**GRANT APPLICATION FORM**

**RETINA AUSTRALIA RESEARCH GRANTS PROGRAM**

**Project Title – Short title (Limit 10 words)**

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**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: |

**Project Outline**

**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**
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| **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**
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| **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. Do you have ethics approval for this project? Please provide the name of the approving body and approval number/ID.** |

**Grant funding request**

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| **10. Funding amount requested ($)** |
| **11. 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 total)**

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

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| **12. Budget justification – a detailed justification for each expense component of the budget is required (half a page limit)** |

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| **Project Summary****13. Please answer in LAYMAN TERMS****(i) Project Aim**  |
| **(ii) Project Description - what actions will the project involve?**  |
| **(iii) The need - describe the area of need or issue you are trying to address**  |
| **(IV) Why are you best placed to address this need or issue?**  |
| **(v) Who will benefit and how? (****please include number of people, age, gender, location and any other demographics relevant)**  |
| **(vi) Describe the specific work that will be undertaken (outputs)**  |
| **(vii) Detail the expected outcomes you expect to achieve (effects on participants)**  |
| **(viii) Detail how you will know if these outcomes have been achieved (measures of success)**  |

**Project details (5 pages total)**

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

**14. What is the Rationale (background or context) of your proposal?**

**15. Please detail the Aims and Hypothesis of your project.**

**16. Please detail your research plans and methodologies**

**17. What is the significance of this project and what outcomes, or impact, do you expect to achieve?**

**18. Please detail the timeline of your project**

**References (1 page total)**

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| **19. Please provide details of references or relevant publications.**  |

**Applicant details (2 page limit per CV)**

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| **20. Please provide a CV for all project CIs.** **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 by 5pm (AEST) on 30 June to:**

Company Secretary

Retina Australia

admin1@retinaaustralia.com.au