

2024

Translational Research

Grants Scheme

Round 8

Full application

CLOSING DATE: 14 February 2025

**resOURCES FOR APPLICANTS**

Please note applicants are encouraged to refer to key TRGS resources to support the development of their Full Application, including:

* Your notification letter which includes individual feedback provided by the TRGS Expert Review Panel
* TRGS Guidelines for Applicants which includes an overview of selection criteria
* Appendix B, which includes detailed selection criteria and outlines key points to consider when addressing the selection criteria
* [Translational Research Framework](https://www.medicalresearch.nsw.gov.au/app/uploads/2019/02/Translational-Research-Grants-Scheme-translation-research-framework.pdf) and [Source Book](https://www.medicalresearch.nsw.gov.au/app/uploads/2018/05/translational-research-framework-sourcebook.pdf)

Other than the individual feedback, all educational resources are available at: <https://www.medicalresearch.nsw.gov.au/educational-resources/>

**INSTRUCTIONS TO APPLICANTS**

All Full Applications must be prepared using this form.

All sections of this form and attachments must conform to the following:

* Left and right margins of at least 2cm
* Font no smaller than 11 point (preferred font is Arial)
* Line spacing of 1.15

When saving this form, please use the naming convention: TRGS\_FullApplication\_<Host Organisation>\_ <FirstnameSURNAME>
(e.g. TRGS\_FullApplication\_SWSLHD\_JaneLEE).

Information provided in this Full Application will be provided to the Expert Review Panel and advisors supporting the Panel for the purpose of assessment.

**Submitting the FULL APPLICATION**

The following documents are to be emailed to the TRGS Coordinator of the Host Organisation **by 5pm on Friday, 14 February 2025.**

* A Word version of the full application
* A PDF version of the full application
* Aboriginal Health Impact Statement
* Biographies
* ‘Request for Partnering Organisation Approval’ forms.

See the TRGS Coordinator List on the [TRGS webpage](https://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme/) for submission.

|  |
| --- |
| **SECTION A – ADMINISTRATIVE INFORMATION**  |
| **TRGS Application number***Refer to the letter advising the outcome of the EOI stage* |  |
| **Host Organisation**  |  |
| **Name of TRGS Coordinator** |  |
| **Email of TRGS Coordinator** |  |
| **Administering Organisation Details***An Administering Organisation is a university, medical research institute, or not for profit organisation in NSW who manages the funds separate to the Host Organisation. Host Organisations may choose to partner with an Administering Organisation to hold the grant funds for the period of the grant. Further information around the eligibility of Administering Organisations can be found in the Guidelines.* |
| **Will an Administering Organisation administer the funding?**  | NoYes[ ] [ ]  |
| **Name of Administering Organisation (if applicable)** |  |
| **Administering Organisation Contact Name (if applicable)** |  |
| **Administering Organisation Contact Email (if applicable)** |  |
| **Chief Investigator(s) Details** |
| **Chief Investigator’s full name** *Please include Title, First name and Surname* *Should be consistent with the CI named in the EOI* |  |
| **Chief Investigator’s email** |  |
| **Chief Investigator’s contact number**  |  |
| **Chief Investigator’s organisation and address** |  |
| **Chief Investigator’s job title** |  |
| **Gender of Chief Investigator** | [ ]  Male[ ]  Female[ ]  Non-binary[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chief Investigator’s preferred pronouns (optional)** |  |
| **Is the Chief Investigator a practising clinician?****If Yes:**1. **In which area do you practise?**
2. **Will you continue clinical duties during this project?**
3. **If yes, what will be the FTE split between clinical and research duties?**
 | [ ]  Yes[ ]  No[ ]  Medical [ ]  Nursing[ ]  Allied Health[ ]  Yes[ ]  No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE research duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE clinical duties |
| **Does the Chief Investigator identify as Aboriginal or Torres Strait Islander?** | [ ]  Aboriginal[ ]  Torres Strait Islander[ ]  Aboriginal and Torres Strait Islander[ ]  Neither |
| **Is there a Co-Chief Investigator for this project?** | [ ]  Yes[ ]  No |
| **Co-Chief Investigator’s full name (if applicable)***Please include Title, First name and Surname.**Should be consistent with the Co-CI named in the EOI* |  |
| **Co-Chief Investigator’s email (if applicable)** |  |
| **Co-Chief Investigator’s contact number (if applicable)** |  |
| **Co-Chief Investigator’s organisation and address (if applicable)** |  |
| **Co-Chief Investigator’s job title (if applicable)** |  |
| **Gender of Co-Chief Investigator (if applicable)** | [ ]  Male[ ]  Female[ ]  Non-binary[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Co-Chief Investigator’s preferred pronouns (optional)** |  |
| **Is the Co-Chief Investigator a practising clinician? (if applicable)****If Yes:**1. **In which area do they practise?**
2. **Will they continue clinical duties during this project?**
3. **If yes, what will be the FTE split between clinical and research duties?**
 | [ ]  Yes[ ]  No[ ]  Medical [ ]  Nursing[ ]  Allied Health[ ]  Yes[ ]  No\_\_\_\_\_\_ FTE Research\_\_\_\_\_\_ FTE Clinical Duties |
| **Does the Co-Chief Investigator identify as Aboriginal or Torres Strait Islander?**  | [ ]  Aboriginal[ ]  Torres Strait Islander[ ]  Aboriginal and Torres Strait Islander[ ]  Neither |
| **Project Details** |
| **Project title***Please ensure the title describes the project clearly and avoids overly technical language* |  |
| **Partnering Organisations and Research Sites***List the Partnering Organisation(s) [local health district, specialty health network, NSW Ambulance or NSW Pathology] and Research Site(s) where the project will be conducted* |  |
| **Total funds requested (excluding GST)***Please specify funds in numerical form*Note that the maximum grant request is $500,000.  |  |
| **Submissions to other funding sources for this project***Include any planned or submitted applications. List the funder, expected date of notification of success and the amount(s) requested* |  |
| **Does the project have an identified focus on Aboriginal health?**Projects focused on **Aboriginal health** are those that:* Are focused entirely on Aboriginal people, or
* Include a broader population but have a significant focus on Aboriginal people as a subgroup in the analysis.
 | [ ]  Yes[ ]  No |
| **If the project has an identified focus on Aboriginal health:** **Is the project focused entirely on Aboriginal people?****Does the project include a broader population but have a significant focus on Aboriginal people as a subgroup in the analysis?** | [ ]  Yes[ ]  No[ ]  Yes[ ]  No |
| **Does the project have an identified focus on rural health?**TRGS projects focused on **rural health** must satisfy both of the following:1. The project is targeted to improving the health and wellbeing of people living in rural or remote areas, and
2. At least one Chief Investigator for the project is from an organisation based in a rural area and works in a rural or remote location.

For guidance on what is considered a rural or remote area, please refer to the [Modified Monash Model](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm#:~:text=The%20Modified%20Monash%20Model%20(MMM)%20is%20how%20we%20define%20whether,MM%207%20is%20very%20remote.).Areas classified MM 3 to MM 7 are considered rural or remote for the purpose of the EOI stage. | [ ]  Yes[ ]  No |
| **If the project has an identified focus on rural health:** **Is at least one Chief Investigator on the project from an organisation based in a rural area and works in a rural or remote location?****If Yes:** **Please provide the address where the CI is employed and working****Please specify the MM area for this address** (refer to the [Modified Monash Model](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm#:~:text=The%20Modified%20Monash%20Model%20(MMM)%20is%20how%20we%20define%20whether,MM%207%20is%20very%20remote.) for the MM area) | [ ]  Yes[ ]  No[ ]  MM3[ ]  MM4[ ]  MM5[ ]  MM6[ ]  MM7 |
| **Communication Summary**Please provide a project summary including the following information to support us communicate your research to a wider audience:1. **A research intent summary statement**

*Instruction: Provide a descriptive title that summarises the intent of the research project* ***(max 150 characters including spaces)***1. **The issue for NSW**

*Instruction: Describe the issue the research will address* ***(120-150 words)***1. **What does the research aim to do and how?**

*Instruction: Provide an*o*verview of the research aim and methodology for the project* ***(75-100 words)***1. **Top three (3) key measures/ indicators to assess research outcomes**

*Instruction: Provide the top (3) key measures/indicators being used to assess the research outcomes. These should be short and succinct key measures.*1. **Project related images**

*Instruction: Please provide any project related images for inclusion with the project summary on*[**https://www.medicalresearch.nsw.gov.au/**](https://www.medicalresearch.nsw.gov.au/)*Please provide this information in Plain English. The language should be pitched at a high school age audience and avoid technical terminology. Please note that content provided may be used for media activity with content attributed to the lead researcher as a quote, should your application be successful.* |  |

|  |
| --- |
| **SECTION B – RESPONSE TO FEEDBACK** |

## B.1 Please respond to feedback on the Expression of Interest provided by the Expert Review Panel (Maximum 500 words)

|  |
| --- |
|  |

|  |
| --- |
| **SECTION C – PROJECT OVERVIEW - Maximum of two pages: additional pages for Project Overview will not be reviewed** |

Please resubmit your project overview from EOI stage and make updates where required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key project details** | **Need for the research in NSW (Selection criteria: 1.1 – 1.5, 3.4)** | **Solution: Intervention/Approach (Selection criteria: 2a.2, 3.3)** | **Aim, research questions and hypotheses****(Selection criteria: 2a.1)** | **Study design and methods****(Selection criteria: 2a.2)** | **Outcome measures (Selection criteria: 2a.2 – 2a.3)** |
| **Chief investigator:****Host organisation:****Project title:****Grant requested:****Research sites:** |  |  |  |  |  |

|  |
| --- |
| **SECTION D – EVIDENCE BASE, RESEARCH QUESTION AND INTERVENTION** |

This section should be no longer than 2 pages.

## D.1 Describe the problem being addressed by the proposal and the evidence gap being addressed. Explain how the problem was identified. (Selection criteria: 1.1, 1.3)

|  |
| --- |
|  |

## D.2 Explain why the problem is of significance in NSW and why it matters to NSW Health. (Selection criteria: 1.2)

|  |
| --- |
|  |

|  |
| --- |
|  |

**D.3 Describe the aims of the research, including a clear statement of the research questions and hypotheses. (Selection criteria: 2a.1)**

## D.4 Provide a clear description of the intervention, and why this will address the problem described in D.1. (Selection criteria: 1.4, 2a.2)

|  |
| --- |
|  |

## D.5 Provide evidence of whether the proposed intervention/activity has been evaluated or tested/validated before. Describe any preliminary findings/pilot data and how they will be built on through the proposed intervention. (Selection criteria: 1.4 – 1.5)

|  |
| --- |
|  |

|  |
| --- |
| **SECTION E – RESEARCH DESIGN, METHODS AND OUTCOME MEASURES** |

This section should be no longer than 6 pages

## E.1 Provide a detailed description of the research design, methods and outcome measures. (Selection criteria: 2a.2)

|  |
| --- |
|  |

## E.2 Provide details about any costing component or economic evaluation. (Selection criteria: 2a.2, 3.7)

|  |
| --- |
|  |

## E.3 Indicate where, on the Translational Research Continuum, current evidence exists and where this proposal sitsRefer to the [Translational Research Framework](https://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme/). NB: ‘Idea generation’ and ‘Monitoring’ is out of scope for TRGS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Feasibility** | **Efficacy** | **Replicability and adaptability** | **Effectiveness** | **Scalability** |
| **Current evidence** |  |  |  |  |  |
| **Proposed research** |  |  |  |  |  |

## E.4 Describe why you consider the current evidence to be at the indicated stage of translation.

|  |
| --- |
|  |

## E.5 Describe how and why the knowledge will progress to the indicated stage of translation, as a result of your project

|  |
| --- |
|  |

|  |
| --- |
| **SECTION F – RESEARCH IMPACT** |

This section should be no longer than 1 page.

## F.1 Describe how the research proposal will achieve impact against *one or more* of the strategic outcomes outlined in the [Future Health Strategic Framework 2022-2032](https://www.health.nsw.gov.au/about/nswhealth/Documents/future-health-strategic-framework.PDF)*.* (Selection criteria: 1.6, 3.3)

## *Note some outcomes may be more relevant to each project than others but we encourage you to consider the impact of the research against the six strategic outcomes.*

|  |
| --- |
|  |

## F.2 Describe how your chosen outcome measures will evaluate impact against *one or more* of thestrategic outcomes in the [Future Health Strategic Framework 2022-2032.](https://www.health.nsw.gov.au/about/nswhealth/Documents/future-health-strategic-framework.PDF) (Selection criteria: 2a.3)

|  |
| --- |
|  |

|  |
| --- |
| **SECTION G – REFERENCES AND PUBLICATIONS** |

## G.1 Include a list of references used to describe the Research Proposal outlined in C-F.

|  |
| --- |
|  |

## G.2 If the investigators have published or presented any preliminary or relevant research to the proposed project please include these here. (Selection criteria: 2b.1; 1.4)

|  |
| --- |
|  |

|  |
| --- |
| **SECTION H – ABORIGINAL HEALTH IMPACT STATEMENT** |

## H.1 Complete an Aboriginal Health Impact Statement and explain how the statement will be addressed in the study below (Selection Criteria: 1.7)

*Maximum 300 words.*

|  |
| --- |
|  |

![MCj04347760000[1]]()Complete an Aboriginal Health Impact Statement. The template for the Aboriginal Health Impact Statement can be found in Attachment 1 in this policy directive: <https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_034.pdf>
Provide your full completed Aboriginal Health Impact Statement as an attachment to this application.

|  |
| --- |
| **SECTION I – TEAM AND TIMEFRAME** |

## I.1 Chief Investigator details

The Chief Investigator (applicant) must be employed by the Host Organisation. Note that the Chief Investigator should be consistent with the Expression of Interest.

|  |  |
| --- | --- |
| Full Name:*Please include title* |  |
| Position: |  |
| Organisation: |  |

## I. 2 Chief Investigator (Selection Criteria: 2b.1, 2c.2)

Outline the Chief Investigator’s role in the research and describe why the Chief Investigator’s involvement is critical to the success of the research. *Maximum 250 words.*

|  |
| --- |
|  |

## I. 3 Associate Investigator(s) (Selection Criteria: 2b.1, 2c.2)

Specify the proposed investigators in the below table (maximum 10).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

## I.4 Biographies (Selection criteria: 2b.1, 2c.2)

![MCj04347760000[1]]()Please provide an attachment that includes a brief biography for each member of the research team (maximum one page per investigator). Investigators with policy or practice experience on the research team will be considered for the explicit value that expertise brings. Achievements relevant to the research proposal should be included in the biography.

Please save the biographies **as a single file** using the following naming convention:

TRGS\_Full Application\_<Organisation>\_<Chief Investigator name>\_Biographies
(e.g. TRGS\_Full Application\_NNSWLHD\_DavidSMITH\_Biographies)

**I.5 PhD student (if applicable)**

Please fill in the below table if a PhD student will be included in the research team and contribute to the TRGS project. See page X of the Applicant Guidelines for further information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Academic Supervisor** | **Host University** | **Length of PhD in years**  | **Expected start and completion date** | **Role of the PhD student (i.e. contribution to the TRGS project)** | **Deliverables of the PhD student** | **Description of supervision and research arrangements during the TRGS project and beyond** |
|  |  |  |  |  |  |  |

**I.6 Research and Translation/ Implementation Partners** **(Selection criteria 2b.2, 3.2)**

Specify essential partners required for successful conduct of the project and translation/implementation of the outcomes in the below table. Partners are unlimited.

For each identified partner, outline their contribution to the project including when and how they will be engaged in the research (e.g. in defining the problem, designing and/or delivering the intervention) and translation activities (e.g. dissemination of research outputs or findings, implementation of findings in policy or practice). *Note that all partners listed should be confirmed at the time of submitting this Full Application*.

Applicants are encouraged to partner with other Host Organisations to assist with generalisability of the research findings. If this is not considered appropriate for the research project, please provide justification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 | *Add rows as required.* |  |  |  |

## I.7 Other Stakeholders Consulted (Selection criteria: 1.3, 1.5, 3.3 - 3.5)

Specify stakeholders who have been consulted in the development of the proposal and those who will be consulted when implementing the research findings. Consulted stakeholders are unlimited.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 | *Add rows as required.* |  |  |  |

## I.8 Governance Structure (Selection criteria: 2b.3)

Based on I.3 and I.6, list the members of the project Steering Committee and other governance structures such as Advisory Groups and Working Groups that are relevant to the project.

|  |
| --- |
|  |

## I.9 Project milestones (Selection criteria: 2c.1 – 2c.2)

Provide a timetable for key project milestones (e.g. ethics approval, site/participant recruitment, completion of data collection, data analysis, final reporting). Add rows as necessary.

| **#** | **Key milestone** | **Achievement date (mm/yyyy)** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 | *Add rows as required.* |  |

|  |
| --- |
| **SECTION J – PROGRAM LOGIC MODEL** |

This section should be no longer than 1 page.

## J.1 Please complete a program logic model for your project by filling in the table below (Selection criteria: 2e.1)

The program logic model should provide a high-level overview of the project.

Further information on program logic models can also be found in these [Guidelines](https://www.medicalresearch.nsw.gov.au/app/uploads/2019/02/developing-program-logic-guide.pdf) or via this [Animation Video](https://youtu.be/XgdZkQbMLBY).

|  |
| --- |
| **Project Need:** Write the need the project is seeking to address here |
| **Project Aims:** Write the aims of the project here*.**Note: Aims should link to the expressed need (i.e. a solution to the prioritised problem)* |
| **Activities** | **Outputs** | **End users** | **Outcomes** |
| List the activities being undertaken in the project here*Examples:**- establishment of committees**- consultation with stakeholders**- recruitment of sample of patients with Type 2 Diabetes (includes Indigenous and non-indigenous patients)**- training package development for clinicians**-Adaptation of Diabetes Guidelines**- developing assessment protocol for Indigenous patients with Type 2 Diabetes**-technology development* | List the expected research project outputs (products or services) resulting from the activities here*Examples:** *training package for clinicians*
* *model of care*
* *new assessment protocol for Indigenous patients with Type 2 Diabetes*
* *new technique (patents/IP)*
* *Revised Diabetes Guidelines*
 | **Implementers:** List the end users who will implement or use the research project outputs here*Examples** *Government Health Services*
* *GPs*
* *Clinicians in the hospital setting*

**Beneficiaries:** List the end users who will benefit from the research project outputs (e.g. those who will experience an improvement in health outcomes)*Example:** *Patients with Type 2 Diabetes*
 | List the anticipated short and long term outcomes, which may fall under the following domains:* Knowledge advancement
* Clinical improvement
* Community benefits
* Legislation & policy
* Economic benefits
 |
| **Types of impacts:** How are your findings expected to improve the outcomes of the end users (beneficiaries)? Please tick which impacts are applicable to your project and specify the anticipated impact related to the impact type in one sentence.1. **Change in the probability of an event occurring** [ ]

*Example: reduced number of patients requiring insulin*Please specify impact here, if relevant:1. **Change in the time to an event occurring** [ ]

*Example: Quicker screening process for Indigenous Patients with Type 2 Diabetes*Please specify impact here, if relevant:1. **Decrease costs** [ ]

*Example: reduced hospitalisation costs*Please specify impact here, if relevant: |

|  |
| --- |
| **SECTION K – RESEARCH IMPLEMENTATION**  |

This section should be no longer than 3 pages

## K.1 Implementation Handover (Selection Criteria 3.2 - 3.3, 3.7)

Once the research project is finished, there needs to be a planned implementation handover from the research team to local or state-wide implementation partners to first assess the intervention for implementation and then lead this process.

Identify which implementation partner(s) will be responsible for assessing the research findings for implementation and scaling (if relevant) from the list of partners in I.6, and which Investigator(s) from I.3 will be responsible for delivering the implementation handover to local or state-wide implementation partners. Describe how the handover will be delivered and what information will be provided to decision makers to support the case for change.

|  |
| --- |
|  |

## K.2 Implementation Plan (Selection criteria: 3.2 – 3.3, 3.5 – 3.6)

Implementation needs to be planned at the outset of the research design with steps put in place to ensure a smooth implementation handover.

Provide a detailed plan describing the activities that will be undertaken to implement findings that are supportive of implementation into policy and/or practice.

Activities may relate to all stages of the project; from knowledge and expertise that informs project planning and development; to dissemination of findings to relevant audiences; and ultimately the implementation of findings in policy and practice.

For each activity, identify the formal mechanisms to facilitate implementation and scaling; which partners from I.6 will be engaged, when, and how; the timing and purpose of each engagement to support successful implementation; who will be taking the lead and responsibility in driving the implementation activity; and how will the activity be funded.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Implementation Activity** | **Which partners will be engaged?** | **Purpose of engaging the partners** | **Indicative time this will occur** | **Who will lead this activity?** | **How will the activity be funded?** |
| *E.g. revision of clinical guidelines* | *E.g. patients or ‘end users’; clinicians; clinical networks; policy partner* | *E.g.to ensure guidelines are clinically relevant, safe and acceptable to patients or ‘end users’* | E.g. Following acceptability and feasibility assessment  | *E.g. Policy partner*  | *E.g. Policy partner* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## K.3 Sustainability, scalability and generalisability of results (Selection criteria: 3.1 – 3.6)

Explain how the intervention, new model of care or process will be sustainably scaled and embedded overtime as business as usual across the system.

|  |
| --- |
|  |

## K.4. Commercialisation and Intellectual Property (IP) arrangements (if applicable)

Outline the commercialisation and intellectual property arrangements related to this project, if relevant

|  |
| --- |
|  |

|  |
| --- |
| **SECTION L – BUDGET** |

Please provide details of requested funds and co-contributions. Grants range from $50,000 up to $500,000 over 2.5 years to 3 years.

* The requested funds should include all anticipated TRGS funding required for the research project and activities to support translation.
* For salaries of staff supporting research components of the project only, please specify the research role, salary level, maximum on-costs and their full-time equivalent hours (FTE).
* Please note that service delivery costs, including staffing, will not be funded.
* Host Organisation infrastructure charges cannot be included in the requested budget; these should be considered an in-kind contribution by the Host Organisation (L.2).

Please note the budget must be expended within 2.5 years to 3 years of issue.

## L.1 TRGS funding requested (Selection criteria: 2d.1)

|  |  |  |
| --- | --- | --- |
| **Budget Item**† | **Funding requested (excl. GST)** | **Description***(<100 words per item)* |
| **July 2025** | **July 2026** | **July - Dec 2027** |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add rows as required* |  |  |  |  |
| **TOTAL** | **$** | **$** | **$** |  |

†TRGS funding cannot be directed towards capital works, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities.

## L.2 Host or Partner Organisation contributions (Selection criteria: 2d.2 - 2d.3)

The Host Organisation must provide financial and in-kind support for research/implementation activities. Please insert details of cash and in-kind contributions.

**Cash Contributions**

|  |  |  |
| --- | --- | --- |
| **Source***Host Organisation**Partner Organisation**Existing Grant Funds* | **Funding provided(excl. GST)** | **Description***(<100 words per item)**If you have existing grant funding, please provide details and explain how TRGS funding will not duplicate* |
| **July 2025** | **July 2026** | **July – Dec 2027** |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add rows as required* |  |  |  |  |
| **TOTAL** | **$** | **$** | **$** |  |

**In-kind contributions**

Do not include the estimated/actual monetary value of the contribution.

|  |  |  |
| --- | --- | --- |
| **Source***Host or Partner Organisation* | **In-kind contribution provided** | **Description***(<100 words per item)* |
|
|  |  |  |
|  |  |  |
| *Add rows as required* |  |  |

|  |
| --- |
| **SECTION M – CERTIFICATION BY HOST ORGANISATION** |

## M1. Host Organisation Certification

I certify that:

1. The Host Organisation will provide appropriate financial and in-kind support for the research.
2. All funds awarded to the Host Organisation as part of the TRGS will be used only for the purpose for which they were awarded.
3. The Host Organisation will implement the research intervention if the findings are supportive of implementation.

I understand that:

1. This Full Application will be reviewed by the Expert Review Panel and other advisors to the assessment process.
2. If alternative funding is received for this project, TRGS funding support may need to be adjusted allowing other successful TRGS applicants to be supported.

**Chief Executive Statement of Support for the Full Application (maximum 200 words)**

The Chief Executive of the Host Organisation must address the following criteria in their Statement of Support:

1. Why the problem and solution being proposed is a priority for the Host Organisation.
2. How the Chief Executive of the Host Organisation will support the research project and implementation of research findings within the Host Organisation, if there is a case for change.

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert Name>, Chief Executive, <Insert Host Organisation Name>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

|  |
| --- |
| ***If this certification is not signed by the Chief Executive of the Host Organisation and the ‘Request for Partnering Organisation Approval’ forms are not signed by the Chief Executive of Partner Organisations for all sites where the project will be conducted, the application is not valid and will not be reviewed.*** |