**Pankind 2025 Grant Program**

**Application Form**

**Early Detection and Diagnosis Grant**

**1 year**

**Section 1 – Applicant Details**

| **1.1 Principal Investigator** | | | |
| --- | --- | --- | --- |
| **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** |  |

| **1.2 Administering Institution** | | | |
| --- | --- | --- | --- |
| **Organisation** |  | | |
| **GST Registered** Yes/No |  | | |
| **Street Address** |  | | |
| **Suburb** |  | | |
| **State** |  | **Postcode** |  |

| **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**

| **2.1 Project Title** 20 Words |  |
| --- | --- |
| Project website/URL |  |

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

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

| **2..4 If this application is contributing to a wider program of work, please outline the Total Program Cost** ex this grant application | $ |
| --- | --- |

| **2.5 Submission to other funding sources for this project**   1. Is this a new project or continuation or extension of an existing project? **Yes/No**    1. if yes please provide details (**50 words**) 2. Is this a resubmission of a PanKind previously submitted project? **Yes/No**    1. If yes what year submitted (**YYYY**) 3. Is there any potential overlap with other current or pending research funding? **Yes/No**   If yes provide details as above (**50 words**) |
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**Section 3 – Project Details**

| **3.1 Project Description – Lay Summary for Public Release (maximum 500 words)**  Provide a summary of your project targeted towards the general public. This summary should be suitable for media or other promotional material if your application is successful. **(maximum 500 words, minimum 250 words).**  When writing your lay summary:   * Develop the language in your lay summary as if you are describing the project to someone outside your field * DO NOT include any statistics or an overview of the current state of pancreatic cancer. * Define any technical terms used * We strongly recommend you use an online readability tool such as [www.readabilityformulas.com](https://www.readabilityformulas.com/) to assess the reading grade of your text. The reading grade level to be aimed at for the lay summaries is grade 8 or 9. * Explain in plain language why you are asking the research question, what you expect to find out and how you plan to use the findings * If your lay summary is deemed not sufficient your application may be ineligible. |
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**3.2 Problem Statement**: Provide a clear, concise description of the issue to be addressed and your proposed solution. Specifically, which aspect of new treatment or diagnosis will be the focus of the proposed research (**150 words**)

| **3.3 Project Introduction and Background (maximum 500** **words).**  Outline the feasibility and rationale for your research questions, including any exploratory or proof-of-concept data, where applicable. Please be succinct and DO NOT include any statistics or an overview of the current state of pancreatic cancer. |
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| **3.4 Project Aims and Hypotheses (maximum 500 words).** |
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| **3.5 Project Methodology (maximum 500 words).** |
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**3.6 Innovation statement.**

Highlight the advantages of the proposed approach over existing methods, and potential impact on the field. (**maximum 250 words**).

| **3.7 Outcomes and Significance.**  Please describe your project's expected outcomes and significance. (**maximum 200 words**). |
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| **3.8 References** |
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|  |

| **3.9 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 |  |

| **3.10 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 (**maximum 200 words**). |
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**Section 4 – Project Team**

Please provide details of all co-investigators and other research team members (excluding Principal Investigator).

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\_2024ED\_Date Submitted

**Example:**

CV\_J\_Smith\_Research Institute\_PanKind\_2024ED\_29Jul24

| **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** |  |

| **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**

| **5.1 Please complete the following table inserting additional rows as necessary.** | | | | |
| --- | --- | --- | --- | --- |
| **Budget Item/Time** | | **0-6 Months** | **6-12 Months** | **Total** |
| **Position 1**  Job Title:  New/Existing:  FTE:  Salary Level/Grading: |  | $ | $ | **$** |
| **Position 2**  Job Title:  New/Existing:  FTE:  Salary Level/Grading: |  | $ | $ | **$** |
| **Consumables or direct research costs** | | $ | $ | **$** |
| **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 7.
* Figures are to be GST exclusive.

| **Justification of Budget (maximum 500 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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**Section 6 – Certification**

| **6.1 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 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** |  |

| **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** |  |