**PanKind 2021 Grant Program**

**Application Form**

**Innovation Grants: Early Detection and**

**Early Detection in Rural & Regional Areas**

**Section 1 – Applicant Details**

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| **Principal Investigator**  Please attach CV as per Section 7 | | | |
| **Title** |  | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Position** |  | | |
| **Institute/Organisation** |  | | |
| **ORCID Number**  If you don’t have one visit <https://orcid.org/> to register |  | | |
| **Time Contribution to Project FTE** |  | | |
| **Phone** |  | **Email** |  |

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| **Administering Institution** | | | |
| **Organisation** |  | | |
| **GST Registered** Yes/No |  | | |
| **Street Address** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |

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| **Preferred Contact Person at Administering Institution** | | | |
| **Title** |  | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Position** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Street Address** If different from above |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |

**Section 2 - Project Overview**

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| **Please indicate which Innovation Grant you are applying for.** | **Yes/No** |
| Innovation Grant: Early Detection |  |
| Innovation Grant: Early Detection with a focus on Rural and Regional areas |  |

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| **Project Title** 20 Words |  | | |
| **Start Date** |  | **End Date** |  |
| **Amount Requested from PanKind** Ex-GST |  | | |
| **Total Program Cost** ex this grant application |  | | |

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| **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, date of outcome, project term, project name and the name of the funding source. |
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**Section 3 – Project Categorisation**

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| **How is this project categorised with respect to Translational Pipeline Categories?**  Category definitions can be checked here at the Translational Cancer Research Network: http://www.tcrn.unsw.edu.au/translational-research-definitions | |
|  | T1 – developing treatments and interventions |
|  | T2 – testing the efficacy and effectiveness of these treatments and interventions |
|  | T3 – dissemination and implementation research for system wide change |

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| **How is this project categorised with respect to the Common Scientific Outline Classification?**  Please see the International Cancer Research Partnership website for more information: https://www.icrpartnership.org/cso | |
|  | Biology |
|  | Aetiology |
|  | Prevention |
|  | Early Detection, Diagnosis and Prognosis |
|  | Treatment |
|  | Cancer Control, Survivorship and Outcome Research |

**Section 4 – Project Details**

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| **Project Description – Summary for Public Release (maximum 200 words)**  Please provide a description of the purpose, and expected outcome of the project, 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’ or the ‘Principal Investigator’ given PanKind will be using your summary for promotional purposes if your application is successful. |
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| **If your project is successful, how will this project contribute to improving the lives of the pancreatic cancer community and increasing pancreatic cancer survival towards 30% by 2030? Is there a plan to translate positive findings to the community (maximum 200 words)?**  If applying for the **Early Detection Rural & Regional grant**, please answer the above questions with specific reference to the rural and regional community. |
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| **Please outline the scientific and practical feasibility of your project, including study design, access to infrastructure, agents, models, patients, and other relevant components of your project (maximum 200 words).** |
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| **Novelty of project. Please explain how the elements of your project’s design, approach or concept are novel and have the potential to discover new information, advance scientific knowledge, or clinical practice (maximum 200 words).** |
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| **Project Introduction and Background (maximum 1/2 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. |
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| **Project Aims and Objectives (maximum 1/2 page)** |
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| **Research Questions and Hypotheses (maximum 1/2 page)** |
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| **Project Methodology (maximum 1 pages)** |
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| **List all approvals that will be required before the project can go ahead.** For example, ethics, intellectual property, administrative, governance or access to drugs. |
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| **References** |
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| **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 |  |

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| **Ethics**  Please answer **Yes** or **No** to the following: | |
| Does the project require submission to a human research ethics committee? |  |
| Does the project require submission to an animal research ethics committee? |  |
| Will the project/research require the use of human stem cells? |  |
| Will the project/research require the use of animal stem cells? |  |
| If you answered **YES** to any of the above questions, please provide details for example, approval granted, pending, yet to be applied for. | |

**Section 5 – Project Team**

Please provide details of all co-investigators and other research team members (excluding Principal Investigator). Please attach CVs as per instructions provided in Section 7.

Please copy and paste additional tables as required.

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| **Co-Investigator 1** | | | |
| **Title** |  | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Position** |  | | |
| **Institute/Organisation** |  | | |
| **ORCID Number**  If you don’t have one visit <https://orcid.org/> to register |  | | |
| **Time Contribution to Project FTE** |  | | |
| **Phone** |  | **Email** |  |

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| **Co-Investigator 2** | | | |
| **Title** |  | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Position** |  | | |
| **Institute/Organisation** |  | | |
| **ORCID Number**  If you don’t have one visit <https://orcid.org/> to register |  | | |
| **Time Contribution to Project FTE** |  | | |
| **Phone** |  | **Email** |  |

**Section 6 – Certification**

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| **Certification by Principal Investigator and all Co-investigators** Please copy and paste additional Co-investigators as required | | | |
| 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 rescinded 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 Publicly 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. 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. | | | |
| **Principal Investigator** | | | |
| **Full Name and Title** |  | | |
| **Signature** *Electronic signatures are permitted.* |  | **Date** |  |
| **Co-Investigator 1** | | | |
| **Full Name and Title** |  | | |
| **Signature** *Electronic signatures are permitted.* |  | **Date** |  |
| **Co-Investigator 2** | | | |
| **Full Name and Title** |  | | |
| **Signature** *Electronic signatures are permitted.* |  | **Date** |  |

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| **Certification by Finance Officer**  I certify that:   1. The budget costs on this application form for the 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** |  | | |
| **Position** |  | | |
| **Organisation** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Signature** |  | **Date** |  |

**Section 7 – Principal Investigator and Project Team CVs**

**Please provide a two-page NHMRC-style CV for the Principal Investigator and all Co-investigators including:**

* Career Summary
  + - Qualifications
    - Positions Held
* Overall Track Record including:
  + - Five Best Publications (last 5 years)
    - Funding
    - Awards and Prizes
    - Professional Activities
    - Example of Impact of Previous Research

**Please submit CVs as a PDF along with the EOI. Please use the following format to name the document:**

**Format:**

CV\_Initial\_Last Name\_Organisation Name\_PanKind\_2021AccelGrantEOI\_Date Submitted

**Example:**

CV\_L\_Jones\_Research Institute\_PanKind\_2021AccelGrantEOI\_13Sept21

**Section 8 – Project Budget**

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| **Please complete the following table inserting additional rows as necessary.**  For each position listed below please specify:   * Job Title * New/Existing * FTE * Salary Level/Grading for Each Position | | | |
| **Budget Item/Time** | **H1** | **H2** | **Total** |
| **Position 1**  Job Title  New/Existing  FTE  Salary Level/Grading | $ | $ | **$** |
| **Position 2**  Job Title  New/Existing  FTE  Salary Level/Grading | $ | $ | **$** |
| **Consumables** | $ | $ | **$** |
| **Travel** | $ | $ | **$** |
| **Professional Services** | $ | $ | **$** |
| **Other** | $ | $ | **$** |
| **Totals** |  |  | **$** |

Where applicable, in-kind support and other source funding should be indicated against the project’s costs, details of which should be provided 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 6.
* Figures are to be GST exclusive.

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| **Justification of Budget (maximum 1 page)**  Please provide a justification for each budget item. Contributions of in-kind support and other sources of funding should also be outlined. |
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