**PanKind 2024 Grant Program**

**New Treatment Grant Application**

**Section 1 – Applicant Details**

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| * 1. **Principal Investigator**   Please attach CV as per Section 4 | | | |
| **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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| --- | --- | --- | --- |
| **1.2 Administering Institution** | | | |
| **Organisation** |  | | |
| **GST Registered** Yes/No |  | | |
| **Street Address** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |

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| **1.3 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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| **2.1 Project Title** 20 Words |  |

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| **2.2 Start Date** |  | **End Date** |  |

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| **2.3 Amount Requested from PanKind** Ex-GST |  |

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| **2.4 Total Program Cost** ex this grant application |  |

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| **2.5 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 Details**

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| **3.1 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 if your application is successful. |
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| **3.2 Project Introduction and Background (maximum 1000 words).**  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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| **3.3 Project Aims and Hypotheses (maximum 500 words).** |
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| **3.4 Project Methodology (maximum 1000 words).** |
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| **3.5 Outcomes and Significance.**  Please describe your project's expected outcomes and significance. Including, how this project may contribute to **“PanKind’s Mission to Triple Survival by 2030”?** Is there a plan to translate positive findings to the community (maximum 200 words)? |
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| **3.6 References** |
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| **3.7 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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| **3.8 Industry Partners.**  Please list companies providing drugs/agents, and the name/s of the drug/agent, manufacturing facility accreditations (i.e., GMP, GLP, TGA, NATA accredited), and any access requirements or issues. |
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**Section 4 – Project Team**

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

Please copy and paste additional tables as required.

**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 Most Relevant 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 application. Please use the following format to name the document:**

**Format:**

CV\_Initial\_Last Name\_Organisation Name\_PanKind\_2024NT\_Date Submitted

**Example:**

CV\_L\_Jones\_Research Institute\_PanKind\_2024NT\_29Jul24

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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 5 – Project Budget**

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| **5.1 Please complete the following table inserting additional rows as necessary.** | | | | | | |
| **Budget Item/Time** | | **0-6 mths** | **6-12 mths** | **12-18 mths** | **18-24 mths** | **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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| **5.2 Justification of Budget (maximum 500 words).**  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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**Section 6 – Certification**

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| **6.1 Certification by Investigators** | | | |
| 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 and all relevant approvals will be held before commencement of this research project. 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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| **6.2 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** *Electronic signatures are permitted* |  | **Date** |  |