

Project Application Form 2010

A. Bone Marrow Cancer Research Trust – up to \$35,000

B. Kidney Health New Zealand – up to \$75,000

(You can apply for more than one grant – please tick box)

Note: you will upload this form to the Web after filling in Application Information online. DO NOT CHANGE WORD STYLES, FONTS OR FONT SIZES

Note: delete all italicized instructions before submitting this form

This application includes:

Section 1 Proposed Investigation

Section 2 Research Staff

Section 3 Working Expenses

Section 7 Ethical and Regulatory Agreement

Section 4 Other Support

Section 5 Referees

Section 6 Biographical Sketches

Section 8 Administrative Agreement

SECTION 1 PROPOSED INVESTIGATION

Use the headings below. Maximum length 4 pages excluding references in this type font (Times New Roman 12pt). NOTE: Research resign – most funded applications have a minimum of two pages.

1. Project Title (max 60 characters)

This must be identical to that entered on the Web form

2. Specific objective(s)/aims for this research.

What specific objectives will this research achieve? (List specific time frames, numbers of participants etc.) This information is important and may be used by the KHNZ and BMCRT to audit progress.

3. Health significance rationale

What health issue in NZ does the project address? What is the existing work in the field that has provided the context for the research proposed here?

4. Relevant previous research by applicant(s)

Include completed research and work in progress.

5. Research design, including methods and experimental approach.
<i>Research methods should be sufficiently detailed that quality and relevance of the work can be established. Include statistical considerations where appropriate.</i>

6. References
<i>Key references cited in the text including author(s), title, year, volume, and page numbers (first and last). Precede applicant's references with an asterisk.</i>

SECTION 2 RESEARCH STAFF

Name all staff who will be associated with the research, whether or not a salary is being requested for them.

Include FTEs for all personnel but employment costs only for those personnel for whom you are requesting support in this application.

Underline the names of individuals who are already being supported by the Canterbury Medical Research Foundation.

Casual staff payments should be requested under working expenses. Add rows as necessary.

	Name/Title	Salary	Year 1		Year 2		Year 3	
			FTE	Cost	FTE	Cost	FTE	Cost
Applicant(s)								
Other Researchers								
Technical & Admin								
Students								
Total				\$		\$		\$
Salary Total								\$

Justification of Staff & Facilities
<i>List and explain the role of each Researcher and Student</i>
<i>Describe the Facilities Available for the Research</i>

SECTION 3 WORKING EXPENSES

Working Expenses

All figures must exclude GST and express costs in current prices.

Note also that travel and other presentation costs cannot be claimed in Project costs.

	Working Expenses	\$ (Year 1)	\$ (Year 2)	\$ (Year 3)
Animals (purchase & holding costs)				
Computer Charges				
ACC Levies				
Appointment Expenses				
Administration Expenses e.g. stationery, postage				
Books & Reprints				
Publication Costs				
Transport Costs				
Other Expenses - Specify				
Totals		\$	\$	\$
Working Expenses Total (All years)				\$

Justification of Working Expenses
<i>Justify the need for the items listed above</i>

SECTION 4 OTHER SUPPORT

Include completed grants, current grants and grants with decision pending which are related in nature to the current proposal.

Funding Agency & Grant Type	
Project Title	
Named Investigators	
Start Date & Duration OR Date for Pending Decision	
Total Value Requested/Granted	
Nature of Support (1 sentence)	
Grant Status – Completed/Current/Pending	

Brief Explanation of Similarities/Dissimilarities of Current/Pending Grants Compared to This Proposal

SECTION 5 REFEREES

List four local or overseas referees in the appropriate field of research from whom an opinion may be elicited. (Please ensure correct email details are supplied)

Do not include current collaborators or supervisors or anyone you have a close working association with

No more than one referee may be in your current Department.

At least 2 referees must be located outside of Canterbury.

Name	
Postal Address	
Phone No.	
Fax No.	
Email	
Current/Past Relationship of Applicant to Referee	

Name	
Postal Address	
Phone No.	
Fax No.	
Email	
Current/Past Relationship of Applicant to Referee	

Name	
Postal Address	
Phone No.	
Fax No.	
Email	
Current/Past Relationship of Applicant to Referee	

Name	
Postal Address	
Phone No.	
Fax No.	
Email	
Current/Past Relationship of Applicant to Referee	

SECTION 6 BIOGRAPHICAL SKETCHES

Provide the following information in this format for each Researcher

Full Name	
Department	
University/Organisation	
Address 1	
Address 2	
Address 3	
Telephone	
Email	
Pacific Ethnicity (if relevant)	
Iwi & hapu (if relevant)	

Present Position & Current employer (if relevant)

Degrees/Diplomas	University	Field	Year conferred

Honours, prizes, scholarships, etc	Year awarded

Relevant academic and research experience	From year	To year

Number of Publications (exclude abstracts, proceedings or letters published)	
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List of Publications Since 2003 (start from current year). Asterisk up to 10 publications most relevant to this proposal.

Other Significant Forms of Research Dissemination Since 2003 (start from current year)

SECTION 7 – ETHICAL AND REGULATORY AGREEMENT

Please print Section 7& 8 and fax signed agreement to CMRF (03) 3742176 before closing date

Named Investigator 1

Research Title

	Yes	No	Ethics Committee
Require human ethical approval?			
Copy of current human ethical approval attached?			
Require animal ethical approval			
Copy of current animal ethical approval attached?			

If this proposal does not require ethical approval, please briefly detail below:

Delete these words and start typing here

If this proposal requires consent from other regulatory bodies such as ERMA, MAF, DOC, GTAC, SCOTT or Biosafety, please detail below:

Delete these words and start typing here

The applicant has read the 'Guidelines on Ethics in Health Research', available from the HRC website www.hrc.govt.nz/root/Ethics/Ethics%20Overview/HRC_Guidelines_on_Ethics_in_Health_Research.html and agrees to abide by the principles outlined in it. The undersigned also agrees to provide written evidence before any research procedures commence, that in any study involving animal or human subjects, animal or human materials or personal information, a properly constituted accredited Ethics committee has examined and agreed to the ethics of the proposal outlined in this proposal. The undersigned also undertakes to ensure that all regulatory consents are gained before research commences.

Named Investigator 1

Name:	Signed:	Date:
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Head of School, Faculty or Hospital

Name:	Signed:	Date:
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SECTION 8 – ADMINISTRATIVE AGREEMENT

All applications for Foundation grants must include an undertaking to abide by the following administrative agreement:

1. It is understood and agreed that any grant received as a result of this application is subject to the rules and regulations of the Canterbury Medical Research Foundation, and that the grant funds will not be expended for any other purpose than that described in this application and that progress reports will be provided as detailed on the Instructions to Applicants.
2. The host institution agrees and undertakes to bear all the risks and claims connected with any operation covered by this application and to indemnify and hold harmless the Foundation against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
3. The host institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfillment.
4. If a grant is made by the Foundation on the basis of this application, the Head of Department agrees to accept this research within his/her Department. The Head of Department also notes that he/she may be asked at any time for a confidential assessment of the research and its implications for the Department.
5. The Foundation reserves the right at all times to publish information concerning the purpose and results of this grant.
6. **Reporting:** A progress report is required each year in June - failure to comply could jeopardise future funding of project. A final report is also required, no later than three months after completion of project.

The undersigned have read the administrative agreement printed above and undertake to abide by the conditions of this agreement in respect of any grant made by the Foundation as a result of the present application.

Named Investigator 1

Name: (please print)	Signed:	Date:
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Head of Department

Name: (please print)	Signed:	Date:
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Head of School, Faculty or Hospital

Name: (please print)	Signed:	Date:
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Authorised official on behalf of host institution

Name: (please print)	Signed:	Date:
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