JEFF GITTUS LUNG TRANSPLANT FELLOWSHIP



**SMALL PROJECT FUNDING GRANT FOR 2020**

**APPLICATION FORM**

Please fill in using Arial 11

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*Please provide the following details:*

**APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S DEPARTMENT OR PLACE OF RESEARCH / WORK:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1 RESEARCH INFORMATION**

1.1 **Project Title**

 Title: (in less than 200 characters)

1.2 **Summary in Plain Language**

 Briefly describe the research proposal in plain language (less than 150 words)

1.3 **Reasons for Undertaking this Research**

Briefly indicate why you wish to undertake this research project and describe clearly how the project will improve lung transplant patient outcomes.

If the research forms part of a recognised postgraduate course, please state the nature of the course and the institution at which it is being carried out. (less than 300 words)

**2 INVESTIGATOR INFORMATION**

2.1 **Principal Investigator - (the Applicant)**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Current Position |  |
| Department |  |
| Organisation |  |
| Address |  |
| Email Address |  |
| Phone (mobile) |  |
| Role in Project(brief: 2 - 4 lines) |  |
| Signature | Date |

2.2 **Associate Investigator/s (add up to five)**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Current Position |  |
| Department |  |
| Organisation |  |
| Address |  |
| Email Address |  |
| Phone (mobile) |  |
| Role in Project(brief: 2 - 4 lines) |  |
| Signature | Date |

Add extra table/s for other Principal/Associate Investigators.

2.3 **Alfred Staff Member Supervising Project**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Current Position |  |
| Department |  |
| Organisation |  |
| Address |  |
| Email Address |  |
| Phone (mobile) |  |
| Role in Project(brief: 2 - 4 lines) |  |
| Signature | Date |

2.4

 **Curriculum Vitae of Principal Investigator (only)**

Attach the full Curriculum Vitae of Principal Investigator. Include qualifications (tertiary onwards), employment history, publications, conference presentations, letters published in journals, abstracts, research funding, research-related prizes/awards etc.

 Indicate with an asterisk those that are relevant to this project.

**3 DEPARTMENT INFORMATION**

3.1 **Proposed Location of Research**

 (e.g. Department at The Alfred or other institution/ organisation)

**4 RESEARCH DETAILS**

4.1 **Aims of the Research**

 List the specific aims and potential significance of the research. Hypotheses to be tested should be clearly stated. (less than 150 words)

4.2 **Key Goals**

 Describe what you are trying to achieve or prove in this project by listing up to 3 key goals or objectives. You will be asked to report progress against these goals. Keep in mind the project is intended to be for a duration of 12-18 months.

|  |  |
| --- | --- |
| **GOAL** | **Estimated time for completion (months: e.g. FEb 2020- May 2020** |
| 1.  |  |
| 2.  |  |
| 3.  |  |

4.3 **Background and Research Plan – 1**

 Use 11 point Arial and do not exceed 3 pages for the core of research plan (including reference list).

 **Background:** Summarise your own work and that of others relevant to the proposed research. This would include a brief literature review.

 **Research Plan:** Indicate the successive steps planned in the development of your project. Ensure that sufficient detail is provided to enable the assessors to understand and comment upon the proposal.

 **References relevant to this project:**

 Provide a list of references relevant to support your research & project that you have cited in your research plan (maximum 20)

|  |
| --- |
|  |
|  |
|  |

4.4 **Ethical Implications of the Proposed Research**

 Briefly summarise the ethical implications of this project (less than 350 words)

In answering this question, carefully consider how this project will affect any patients involved. Identify the ethical implications of privacy issues, other patient contact or access to medical records involved in the proposal. Explain how these issues will be addressed.

 Ethical approval must be obtained **before** commencement of the project, whether or not the project is funded by the Jeff Gittus Fellowship. Further information on the ethics approval process can be found at <https://www.alfredhealth.org.au/research/ethics-research-governance> for human ethics.

**5 EXPENDITURE**

5.1 **Proposed Expenditure – Maximum $10,000**

 Provide details of proposed expenditure budget using the headings below as a guide:

 **Salaries** (e.g. data manager, backfill for Principal Investigator)

 **Maintenance** (consumable items to be purchased)

**Equipment** (include details of the supplier)

 **Other**

 *Note that travel will only be funded if directly related to undertaking the project, or a maximum of 25% can be used to use towards presenting the project at a relevant local, national or international scientific meeting.*

*(Infrastructure / indirect costs of research should not be requested)*

**TOTAL:**

5.2 **Justification of Budget**

 Please provide a transparent explanation of where and how the funds are to be spent. Provide sufficient details to enable the assessment panel to fully understand how you arrived at your budget figures.

 Please detail if other funding sources are available to supplement aspects of the project budget not requested above.

**6 OTHER FUNDING**

**Research Support from All Sources (for Principal Investigator only)**

6.1 Include scholarships/fellowships and all other funding applied for. Indicate whether applied for in the capacity of principal investigator or associate investigator. Postgraduate scholarships or salary-based awards are not taken into account when determining the amount of research funding received.

 Please list in the following order:

 (i) PREVIOUSLY HELD (LAST 3 YEARS ONLY)

 (ii) CURRENTLY HELD (at time of submission of application)\*

 (iii) REQUESTED (for next year)#

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT TITLE**  | **NAMES OF INVESTIGATORS** | **FUNDS (year and $ amount)** | **FUNDING SOURCE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*If applicable,give details below of any overlap in funding for the Jeff Gittus Fellowship and any currently held grant applications

#If pending grants are successful, please indicate below how the Jeff Gittus Fellowship is distinct from the pending application

**7 CONDITIONS**

 Please ensure you have fully understood the conditions before signing.

**7.1 Funding and Duration**

7.1.1 The Jeff Gittus (JG) Fellowship funding is to be applied **only** to the work described by the successful submission. Funds should not be used for infrastructure costs or travel unless these are directly related to undertaking the project or a max of 25% can be used to present the results of the study at a local, national or international meeting. (this needs to be clearly identified in the budget costs)

7.1.2 Grant funds will be managed by Lungitude Foundation and Prof Greg Snell, Head of the Lung Transplant Service. Expenditure reports will be due at 6-monthly intervals, according to a schedule outlined in the letter of award.

7.1.3 Ethics Committee approval must be obtained, where applicable, prior to commencement of the relevant sections of your project. The Ethics Approval certificate must be provided to the JG Fellowship Committee.

7.1.4 Additional funds may be accepted by the researchers from other sources, but the extent of such additional funding must be notified to the JG Fellowship Committee.

 7.1.6 Funding from JG Fellowship is for **up to 18 months**. The project may be extended beyond 18 months in extenuating circumstances with the approval of the JG Fellowship Committee but no additional funds will be allocated. Requests to extend the project duration will only be considered if submitted at least two months in advance of the original end date.

* + 1. The JG Fellowship Committee must be notified of any disruptions to research activity that are due to personal circumstances (e.g. maternity leave, carer’s leave or illness) that may affect the completion of the project.
		2. It will not normally be possible to extend the grant beyond 12 months of the original end date. (Exceptions may be considered for personal circumstances.) Delays to the commencement of the research project will contribute to the 12-month extension limit. No additional funds will be made available to extend the grant or for any other reason.
		3. The JG Fellowship Committee will make payments as per the following schedule: 80% at commencement of the project, around the 1 Feb 2020, and the final 20% will be paid upon receipt and approval of the final project report.

**7.2. Reporting**

* + 1. Scientific: Awardees will be required to submit a 6 month or annual progress report (depending on length of project) and a final report to the JG Fellowship Committee
		2. Expenditure: Awardees will be required to submit expenditure reports to the JG Fellowship Committee at six-monthly intervals and at the conclusion of the award

**7.3 Location of Research**

 All work must be done in the location(s) stated in the research project plan.

**7.4 Research Presentations & Papers Published**

All presentations given and papers published related to the research project which the JG Fellowship has funded must specifically acknowledge the support of Jeff Gittus Fellowship and Lungitude Foundation. The JG Fellowship award winner must also present the results of the research project at the Annual Lungitude Foundation Research Presentation.

**7.5 Termination of Funding**

 The JG Fellowship Management Board reserves the right to terminate funding where progress is deemed unsatisfactory.

**7.6 Application declaration**

 **I, ……………….., have read and understood the conditions attached to the granting of this award and, if successful, agree to adhere to them as a condition of receipt of funding from The Alfred. To the best of my knowledge, all the information and details provided in the application (including annexures) are correct.**

**Name of applicant Signature of applicant: Date:**