CHILDREN'S RESEARCH **FOUNDATION**

Grant Application 2023

Instructions to applicants

Please ensure you have read and understood the Information for Applicants.

Submission of this Grant Application indicates acceptance of the Terms and Conditions of Funding.

Both documents are available on the CRF website at Documents – Channel 7 Children's Research Foundation (crf.org.au)

SECTION A: PROJECT DETAILS

PROJECT TITLE *

Copy and paste the title from the successful EOI

Expression of Interest Number *

Enter the Project Reference Number of the successful Expression of Interest (EOI) as stated in the notification email.

Research category *

Select...

Discipline *

Select...

Significance *

Limit: 100 words

Can copy/paste from the successful EOI: brief description of the potential significance of the project, and its relevance to the health and well-being of children, in non-technical terms. This summary may be used in future media releases, on the website and/or the Annual Report.

Briefly describe how the research outcomes will improve health, education or welfare outcomes for children. *

B *I* U ≔ ≔ " ⌗

Limit: 200 words

Copy and paste from the successful EOI

Which, if any, of the following CRF Research Priorities do you consider this research proposal addresses? *

○ Improving fetal development including preventing pre-term birth
○ Improving systems of care and education for children
○ Supporting young minds and improving children's mental health
○ Tackling chronic illness and disability
○ Does not address a priority theme

More than one checkbox can be ticked, as relevant. It is not essential to address a particular research priority. All research proposals relevant to the health, education and /or welfare of children will be considered.

Project Duration *

○ 1 year
○ 2 years

AIMS *

B I U ≡ ≡ " ⇔

Limit: 300 words

Please paste from or expand on the answer given in the Expression of Interest

HYPOTHESIS *

B I U ≡ ≡ " ⇔

Limit: 200 words

Please paste from or expand on the answer given in the Expression of Interest

BACKGROUND *

B I U ≡ ≡ " ⇔

Limit: 1600 words

RESEARCH PLAN *

B I U ≡ ≡ " ⇔

Limit: 1600 words

Expand on the answer given in the Expression of Interest

RELATED RESEARCH *

Limit: 350 words

Provide references (with comment on the referenced research if considered helpful) to similar work being done in the field of the application by other researchers in Australia. The question is not related to research done (or to be done) by the applicant.

REFERENCES *

Please use consistent referencing for all listed. There is no word limit for this question.

BUDGET

Institutional or administration levies will not be funded.

Grant funds cannot be used to provide salaries for any investigator on the project, or to pay stipends to postgraduate students; however, consideration may be given in special circumstances, if full justification is provided within the application.

Only travel directly associated with the project can be supported. Travel for attendance at conferences or for consultation with other experts will not be supported.

Support for publication costs will be considered to a maximum of $3000, contingent on the publication becoming freely available within 12 months, and payable with final instalment with evidence of invoice.

Are the necessary basic services and equipment available? *

○ Yes
○ No

Except for any special items requested, confirm that the necessary basic services and equipment (such as an equipped laboratory, staffed workshop and secretarial assistance) are available.

Justification of Budget *

Limit: 350 words

Please provide details of your institution's employment on-cost calculation. *

CHILDREN'S RESEARCH
FOUNDATION

BUDGET CALCULATION *

CATEGORY	Detail	Base Salary	FTE	Subtotal $:	On-costs %	#	Total $
PERSONNEL	Specify name, role, FTE and the institution's	Base Salary	FTE	Subtotal $	On-costs %	On-costs $	Total $
				0		0	0
				0			0
				0			0
				0			0
				0			0
				0			0
SALARY-ON-COSTS – e.g. WorkCover, superannuation,							
EQUIPMENT	Specify item, unit cost and total number				# Units	Unit Cost	
							0
							0
							0
							0
							0
							0
							0
CONSUMABLES	Specify item, unit cost and total number				# Units	Unit Cost	
							0
							0
							0
							0
							0
							0

TRAVEL	Specify details, unit cost and total number units ▲▼				# Units	Unit Cost	
							0
							0
							0
							0
	Enter the calculated total in the online form ▲▼					TOTAL $:	0

Budget Total *

AU$ [_____] AUD

Enter the budget total for the project as a whole dollar value, without punctuation: e.g. 75000

OTHER FUNDING

[text area]

Other Funding *

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx

Upload the completed 'Other funding' document – the template is downloadable from https://crf.org.au/grant-application-templates/

Publications *

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx

Upload the completed 'Publications' document – the template is downloadable from https://crf.org.au/grant-application-templates/

Ethics Approval is required if the project involves: *

- ☐ Research on human subjects
- ☐ Research using animals
- ☐ In vitro production of recombinant DNA molecules
- ☐ None of the above

Tick any or all that apply.
If the research involves any of the above, evidence of ethics clearance must be forwarded to CRF before any grant payments can be released.

SECTION B: CHIEF INVESTIGATOR DETAILS

Salutation *

Select...	⌄

First Name *

Surname *

Academic Qualifications Postnominals *

Position title *

Enter the formal title of the Chief Investigator's position held at the administering institution.

Department *

Administering Institution *

Select...	⌄

Business Address *

Country

Select...	⌄

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Email *

email@example.com

Phone Number - preferred *

Phone Number - alternate *

Academic Qualifications *

Enter the official abbreviation of the highest degree conferred, e.g. BSc.

Conferring institution *

Year conferred *

The year in which the qualification was officially conferred; this might not be the year of completion.

Early Career Research Grant *

☑ Yes
☐ No

If you have elected to apply as an early career researcher, you must upload your Curriculum Vitae with this application.

Upload Curriculum Vitae *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx

Upload your Curriculum Vitae

SECTION C: RESEARCH TEAM

If you have Associate Investigators, enter their details below.

A maximum of 10 Associate Investigators can be named.

Will the Chief Investigator be overseas for a significant period during grant period? *

☐ No

☑ Yes - state length and dates of absence:

Length and dates of absence *

[   ]

Limit: 100 words

Associate Investigators *

PROJECT TITLE:							
PERSONNEL	Salutation (e.g. Dr, Ms, Prof)	First Name	Surname	Academic Qualifications (Academic Postnominals)	Institution	Email	Time on this project (%)
Chief Investigator							
Associate Investigator (1)							
Associate Investigator (2)							
Associate Investigator (3)							
Associate Investigator (4)							
Associate Investigator (5)							
Associate Investigator (6)							
Associate Investigator (7)							
Associate Investigator (8)							
Associate Investigator (9)							
Associate Investigator (10)							

If you have Associate Investigators, enter their details in the table.

Technical and other staff *

PERSONNEL	Title	First Name	Surname	Academic Qualifications	Institution	Time on this project (%)
Research student						
Research student						
Research student						
Research student						
Research student						
Technical and other staff						
Technical and other staff						
Technical and other staff						
Technical and other staff						
Technical and other staff						

State names and academic qualifications of any other persons who will be working on this project, and the percentage involvement of each person in this project.

Administering Institution *

Select...

All post-award correspondence, monitoring and reporting will be conducted via the recipient's Research Administration Office.

ABN *

Institution where work will be conducted.

Please indicate the organisation where the research will be primarily conducted. The research project may be carried out at a different organisation to the administering institution.

Institution where work will be conducted. *

○ At Administering Institution
● At host institution, named below

If the research project won't be primarily conducted at the administering institution, please name the host organisation.

Host institution (Research location) *

Name of the organisation where the research will be primarily conducted.

CI Position Title at research location *

Chief Investigator's position at the institution where the research will be primarily conducted

SECTION E: NOMINATE REVIEWERS

Applicants are asked to nominate two independent researchers who could be approached by CRF to comment on the proposed project. These nominees may or may not be contacted. Please do not name associates, or researchers with whom you have recently published.

There is also opportunity to nominate a non-referral preference if necessary - appropriate justification and substantive evidence must be provided for consideration of this request.

CI-nominated Reviewer 1 Name *

Reviewer 1 Email *

email@example.com

CI-nominated Reviewer 2 Name *

Reviewer 2 Email *

email@example.com

Is there anyone you prefer us not to contact? *

- ⦿ Do not refer to:
- ○ No non-refer preference

Please note that appropriate justification and substantive evidence must be provided.

Name *

Organisation *

Email *

> email@example.com

Reason for non-refer request *

Limit: 300 words

Please note that appropriate justification and substantive evidence must be provided for consideration of non-refer request.

SUBMIT

PLEASE NOTE: Submission of this Grant Application indicates acceptance of the Terms and Conditions of Funding,

Please refer to the website at CRF Funding Terms and Conditions 2023 Grants,

Signatures *

[Choose File]

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .doc, .docx

Please download the template from https://crf.org.au/grant-application-templates/ and upload your completed sign off to your submission. You can save your Grant Application as a draft if required and return later.

[Save Draft] [Submit Form]

PREVIEW OF FORM ONLY

DO NOT SUBMIT