

2024

Translational Research

Grants Scheme

Round 8

Expression of Interest

CLOSING DATE: 15 May 2024

**resOURCES FOR APPLICANTS**

Applicants are encouraged to refer to key TRGS resources to support the development of the EOI, including:

* TRGS Guidelines for Applicants which includes an overview of selection criteria
* Appendix A 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/wp-content/uploads/2018/05/Translational-Research-Grants-Scheme-translation-research-framework.pdf) and [Source Book](https://www.medicalresearch.nsw.gov.au/wp-content/uploads/2018/05/translational-research-framework-sourcebook.pdf)

All educational resources are available at: <https://www.medicalresearch.nsw.gov.au/educational-resources/>

**INSTRUCTIONS TO APPLICANTS**

All EOIs 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\_EOI\_<Host Organisation>\_ <FirstnameSURNAME>
(e.g. TRGS\_EOI\_SWSLHD\_JaneLEE).

Information provided in this EOI will be provided to relevant statewide agencies and Ministry of Health Branches, the Expert Review Panel and advisors supporting the Panel for the purpose of assessment.

**Submitting the eoi**

**For HNELHD please submit your EOI and attachments (including a Word version of the EOI and ‘Request for Partnering Organisation Approval’ form) online via Award Force** [https://hnehealth.awardsplatform.com/](https://hnehealth.awardsplatform.com/%20) **by 5pm on 15 May 2024.**

For further HNELHD submission information contact the TRGS Coordinator: Dr Kathryn Reilly, kathryn.reilly@health.nsw.gov.au or HNELHD-ResearchOffice@health.nsw.gov.au

|  |
| --- |
| **SECTION A – ADMINISTRATIVE INFORMATION**  |
| **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.**Please note that the Administering Organisation does not need to be specified in the EOI, if not confirmed. The Administering Organisation and all related details will be required in the Full Application for EOIs that progress to this stage.* |
| **Will an Administering Organisation administer the funding?**  | NoYes[ ] [ ]  |
| **Name of Administering Organisation (if applicable and known)** |  |
| **Chief Investigator(s) Details** |
| **Chief Investigator’s full name** *Please include Title, First name and Surname*  |  |
| **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* |  |
| **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? (if applicable)** | [ ]  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.  |  |
| **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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** |  |  |  |  |  |

## B.1 Research impact (Selection criteria: 1.6, 3.3)

## a) 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)*. Maximum 200 words. 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.*

|  |
| --- |
|  |

## B.2 Measurement and evaluation of research impact (Selection criteria: 2a.3)

## a) 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).

## *Maximum 200 words.*

|  |
| --- |
|  |

**B.3 Translation Pathway (Selection criteria: 3.2)**

If your findings show a case for change, how will your findings be implemented or translated to the next stage of the translational research continuum? Which key partners will be engaged for this purpose, and how will you work with them? *Maximum 300 words.*

|  |
| --- |
|  |

**B.4 Feasibility of implementation in NSW health system** **(Selection criteria 3.1 – 3.7)**

How have you considered the feasibility of implementing your intervention/ approach in the NSW health system? *Maximum 300 words.*

|  |
| --- |
|  |

|  |
| --- |
| **SECTION C –TEAM, PARTNERS AND STAKEHOLDERS CONSULTED** |

## C.1 Research team (Selection criteria: 2b.1, 2c.2)

Please list the Chief Investigator, Associate Investigator, and other key team members in the table below (maximum 10).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** | **Consent provided\*** |
| 1 |  |  |  |  | [ ]   |
| 2 |  |  |  |  | [ ]   |
| 3 | *Add rows as required* |  |  |  | [ ]   |

\* By ticking this box, you agree that this person was consulted in development of the EOI and has consented to be part of the research team, should the application be funded.

## C.2. Research and translation/ implementation partners (Selection Criteria: 2b.2, 3.2)

## Specify partners required for successful conduct of the project and translation of findings in the below table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project and/or translation of findings** | **Consent provided\*** |
| 1 |  |  |  |  | [ ]   |
| 2 |  |  |  |  | [ ]   |
| 3 | *Add rows as required* |  |  |  | [ ]   |

\* By ticking this box, you agree that this person was consulted in development of the EOI and has consented to be a Partner, should the application be funded.

**C.3 Stakeholders consulted (Selection criteria: (1.3, 1.5, 3.3 - 3.5)**Specify stakeholders that you have consulted with in the development of the EOI, who are not confirmed partners. Provide details of the consultation and outcome.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Person consulted (Name, organisation and position)** | **Details of consultation and outcome** | **Consent provided\*** |
| 1 |  |  | [ ]   |
| 2 |  |  | [ ]   |
| 3 | *Add rows as required* |  | [ ]   |

\* By ticking this box, you agree that this person was consulted in development of the EOI and the stakeholder has consented to be included in this table.

|  |
| --- |
| **SECTION D –MILESTONES, BUDGET AND IN-KIND CONTRIBUTIONS** |

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

Provide a timetable for key project milestones. For example, ethics approval, site/participant recruitment, completion of data collection, data analysis, and dissemination of findings.

| **#** | **Key milestone** | **Date completed (mm/yyyy)** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 | *Add rows as required* |  |

## D.2 Project budget (Selection Criteria: 2d.1)

Grants range from $50,000 up to $500,000 over 2.5 years to 3 years. Note a more detailed budget will be requested if invited to full application stage.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Funding requested (excl. GST)** | **Description***(<50 words per item)* |
| **July 2025** | **July 2026** | **July 2027** |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add rows as required* |  |  |  |  |
| **Total** | **$** | **$** | **$** |  |

## D.3 Host or Partner Organisation contributions (Selection Criteria: 2d.2 – 2d.3)

The Host Organisation must provide financial and in-kind support for research and 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 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 E – CERTIFICATION BY HNELHD MANAGERS**  |

Please ensure this section is completed and uploaded as an attachment when submitting your application via Award Force <https://hnehealth.awardsplatform.com/>

**Complete details for each HNELHD department/portfolio impacted by the project**

*(Additional tables can be copied and pasted as necessary).*

|  |  |
| --- | --- |
| **Service / Department / Unit Name:** |  |
| **Finance Manager (of the Service Manager) Endorsement:**  |
| **Name:**  |  |
| **Position:**  |  |
| *I certify that by approving this application:** *The budget has been checked and is correct.*
* *If successful, I will administer any funds the Host Organisation receives from TRGS as indicated in this submission only for the purpose for which they were awarded.*
 |
| **Signature:**  |   | **Date:**  | \_\_\_/\_\_\_/\_\_\_ |
| **Service / Department / Line Manager Endorsement:** *(Service Manager to forward to Finance Manager if financial endorsement required)* |
| **Name:**  |  |
| **Position:**  |  |
| *I certify that by approving this application:** *I acknowledge the HNE Research office will conduct a review of the application, ensuring it meets the intent of the Scheme before submission.*
* *The Host Organisation will provide appropriate financial and/or in-kind support for the research as outlined and agreed to in this submission.*
* *All funds awarded to the Host Organisation as part of the TRGS will be used only for the purpose for which they were awarded.*
 |
| **Signature:**  |   | **Date:**  | \_\_\_/\_\_\_/\_\_\_ |
| **General Manager / Director Endorsement:** |
| **Name:**  |  |
| **Position:**  |  |
| *I certify that by approving this application:** *I acknowledge the HNE Research office will conduct a review of the application, ensuring it meets the intent of the Scheme before submission*
* *The Host Organisation will provide appropriate financial and/or in-kind support for the research.*
* *All funds awarded to the Host Organisation as part of the TRGS will be used only for the purpose for which they were awarded.*
 |
| **Signature:**  |   | **Date:**  | \_\_\_/\_\_\_/\_\_\_ |

***Please Note: The HNE Research Office will then seek Executive endorsement on behalf of applicants.***

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