PBM) or Immunoglobulin (Ig) as set out in Sections 1.4 of the Grant Opportunity Guidelines, and the priorities included in the Priorities 2022-27. Outline the scientific background to the application and identify the gaps in knowledge that address the following priority areas for the program (1000 words)**

***NOTE:*** *The Priorities 2022-27 are available via the NBA website at* [*National Blood Research and Development Strategic Priorities | National Blood Authority*](https://www.blood.gov.au/national-blood-research-and-development-strategic-priorities) |
| *[insert answer here]* |

|  |
| --- |
| * 1. **What new or relevant evidence will the research project generate for policy and/or practice? What are the likely impacts of the results of the project on either:**
* **efficient and effective use of Ig products**
* **PBM research gaps.**

**Include how you propose to track your progress towards this proposed impact (300 words)** |
| *[insert answer here]* |

|  |
| --- |
| * 1. **What is the potential of the project to impact policy and/or practice? Comment on the extent to which anticipated outcomes from the research can be generalised, scaled, translated or embedded into practice (300 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Provide details of an economic evaluation or costing component, if applicable (200 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Will any aspects of the research be conducted outside Australia? If yes, provide details and reason why.**
 |
| [ ]  NO[ ]  YES*[if YES, insert answer here]* |

### Quality

#### Administering Institution

|  |
| --- |
| * 1. **Is the institution responsible for administering the grant funds listed on the National Health and Medical Research Council (NHMRC) as an Administering Institution?**

***NOTE:*** *The list of NHMRC registered Administering Institutions can be found at* [NHMRC Approved Administering Institutions | NHMRC](https://www.nhmrc.gov.au/funding/manage-your-funding/nhmrc-funding/administering-institutions/approved-administering-institutions)  |
| [ ]  YES[ ]  NO (Institutions not listed are ineligible for funding) |

#### Participating institutions

|  |
| --- |
| * 1. **List the institutions and departments where the research will be carried out and identify the proportion of research effort for each institution. The total research contribution should sum to 100%.**
 |
|

|  |  |  |
| --- | --- | --- |
| Institution | Department | Percentage of research effort |
|  |  |  |
|  | Total | 100% |
| ***NOTE:*** *Please add additional rows and complete details for any additional participating institutions* |

 |

|  |
| --- |
| * 1. **Provide letters of support from each of the participating institutions included in Section C, 2.2 above as an attachment to this application.**

**The letters should each be submitted with the following naming convention as a PDF only:*** **2.2 [PCI Surname]-[PCI Initial]-Support letter-[Institution Name]**

***NOTE:*** *Ethics approvals are not considered to be letters of support.* |

**Project management**

|  |
| --- |
| * 1. **Describe how the research will be managed including a description of the primary supervisor’s previous research and project management experience. Outline how progress will be monitored and risks managed (100 words)**
 |
| *[insert answer here]* |

#### Research design and methods

|  |
| --- |
| * 1. **Describe the approach to the research (2000 words)**
* **Address in detail the design and methods of the proposed project.**
* **Make clear how the hypotheses will be tested and aims of the project achieved.**
* **Specify what data will be collected and how it will be analysed and interpreted.**
* **Describe and justify any new methods to be developed in terms of their advantages relative to existing methods.**
* **Identify potential difficulties and limitations of the proposed procedures, and alternative approaches that might be used to achieve the aims.**

***NOTE:*** *A list of all references cited must be provided. Exclude references from the word count.* |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Provide the key project milestones and timelines. These will form part of the reporting requirements to be incorporated into the Letter of Agreement for successful applicants.**

***NOTE:*** *Add rows as required* |
|

|  | **Activity Schedule** |
| --- | --- |
| **Milestone Number** | **Milestone** | **Anticipated date** | **Feasibility Comment \*** |
| 1 | [Enter Milestone 1 activity]  | Please advise |  |
| 2 | [Enter Milestone 2 activity]  | Please advise |  |
| 3 | [Enter Milestone 3 activity] | Please advise |  |
| [final milestone number] | [Enter Final Milestone activity]  | Please advise |  |

*\*Comment on feasibility of achieving the milestone by the anticipated date.* |

#### Research team

|  |
| --- |
| * 1. **Outline the role of the Principal Chief Investigator in the proposed project (100 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Outline the justification for the choice of the Principal Chief Investigator (100 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **To ensure that the PCI satisfies the Citizenship Status criteria provided in Section 2.1.1 of the Grant Opportunity Guidelines, please indicate their Citizenship status below:**
 |
| [ ]  Australian Citizen [ ]  Permanent Resident [ ]  New Zealand citizen with Special Category Visa (subclass 444) status[ ]  Waiver Requested (refer to Section 1.1.1 of the Grant Opportunity Guidelines for further information) |

|  |
| --- |
| * 1. **To ensure that all CI’s satisfy the Citizenship Status criteria provided in Section 2.1.1 of the Grant Opportunity Guidelines, please indicate their Citizenship status below:**

***NOTE:*** *Duplicate this section for all CIs name on this application* |
| Name: \_\_\_\_\_\_\_\_\_[ ]  Australian Citizen [ ]  Permanent Resident [ ]  New Zealand citizen with Special Category Visa (subclass 444) status[ ]  Waiver requested (refer to Section 1.1.1 of the Grant Opportunity Guidelines for further information) |

|  |
| --- |
| * 1. **Will the PCI be based in Australia during the entire period the research project is to be conducted?**

**If NO, for what period will they be absent from Australia and for what reason? what arrangements will be put in place to ensure continuous project leadership?** |
| [ ]  YES[ ]  NO*[if NO, insert answer here]* |

**Other Chief Investigator/s (CI)**

|  |
| --- |
| * 1. **If there is to be more than one CI, provide in the table below justification for why each CI is needed, including the specific expertise and experience that each brings to the project.**
 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Justification |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

 |

**Associate Investigator/s**

|  |
| --- |
| * 1. **Include other proposed investigators in the table below, including a justification for why they are needed.**
 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Contribution |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

 |

**Other team members**

|  |
| --- |
| * 1. **Include in the table below any other proposed team members for whom grant funding is sought, including a justification for why they are needed.**
 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Full Name | Position | Organisation | Contribution |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

 |

**Biographies**

|  |
| --- |
| * 1. **Provide a biography for the following team members as an attachment to this application (2 pages per biography):**
* **PCI**
* **CI**
* **AI (Associate Investigator)**
* **All members of the research team for whom funding is sought.**

**The biography should include the team member’s current position(s) and focus on their achievements, track record, qualifications and skills that demonstrate clear expertise for the proposed project.****In addition to each biography, you may include a list of relevant publications, presentations, grants and awards (1 page).****The biography and optional list of publications etc. should be submitted as ONE DOCUMENT using the following naming convention as a PDF only:*** **2.15 [PCI Surname]-Biography PCI-[Full name]**
* **2.15 [PCI Surname]-Biography CI-[Full name]**
 |

|  |
| --- |
| * 1. **I confirm that all CIs, AIs and other research team members named in this application have agreed to be named within the application and have endorsed the application. If unable to confirm please provide reasons for this.**
 |
| [ ]  YES[ ]  NO*[if NO, insert answer here]* |

**Essential partners and stakeholders**

|  |
| --- |
| * 1. **In the table below include any other proposed partners whose contribution is required for the successful project undertaking but where no grant support is sought. Identify relevant stakeholders who have or will be engaged in the development of the proposal and the research project (e.g. clinicians, consumers, health service management, researchers, patient groups, policy makers).**
 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Partners and Stakeholders:*List essential partners and stakeholders required for successful execution of the project*  | Name/Group | Position (where relevant) | Organisation | Contribution to project |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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| --- |
| * 1. **I confirm that all essential partners and stakeholders named in this application have agreed to be named within the application and have endorsed the application. If unable to confirm please provide reasons for this.**
 |
| [ ]  YES[ ]  NO*[if NO, insert answer here]* |

### Efficient and effective use of funds

#### Funding

The NBA has made available up to $1.275M per grant round. Funds will be divided between the successful applicants for grants and scholarships.

Project budgets must be expended within the specified funding period, unless there are exceptional circumstances, in which a formal contract variation form will be required to extend the funding timeframe. Project Grants are typically available for up to 3 years, Seed Grants are typically only available for up to 1 year. However, Seed Grant funding may be requested for any year of the funding round, example Year 1, Year 2 or Year 3.

Funding may be used for costs associated with the research project such as researcher salary cost but cannot be directed towards capital works, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities.

***Note:*** *Please round funding requested to the nearest dollar. Funding requested amount* ***must*** *match the breakdown in funding tables.*

#### Research members’ salary support costs

List in the table below the salary that is appropriate for grant-supported personnel.

Provide the name if known, proposed level of appointment (e.g. Chief Investigator/Research Assistant), the full-time salary for the appointment, the full-time equivalent (FTE) salary for time that will be spent on the project, and the total amount requested (to the nearest dollar) for each research member.

|  |
| --- |
| * 1. **List in the table below the salary that is appropriate for grant-supported personnel.**

**Provide the name if known, proposed level of appointment (e.g. Chief Investigator/Research Assistant), the full-time salary for the appointment, the full-time equivalent (FTE) salary for time that will be spent on the project, and the total amount requested (to the nearest dollar) for each research member.** **A job description must also supplied for all research team members for whom funding is requested (1 page). It should be saved as a PDF with the following naming convention:*** **4.1 [PCI Surname]-Job description-[Position]-[Full name]**
 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name***Only if a research member is also an investigator, identify the person by name.* | **Level of appointment***Chief Investigator/ Research Assistant etc* | **Annual salary***In AUD and excl GST* | **Full-time equivalent (FTE) that will be committed to the project.***For example, 1.0 is a full-time commitment, i.e. 5 days a week.* | **Salary funding requested calculated based on FTE***In AUD and excl GST* |
| Year 1(20XX) | Year 2(20XX) | Year 3(20XX) | Year 1 (20XX) | Year 2 (20XX) | Year 3(20XX)  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

 |

#### All costs other than salaries

|  |
| --- |
| * 1. **Specify individually all equipment items that cost more than $5,000 and attach three written quotes in support or provide a reason why three quotes were not able to be obtained.**

**Maintenance and consumable items: Itemise in readily understood terms such as interviews, travel costs, laboratory animals, reagents, etc.*****NOTE:***  *Add rows as required.* |
|

|  |  |  |
| --- | --- | --- |
| **Budget Item***E.g. travel, advertising, equipment, venue hire for workshops.* | **Description***(<100 words per item)* | **Funding requested** *In AUD and excl GST* |
| Year 1 (20XX) | Year 2 (20XX) | Year 3(20XX) |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |  |  |  |

 |

#### Cash and in-kind contributions

|  |
| --- |
| * 1. **Include cash and in-kind support from institutions and others. Describe in the table below existing resources and infrastructure critical to the proposed project’s success, with a view to reassuring assessors of the research project’s feasibility. For in-kind contributions, specify ‘In-kind’ in the funding columns and include the estimated/actual monetary value of the contribution.**

***NOTE:***  *Add rows as required.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Source***e.g. Administering Institution and partner organisations* | **Budget item** | **Funding or in-kind***In AUD and excl GST* | **Description***(<100 words per item)* |
| Year 1 (20XX) | Year 2(20XX) | Year 3(20XX) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |

 |

#### Other Grant Funding sources

|  |
| --- |
| * 1. **List in the table below all funding currently being received from any other funding body for this research project.**

***NOTE:***  *Add rows as required.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding body** | **Amount** *In AUD and excl GST* | **Funding period**  | **Description** *(<100 words per item)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  |

 |

|  |
| --- |
| * 1. **List in the table below all funding applications planned or under consideration by any other funding sources for this research project.**

***NOTE:***  *Add rows as required.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding body** | **Amount** *In AUD and excl GST* | **Funding period**  | **Description** *(<100 words per item)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  |

 |

**Funding Summary**

|  |
| --- |
| * 1. **Provide the funding summary in the table below.**

***NOTE:***  *Add rows as required.*  |
|

| **Expenditure Item** *e.g. equipment, consumables, travel, services* | **Description** *e.g. research assistant, product name, service type* | **Grant Contributions***amount of Grant contributed, in AUD and excl GST* | **Other Contributions – GranteeCash and in-kind***amount of Grantee’s own funds contributed, in AUD and excl GST* | **Other Contributions – Cash and in-kind***amount of other sources of funding contributed, in AUD and excl GST* | **Total Cost***total of all contributions, in AUD and excl GST* |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL**  |  | *The total grant contributions must equal total grant funding requested amount.* |  |  |  |

 |

### Governance and ethics

#### Governance structure

|  |
| --- |
| * 1. **Provide a description of the governance structure for the project. Describe how the participating institution(s) will approve, monitor and interact with the project. Indicate if there are any collaborative aims (500 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **I confirm that the research will be conducted in accordance with:**
* **the Australian Code for the Responsible Conduct of Research 2007 -** *see* [*http://www.nhmrc.gov.au/guidelines-publications/r39*](http://www.nhmrc.gov.au/guidelines-publications/r39)
* **the *National Statement on Ethical Conduct in Human Research, 2007* (updated 2018) -** *see* [*http://www.nhmrc.gov.au/guidelines-publications/e72*](http://www.nhmrc.gov.au/guidelines-publications/e72)
 |
| [ ]  YES[ ]  NO |

|  |
| --- |
| * 1. **Describe all approvals that will be required before the research project can proceed, i.e. ethics and governance approvals. State the status of each approval (200 words)**
 |
| *[insert answer here]* |

|  |
| --- |
| * 1. **Does the research project require access to data held by the NBA?**

**If yes, confirm the project will abide by the requirements of the NBA’s Data Governance Framework.** ***NOTE:*** *Information on the NBA’s Data Governance arrangements can be found at* [*Data and reporting | National Blood Authority*](https://www.blood.gov.au/data-and-research/data-and-reporting) |
| [ ]  NO[ ]  YES*[if YES, insert answer here]* |

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| * 1. **Is the Administering Institution (AI) and the Applicant agreeable to all the terms and conditions set out in the draft Grant Funding Agreement and Scholar Acknowledgement Form?**

**Please indicate ‘agreement to all terms and conditions’ or, ‘partial agreement to the terms and conditions’ of the draft Grant Funding Agreement and Scholar Acknowledgement Form.****If the AI or the Applicant does not agree to any or all terms or conditions in the draft Funding Agreement and Scholar Acknowledgement Form, they will be required to request an exemption or modification.** **If required, list the clause number, the reasons for partial or non-compliance, and any proposed modification to those clauses.** |
| [ ]  Agreement to all terms and conditions[ ]  Partial agreement to the terms and conditions*[if selection PARTIAL AGREEMENT, insert confirmation of exemption, relevant clauses and relevant justification here]* |

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| * 1. **Is the PCI/Applicant agreeable to the reporting requirements as outlined in the Grant Opportunity Guidelines noting that project specific, content, format and timeframes for reporting will be advised as a part of the Funding Agreement?**
 |
| [ ]  YES[ ]  NO*[if NO, please provide details of an alternative reporting framework]* |

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| * 1. **The Applicant is required to inform all funded members of the research project that their participation in the research project may be publicly disclosed should the project be awarded a grant. Confirm this is understood by ticking YES below.**

**If there is a reason why this information needs to be kept confidential, please answer NO and provide a reason here:** |
| [ ]  YES[ ]  NO*[if NO, please provide a reason]* |

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| * 1. **If your application is successful, do you approve the NBA and GrantConnect to publish the following information on its website:**
* **Research Aim**
* **Recipient(s)**
* **Administering institution**
* **Value**
* **Approval Date**
* **Grant term (dates)**
* **Project Summary and findings**
 |
| [ ]  YES[ ]  NO*[if NO, please provide justification here]* |

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| * 1. **Please indicate how you intend to publish your grant research results.**
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| *[insert answer here]* |

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| * 1. **If your project is a trial, please describe how you plan to publicly register your trial. Include the register name.**
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| *[insert answer here]* |

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| **SECTION F – CERTIFICATIONS** |

This application is not valid if this certification is not signed by the Department Head/Chief Executive of the Administering Institution.

***NOTE:*** *This application is being submitted with the full authority of, and on behalf of, the Administering Institution, noting that under section 136.1 of the Commonwealth Criminal Code Act 1995, it is an offence to provide false or misleading information to a Commonwealth body in an application for a benefit. This includes submission of an application by those not authorised by the Institution to submit applications for funding to the National Blood Authority.*

## Certification by applicant

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| Applicant[ ]  I certify that all details provided in the application (including attachments) are correct and that I have read, understood, and have abided by the instructions associated with this form. I agree to carry out the project in accordance with the principles of the *Australian Code for the Responsible Conduct of Research (2007)*, <http://www.nhmrc.gov.au/guidelines-publications/r39>, and the National Statement on Ethical Conduct in Human Research, 2007 (updated 2018) <http://www.nhmrc.gov.au/guidelines-publications/e72>[ ]  I certify that I am an Australian citizen or a permanent resident of Australia or an applicant for permanent residency and I will be based in Australia for the duration of the grant.[ ]  I acknowledge that all ethics approvals and clearances necessary to complete my project as outlined in this application must be in place before commencement of the work and that the National Blood Authority will not release funds until such time as all such approvals and clearances have been received.[ ]  All funds awarded to the Administering Institution as part of the National Blood Sector Research and Development program will be used only for the purpose for which they were awarded.[ ]  To the best of my knowledge, I have disclosed all actual, apparent or potential conflicts of interest that would prevent my organisation proceeding with this grant application or from entering into a funding agreement with the National Blood Authority in relation to this application. I undertake that if at any time I become aware of a relevant conflict of interest, I will immediately notify and make full disclosure to the National Blood Authority. [ ]  Having made diligent enquiries, I have reasonable grounds to believe that my organisation, its personnel and project partners are not included on the National Redress Scheme’s website on the list of ‘Institutions that have not joined or signified their intent to join the Scheme’ ([www.nationalredress.gov.au](http://www.nationalredress.gov.au)).By signing below, I confirm that I have complied with all instructions in the application form and understand that failure to do so may result in the withdrawal of the application from the assessment process. |
| Applicant (full name): |  | Date: |
| Signature: |  | \_\_/\_\_/2022 |

## Certification of Administering Institution Head of Department/Chief Executive

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| Chief Executive/Head of Department[ ]  I certify that appropriate facilities and in-kind support will be available to the Applicant if successful and that I am prepared to have the project carried out in accordance with the *Australian Code for the Responsible Conduct of Research (2007).*[ ]  I certify that the Principle Chief Investigator and Chief Investigators are Australian citizens, permanent residents of Australia, or an application for permanent residency have been made and will be in Australia for the duration of the grant. |
| Title: |  | First Name: |  | Surname: |  |
| Email: |  | Telephone: |  |
| Department/Institution: |  | Date: |
| Signature: |  | \_\_/\_\_/22 |