**GRANT APPLICATION FORM**

**RETINA AUSTRALIA RESEARCH GRANTS PROGRAM**

**Applicant details**

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| **1. Details of Chief Investigator (CI-A) and Institution**  Title:  First name:  Surname:  Mobile phone contact no:  Email address:  Institution:  Address of Institution:  Research Officer Administrator name:  Research Officer Administrator email:  Research Officer Administrator mobile phone no: |
| **2. Details of Co-Investigators and Institutions (add additional lines if required)**  **CI-B**  Title:  First name:  Surname:  Mobile phone contact no.:  Email address:  Institution:  Address of Institution:  **CI-C**  Title:  First name:  Surname:  Mobile phone contact no.:  Email address:  Institution:  Address of Institution:  **CI-D**  Title:  First name:  Surname:  Mobile phone contact no.:  Email address:  Institution:  Address of Institution:  **CI-E**  Title:  First name:  Surname:  Mobile phone contact no.:  Email address:  Institution:  Address of Institution: |

**Project summary**

**Please answer in LAYMAN TERMS**

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| **3. Is this a new project? If not, please detail the existing project and relevance of this request for funding. (****limit 200 words)** |
| **4. Location – Which State(s) or Territory will the project be undertaken?** |
| **5. What type of inherited retinal disease(s) does your research project target?** |
| **6. Which research focus area of inherited retinal disease does this project target? (please highlight all that are relevant)**   * **Detection** * **Prevention** * **Treatment** * **Cure** * **Other - please describe** |
| **7. Which research category does your project fit in? (****please highlight all that are relevant)**   * **Epidemiology** * **Pharmaceutical compounds** * **Gene therapy** * **Stem cell therapy** * **Artificial vision** * **Other - please describe** |
| **8. Do you hold a commercial interest in the outcomes of these studies? If so, please detail your interest such as any intellectual property including patents or commercial companies, which are involved with your proposal. (****limit 250 words)** |
| **9. Project Title – Short title (Limit 10 words)** |
| **10. Project Aim - please provide in LAYMAN TERMS (limit 150 words)** |
| **11. Project Description - what actions will the project involve? (****limit 200 words)** |
| **12. The need - describe the area of need or issue you are trying to address (limit 200 words)** |
| **13. Why are you best placed to address this need or issue? (****limit 200 words)** |
| **14. Who will benefit and how? (****please include number of people, age, gender, location and any other demographics relevant) (limit 200 words)** |
| **15. Describe the specific work that will be undertaken (outputs) (limit 200 words)** |
| **16. Detail the expected outcomes you expect to achieve (effects on participants) (limit 200 words)** |
| **17. Detail how you will know if these outcomes have been achieved (measures of success) (limit 200 words)** |

**Project details (5 pages total)**

**This section is an opportunity to expand on the summary answers in the section above and in medical and scientific detail**

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| **18. Please detail further the Aims and Hypothesis of your project** |
| **19. What is the background or context of your proposal?** |
| **20. Please detail your research plans and methodologies** |
| **21. What is the significance of this project and what impact do you expect to achieve?** |
| **22. Please detail the timeline of your project** |

**References**

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| **23. Please provide details of references (1 page total)** |

**Grant funding request**

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| **24. Funding amount requested ($)** |
| **25. Project Budget - please complete the table below**  **Please include details of partial funding already confirmed and funding requests to other bodies.**  **Please provide a full breakdown of project expenses. This includes salaries, administrative or on-costs, travel and equipment. Ensure that Total Income and Total Expenses are balanced. GST should not be included.**  **Non-consumable equipment items over $2,000 will not be funded.**  **Add extra rows to the table as necessary.** |

**Budget (1 page limit)**

|  |  |
| --- | --- |
| **INCOME** | **$** |
| Funding source (confirmed/unconfirmed) |  |
|  |  |
|  |  |
|  |  |
| **TOTAL INCOME** |  |
|  | **$** |
| **EXPENSES** |  |
|  |  |
|  |  |
|  |  |
| **TOTAL EXPENSES** |  |

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| **26. Budget justification – a detailed justification for each expense component of the budget is required (half a page limit)** |

**Applicant details**

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| **27. Please provide a CV for all project CIs. (****limit 2 pages per CV)**  **In addition to academic qualifications, this should highlight the last 5 years of employment, and funding and research publications most relevant to this project.** |

**Applicant declaration**

This application has been prepared and submitted in agreement with all the terms and conditions of the Research Australia Research Grants Program - Funding Guidelines and Conditions. I declare that all the information in this application is true and correct at the time of submission.

Signature:

Date:

**Please complete and return to:**

Company Secretary

Retina Australia

[admin1@retinaaustralia.com.au](mailto:admin1@retinaaustralia.com.au)