**APPLICATION NOTES - 2020 Funding Round**

Please be sure to read PanKind’s 2020 Grant Application Guidelines and Terms and Conditions of Funding before you complete this application form.

This form is to be used for 2020 Collaboration Grant Applications.

**Applications Close: 5:00pm (AEDT), Friday 19 February 2021**

LATE APPLICATIONS WILL NOT BE ACCEPTED

(Applicants are advised to confirm internal deadlines with the research grants administrator at

the nominated institution(s), as these may be earlier)

* Instructions on completing the form:
	+ Please complete all ‘text form fields’ (grey cells)
	+ Free text can be inserted including the insertion of electronic signatures in:
		- Section 11 ‘Certification by Project Applicant’; and
		- Section 12 ‘Certification by Finance Officer’
* Applicants can remove the first two pages prior to submission (‘Application notes’ and ‘Table of Contents’)
* We will acknowledge receipt of your application by e-mail
* If using figures they should be inserted at the end of the form (after Section 12) as supporting documentation and referenced accordingly in the appropriate section/s
* Queries regarding the application process should be directed to grants@pankind.org.au
* Completed applications are to be submitted *electronically* by COB on the due date as follows:

Please attach electronic copy of the application form (as BOTH a pdf file AND a word document including supporting documentation and not exceeding 10MBs in total) to an email sent to grants@pankind.org.au

Both the subject heading of the email and the completed application must be sent/saved including the title:

“PI First initial\_Last name\_Organisation name\_PanKind\_2020CollabGrantApplication\_Date Submitted”

(e.g. L\_Jones\_Research Institute\_PanKind\_2020CollabGrantApplication\_19Feb21)

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Grant Application Form

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| All applications for funding MUST be submitted on the following application form. Failure to do so will render your application ineligible: |
| **Date:**       |
| **PanKind will provide funding up to $300,000 over 2 years per Collaboration Grant in 2020** |

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| **SECTION 1 – APPLICANT DETAILS*****Principal Investigator*** |
| **Collaborative’s Name:***(the name you would like used when we refer to the collaborative, including investigator names, not the project name)* |       |
| **Principal Investigator:** | **Title:** |       |
|  | **First name:** |       |
|  | **Last name:** |       |
| **ORCID number:***If you don’t already have one, visit* [*https://orcid.org/*](https://orcid.org/) *to register* |       |
| **Position Held:***Include year appointed* |       |
| **Highest Qualification:** |       |
| **Institution/Organisation:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Time contribution to this project:***(FTE)* |       |
| **Please attach your CV (no more than 2 pages) as an appendix to this application form. Please use the following format to name the document:**“CV\_PI First initial\_Last name\_Organisation name\_PanKind\_2020CollabGrantApplication\_Date submitted” (e.g. CV\_L\_Jones\_Research Institute\_PanKind\_2020CollabGrantApplication\_19Feb21) |
| **SECTION 1 *CONT* – APPLICANT DETAILS*****Administering Institution*** |
| **Organisation name:** |       |
| **Postal address:** |       |
| **Street Address**  |       |
| **Suburb:** |       |
| **State:** |       | **Post code:** |       |
| **GST registered** | Yes [ ]  | No [ ]  |

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| **SECTION 2 – PREFERRED CONTACT PERSON AT ADMINISTERING INSTITUTION***All application correspondence will be directed to this person* |
| **Name:** | **Title:** |       |
|  | **First name:** |       |
|  | **Last name:** |       |
| **Position Held:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Postal Address:***If different from above* |       |
| **Suburb:** |       |
| **State:** |       | **Post code:** |       |

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| **SECTION 3 – THE PROJECT** |
| **Project title:***20 words* |       |
| **Proposed start date:** |  | **Proposed end date:***Up to 2 years* |  |
| **Amount requested:** *(ex GST)* |       |
| **Total program cost:***(ex this grant application)* |       |
| **Probability of success:***What probability (expressed as a percentage) do you associate with the project achieving its research goals? Please provide a rationale for your answer (maximum 100 words).*      |
| **Submission to other funding sources for this project:***Is this application a resubmission, renewal or revision of an existing project? Has the project or other projects with major overlaps been previously rejected, approved or submitted (pending approval) for funding from other sources in the last 5 years? Please provide details below including amount requested/ received, project name and the name of the funding source.*       |
| **Research category:** *(please select, you may choose more than one)* | **Clinical trials [ ]** **Early detection [ ]** **Integrating research into clinical care [ ]** **Biomarker development [ ]** **Treatment resistance [ ]** **Microenvironment [ ]** **Agent repurposing [ ]** **Other, please specify [ ]**       |
| **Relevance to PanKind’s Mission and path to translation:***(maximum 300 words)**Describe how this project and collaborative will be translated into the clinic to benefit patients and support PanKind’s mission to triple survival for pancreatic cancer by 2030.*      |
| **Project description - summary for public release:***In approximately 200 words please provide a description of the purpose and expected outcome of the project, in language written in plain English that can be reasonably understood by the non-scientific community, which is suitable for media or other promotional material. Your summary must not refer to ‘we’ or ‘I’ and must instead refer to ‘the Project Team/Collaborative’ or the ‘Principal Investigator’ given the Foundation will be using your summary for promotional purposes. The summary for public release can be adjusted with the prior written agreement of the parties.*       |

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| **SECTION 4 – PROJECT PLAN***References for the project plan to be included at the end of this section* |
| **Project introduction and background:***(maximum one page)**Please provide context and background to this study including the research problem, pilot data, as well as a rationale for why this research is important and innovative.*      |
| **Project objectives:***(maximum one page)*      |
| **Research questions/ hypotheses:***(maximum one page)*      |
| **Project methodology:***(maximum two pages)*       |
| **List all approvals that will be required before the project can go ahead. Eg ethics, intellectual property, administrative, governance, access to drugs etc.**       |
| **References:**      |

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| **SECTION 5 – MILESTONES AND TIMELINES** |
| **Outline the proposed milestones against timelines, taking into account the creation of any positions, report writing, purchase of equipment etc** *(insert further rows as required)* |
| **Milestone** | **Detail** | **Timeline** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** | **Final report and financial acquittal submitted to PanKind** | **30 June 2023** |

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| **SECTION 6– PROJECT TEAM** *Co-Investigators**In addition to the Principal Investigator, please provide details of collaborative co-investigators (Co-I) and other research team members (where applicable). The PI and Co-I’s must be from across at least three different institutions or disciplines. Please copy and paste additional tables as required.* |
| ***Co-Investigator 1*** |
| **Name:** | **Title:** |       |
|  | **First name:** |       |
|  | **Last name:** |       |
| **ORCID number:***If you don’t already have one, visit* [*https://orcid.org/*](https://orcid.org/) *to register* |       |
| **Highest Qualification:** |       |
| **Position Held:***Include year appointed* |       |
| **Institution/Organisation:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Role in project:** |       |
| **Time contribution to this project:***(FTE)* |       |
| **Please attach your CV (no more than 2 pages) as an appendix to this application form. Please use the following format to name the document:**“CV\_CoI First initial\_Last name\_Organisation name\_PanKind\_2020CollabGrantApplication\_Date submitted” (e.g. CV\_L\_Jones\_Research Institute\_PanKind\_2020CollabGrantApplication\_19Feb21) |
| ***Co-Investigator 2*** |
| **Name:** | **Title:** |       |
|  | **First name:** |       |
|  | **Last name:** |       |
| **ORCID number:***If you don’t already have one, visit* [*https://orcid.org/*](https://orcid.org/) *to register* |       |
| **Highest Qualification:** |       |
| **Position Held:***Include year appointed* |       |
| **Institution/Organisation:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Role in project:** |       |
| **Time contribution to this project:***(FTE)* |       |
| **Please attach your CV (no more than 2 pages) as an appendix to this application form. Please use the following format to name the document:**“CV\_CoI First initial\_Last name\_Organisation name\_PanKind\_2020CollabGrantApplication\_Date submitted” (e.g. CV\_L\_Jones\_Research Institute\_PanKind\_2020CollabGrantApplication\_19Feb21) |
| ***Co-Investigator 3*** |
| **Name:** | **Title:** |       |
|  | **First name:** |       |
|  | **Last name:** |       |
| **ORCID number:***If you don’t already have one, visit* [*https://orcid.org/*](https://orcid.org/) *to register* |       |
| **Highest Qualification:** |       |
| **Position Held:***Include year appointed* |       |
| **Institution/Organisation:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Role in project:** |       |
| **Time contribution to this project:***(FTE)* |       |
| **Please attach your CV (no more than 2 pages) as an appendix to this application form. Please use the following format to name the document:**“CV\_CoI First initial\_Last name\_Organisation name\_PanKind\_2020CollabGrantApplication\_Date submitted” (e.g. CV\_L\_Jones\_Research Institute\_PanKind\_2020CollabGrantApplication\_19Feb21) |

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| **SECTION 7 – ADDITIONAL COLLABORATORS** |
| **Does the project involve other collaborations?***(e.g. Commercial partners, tech companies etc.)* | **Yes** **[ ]**  | **No** **[ ]**  |
| *If ‘yes’ please provide detail as to the nature of the collaboration/s, including the organisation/s or institution/s and department/s*      |

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| **SECTION 8 – ETHICS** |
| **Does the project require submission to a human research ethics committee?** | **Yes** **[ ]**  | **No** **[ ]**  |
| **Does the project require submission to an animal research ethics committee?** | **Yes [ ]**  | **No [ ]**  |
| **Will the project/research require the use of human stem cells?** | **Yes [ ]**  | **No [ ]**  |
| **Will the project/research require the use of animal stem cells?** | **Yes [ ]**  | **No [ ]**  |
| *If you answered ‘yes’ to any of the above questions please provide details (eg approval granted, pending, yet to be applied for).*       |

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| **SECTION 9 – BUDGET***Please complete the following table, inserting additional rows as required.* |
| Budget Item | Jul 2021 – Dec 2021($) | Jan 2022 - Jun 2022($) | Jul 2022 - Dec 2022($) | Jan 2023 – Jun 2023($) | TOTAL($) |
| Position Held*specify for each position***Position 1.*** *title*
* *new/ existing*
* *%FTE*
* *salary level/grading*
 |  |   |  |  |  |
| **Position 2.*** *title*
* *new/ existing*
* *%FTE*
* *salary level/grading*
 |  |  |  |  |  |
| Consumables*Supplies and materials needed to complete the project* |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Professional services** |  |  |  |  |  |
| **Other**  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

Where applicable, in-kind support and other source funding should be indicated against the project’s costs, details of which to be provided in Section 9 below.

Applicants should note that:

* It is important to calculate budgets accurately, as requests for additional funding will not be approved.
* Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 11.
* Figures are to be GST exclusive.

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| **SECTION 10 – JUSTIFICATION OF BUDGET** |
| **Please provide a justification for each aspect of the requested project budget. Contributions of in-kind support and other sources of funding should be outlined here also.***(maximum one pages)*      |

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| **SECTION 11 – CERTIFICATION BY PROJECT APPLICANTS** |
| 1. I declare that I have agreed to take part in the research proposed in this application
2. I declare that the information supplied by me on this form is complete, true and correct in every particular
3. I understand and agree that research carried out by me will be in accordance with all relevant Australian and international codes of ethics, practices and guidelines listed on the NHMRC website as may be introduced, amended or replaced from time to time by the NHMRC including without limitation;
	1. Australian Code for the Responsible Conduct of Research;
	2. Australian code for the care and use of animals for scientific purposes;
	3. National Statement on Ethical Conduct in Human Research;
	4. Guidelines approved under Section 95A of the Privacy Act 1988;
	5. Guidelines under Section 95 of the Privacy Act 1988;
	6. National Principles of Intellectual Property Management for Publically Funded Research;
	7. Policy on the Care and Use of Non-Human Primates for Scientific Purposes;
	8. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research; and
	9. Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice and Research.
4. I have discussed the likely impact of the project on other relevant departments and support services and this project has been approved and is acceptable to them
5. I declare that this application will be submitted to the Institution’s Research Administration Office or equivalent, and I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
6. I understand and agree that no further claim will be made on the PanKind to cover any over-expenditure of budget or any costs beyond the research project.

*Please insert additional sections as necessary for all Co-Investigators to sign the certification.**Electronic signatures are permitted.* |
| **Principal Investigator** |
| **Full name and title:**  |       |
| **Signature:** |       | **Date:** |       |
| ***Co-Investigator 1*** |
| **Full name and title:**  |       |
| **Signature:** |       | **Date:** |       |
| ***Co-Investigator 2*** |
| **Full name and title:**  |       |
| **Signature:** |       | **Date:** |       |
| ***Co-Investigator 3*** |
| **Full name and title:**  |       |
| **Signature:** |       | **Date:** |       |

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| **SECTION 12 – CERTIFICATION BY FINANCE OFFICER** |
| I certify that:1. The budget costs on this application form for       (Principal Investigator) are true and correct and reflect the latest costing information available to me; and
2. Amounts claimed are exclusive of GST.
 |
| **Full name and title:**  |       |
| **Position:** |       |
| **Organisation:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Signature:** |       | **Date:** |       |

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