**COVID-19 Research Grant Guidelines and Application Form**

**Background**

In response to the COVID-19 pandemic, Western Alliance is offering a total pool of $150k in funding (up to $50k per project) to support COVID-19 related research throughout the recovery phase. This funding pool will encompass research that aims to analyse the regional outcomes of the pandemic (both direct and indirect) and its management, as well as harnessing new ideas generated from the pandemic response. Funding will be considered for projects being developed across clinical, health services and population health settings.

**Applications will close at 5pm on Monday 11th May 2020.**

**Objectives of the COVID-19 Research Grants**

* Support the work of our members throughout the COVID-19 recovery phase
* Identify and minimise any changes caused by the COVID-19 pandemic that have the potential to cause harm or adversely affect patient experience and/or health outcomes for regional and rural communities
* Identify and optimise any changes caused by the COVID-19 pandemic that have had or may have a positive impact on patient experience and/or health outcomes for regional and rural communities
* Optimise high value care across regional and rural Western Victoria during and post the COVID-19 recovery phase

The following **rules** will apply to the COVID-19 research grants:

1. Applications for funds of up to $50k will be considered. The judging panel reserves the right to provide less funding than is requested.
2. All applications must be endorsed by the Principal Investigator (PI) and the relevant Head of Department within the PIs organisation. The PI must be an employee of a Western Alliance member organisation.
3. All proposals must include at least one Western Alliance member Health service or the Primary Health Network as a research partner.
4. All grants are awarded subject to ethical and governance approval.
5. The grants must be used to support research activity, and not to fund service delivery.
6. Applicants must disclose whether funding has been sought for the project elsewhere.
7. A progress report must be provided to the Western Alliance every 6 months until project completion, and a final report provided at the completion of the project
8. All publications and presentations arising from the project that the grant is funding in any way, partially or in full must acknowledge Western Alliance as a contributor.

**Selection criteria**

All applications will be assessed according to the following criteria:

1. Scientific merit of the proposal:
	* 1. Understanding of literature
		2. Clearly articulated research question
		3. Strong rationale for project
		4. Sound methodology and proposed analyses
2. Significance of the research question to the COVID-19 recovery phase response and the objectives stated within.
3. Potential to translate the research findings into policy and/or practice.
4. Significance of the research question to regional and rural settings.
5. Collaboration of multiple Western Alliance partner organisations
6. Appropriateness of the proposed expenditure.
7. Feasibility within proposed funding and timeframe
8. Potential to increase the contribution of their research to the wider research community.
9. Consumer involvement and co-design throughout research process.
10. Potential to leverage future external research funding opportunities

For **further information** about the COVID-19 Research Grants, please contact: drewaras@westernalliance.org.au

Applications must be submitted to: info@westernalliance.org.au

In addition to the completed application form below, The Principal Investigator should also provide a 2 page CV outlining their most relevant publications and/or research translation achievements across clinical, health services or population health settings.

**Western Alliance COVID-19 Research Grant Application Form**

|  |  |
| --- | --- |
| **Project title** | Enter text |

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| --- | --- |
| **Expected Start date of project** | Select date  |

|  |  |
| --- | --- |
| **Expected completion date of project** | Select date |

**Principal Investigator**

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| --- | --- |
| **Title and Name** | Enter text |

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| --- | --- |
| **Appointment / s** | Enter text |

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| **Department / faculty**  | Enter text |

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| **Qualifications** | Enter text |

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| **Include a brief summary of relevant research / publications / relevant experience and expertise in field** | Enter text |

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| --- | --- | --- | --- |
| **Phone** | Enter text |  **Mobile / pager** | Enter text |

|  |  |
| --- | --- |
| **Email** | Enter text |

**Associate Investigators**

| **Name of Associate investigators** | **Organisation, position, qualifications, experience (including research)** |
| --- | --- |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |

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| **Please provide a brief lay summary of the proposed project.** **Please ensure that it is easily read and understood by the general public***Maximum 250 words* | Enter text |

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| **What is the intended impact of this project?** *Maximum 250 words* | Enter text |

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| **Please indicate how your project aligns with one or more of the aforementioned objectives of this grant:***Maximum 250 words* | Enter text |

**Project Proposal**

*Maximum 3 pages*

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| **Aim and research question** | Enter text |

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| **Background and rationale****(including literature review & bibliography)** | Enter text |

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| **Methodology** | Enter text |

| **Milestones / Project Plan**(Example only, change as required) | **Expected date** |
| --- | --- |
| **Ethics approval date**  | Enter a date |
| **Governance approval date**  | Enter a date |
| **HREC reference number / Local reference number (if you already have ethical and / or governance approval)** | Enter text |
| **Project commencement** | Enter a date |
| **Recruitment commencement** | Enter a date |
| **Recruitment completed / target reached** | Enter a date |
| **Commence data analysis** | Enter a date |
| **Project completion** | Enter a date |
| **Presentations / Conferences / Publications** | Enter a date |

**Detailed Budget**

**Please note:** The maximum amount awarded will not exceed $50k. Please be as specific as possible. We require details of any staffing requirements, equipment (include quote where possible), consumables, travel etc. Please include ethics & governance fees in the budget if required. Please also provide information about in-kind support from your organisation or external sources.

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| **Item and justification** | **Cost $** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| **Total funds requested** | **Total $** Enter text |

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| **IN-KIND SUPPORT**(Include estimation of staff time, administration costs etc.) | **Cost $** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| **Total in-kind support** | **Total $** Enter text |

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| **Has funding for this project been sought elsewhere?** | Select an option |

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| **If funding has been sought elsewhere, please provide information about source, amount and status of application** | Enter text |

**Certification by Investigators**

In submitting this application, I / we accept and agree to comply with the National Statement on Ethical Conduct in Human Research (2007) - updated 2018. Ethical and local governance approval will be obtained prior to the commencement of this project.

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| **Name and Signature of Principal Investigator** |  |  **Date** | Select date  |

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| **Name and Signature of Associate Investigator** |  |  **Date** | Select date  |

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| **Name and Signature of Associate Investigator** |  |  **Date** | Select date  |

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| **Name and Signature of Associate Investigator** |  |  **Date** | Select date  |

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| **Name and Signature of Associate Investigator** |  |  **Date** | Select date  |

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| **Name and Signature of Associate Investigator** |  |  **Date** | Select date  |

**Certification by Head of Department**

I certify that:

* The project is appropriate to the work conducted in my department and I am prepared to have the project carried out in my department
* The investigators will seek ethics approval and will conform to the general principals set out in the NHMRC guidelines

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| **Name, organisation & position****(please print)** | Enter text |

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| **Signature of Department Head** |  |  **Date** | Select date  |