NSW CVRN Research Innovation Grant 2022

Application Form

Please refer to the NSW CVRN Research Innovation Grant 2022 scheme guidelines when completing this application <https://www.victorchang.edu.au/innovation-centre/research-innovation-grant>

Five vouchers are available, each valued at up to $5,000.

**Please use this document as a template application, removing the guidance text in green. Please send the completed application, together with supporting documentation, as a single PDF file to** grants@victorchang.edu.au**:**

***Applications must be submitted by 12 noon Monday 15 November 2021.***

## Section 1 – Applicant details

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone: |  |
| Email: |  |
| Organisation: |  |
| Research Group: |  |
| Address: |  |

|  |  |
| --- | --- |
| PhD conferral date: |  |
| Career disruptions details: | *if applicable* |

I am an Aboriginal or Torres Strait Islander Person:

☐ Yes

☐ No

NSW CVRN Membership status. You need to be a member of the NSW CVRN to apply.

☐ I am a member of the NSW CVRN

☐ I am not a member of the NSW CVRN

For more information or to become a member [**click here**](https://www.heartfoundation.org.au/research/NSW-CVRN) or email CVRN at **cvrn@heartfoundation.org.au**.

Please list details of the broader research team involved in the proposed project. Add additional rows as required.

|  |  |  |
| --- | --- | --- |
| Name | **Position and Organisation** | Role in project |
|  |  |  |
|  |  |  |
|  |  |  |

## Section 2 – Facility details

**Note**: Projects accessing multiple [Innovation Centre](https://www.victorchang.edu.au/innovation-centre) facilities are eligible. Please check the box for each Facility the proposed project will access.

Stem Cell Production Facility [ ]

Cell Function & Screening Facility [ ]

Micro Imaging Facility [ ]

Preclinical Imaging Facility [ ]

Clinical Imaging Facility [ ]

Metabolomics Facility [ ]

Cryo-EM Facility [ ]

## Section 3 – Project description

We recognise that NSW CVRN Research Innovation Grant projects may be a small part of a larger project, please provide details on your overarching project (if relevant)

☐ Project has not yet commenced

☐ Project is underway – Please provide further information (max 100 words)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date  |   | Completion Date  |  |

(please provide estimated dates)

**Project title**

**Name of Project:**

**Research Innovation Project description (1 page maximum)**

Recognising that NSW CVRN Research Innovation Grant projects may be a small part of a larger project, please **briefly** describe the **overarching project**:

* The cardiovascular research question the project is attempting to answer;
* The scientific basis for the project; and
* Knowledge gap the project will address.

Against this background, please describe how the NSW CVRN Research Innovation Grant will contribute to the larger project, or support your short-term project, in terms of access to equipment, expertise and/or advice.

Summarise your project’s methodology in terms of the study design addressing outcomes and success measures (discuss potential impact below). We advise applicants to employ the SMART Goals principal: Specific, Measurable, Attainable, Relevant and Timely.

Applications must propose an indicative timeline for the **project as applied for**. The timescale should not exceed 12 months from commencement. **Note**: this timescale applies to the supported activities only, and not the entire overarching project.

**Potential/expected impact (½ page maximum)**

Applicants should briefly outline how the supported activity will contribute to their broader research project, and career.

**Budget, including co-investment and other support (attach Innovation Centre Estimate)**

Applicants must liaise with VCCRI Innovation Centre staff to determine the services required for the project and the costs associated with this. Please attach an itemised **Innovation Centre Estimate** to your application. This must be equal to or greater than $5,000, with the grant amount set at a maximum of $5,000 (incl. GST) and any additional costs to be covered by the applicant.

In the table below, please itemise the cost to access the VCCRI Innovation Centre (in alignment with the attached Innovation Centre Estimate), and any co-investment received to support this project.

|  |  |
| --- | --- |
| **Budget component** | **Amount** |
| Quoted cost of facility access | *Quoted cost must align with Innovation Centre Estimate* |
| Co-investment to meet remaining cost (including consumables) |  |
| **\*Travel and Accommodation costs (only for Regional CVRN members), include breakdown by trip**  |  |

If there is additional funding available for this project, please provide details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source & Scheme** | **Grant Id (if applicable)** | **Funding Amount ($)** | **Lead Investigator (Name & Institution)** | **Other Key Investigators****(Name & Institution)** |
|  |  |  |  |  |

**Track record (maximum 1 page)**

Applicants should include a summary of their track record. Please include:

* Career Summary
* Research Funding
* Contributions to the field of research
* Awards, prizes and Fellowships
* Professional involvement, supervision/mentoring and community engagement:

Please also attach a separate list of Applicant’s publications for the last 5 years, highlighting the top 5 most relevant to the proposed project.

**Time commitment (maximum 100 words)**

Applicants should describe their time commitment to this project, in the context of their other research commitments.

## Section 4 – Supporting documentation

Please attach the following supporting documentation to this application in a single PDF file:

* Itemised **Innovation Centre Estimate** to your application, prepared in collaboration with VCCRI Innovation Centre staff.
* List of Applicant’s publications for the last 5 years, highlighting the top 5 most relevant to the proposed project.

## Section 5 – Institution Authority

**Research Organisation’s Person with Authority to Sign.**

Full Name

Role, Organisation

Contact Number

Email

### By signing below you are confirming that:

### the applicant is employed at your institution;

### the proposed project is supported by your institution;

### you can meet the costs of the project not covered by grant funding; and

### the organisation will sign the VCCRI Master Services Agreement\* to allow access to the Innovation Centre, if this is not already in place.

###

### Signature of Nominated Authority

Signature Date

Please sign by drawing or inserting an image of your signature

## \* The VCCRI Master Services Agreement has been signed by the following research organisations:

### The University of Sydney

* The University of NSW
* The University of Technology Sydney
* Westmead Institute of Medical Research
* Centenary Institute
* The ANZAC Research Institute
* Macquarie University
* Garvan Institute of Medical Research

## Section 6– Acknowledgement declaration

## ¨ By ticking this box the Applicant agrees to:

## Acknowledge NSW Cardiovascular Research Network, the Victor Chang Cardiac Research Institute Innovation Centre and the NSW Office of Health and Medical Research in all publications and presentations associated with this work;

## Send publication details to CVRN and VCCRI; and

* Adhere to the principles in the [Australian Code for the Responsible Conduct of Research](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018) regarding the inclusion of VCCRI Innovation Centre staff as authors on all publications and presentations associated with this work.

### Signature of Chief Investigator

Signature Date

Please sign by drawing or inserting an image of your signature