# LUNGITUDE FOUNDATION LUNG TRANSPLANT RESEARCH GRANT

 **RESEARCH PROJECT FUNDING APPLICATION**

Please fill in using Arial 11

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*Please provide the following details:*

**APPLICANT’S NAME: xxxxxxxxx**

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

Please refer to [Lungitude Foundation Constitution](https://www.lungitude.com.au/wp-content/uploads/2016/11/LTRA-Model-Rules.pdf) and in particular Section 2 which refers to the Purpose and therefore projects Lungitude can consider supporting

*2 Purposes*

 *2.1 The purposes of the Association are to—*

*2.1.1 To facilitate, undertake and publish medical and health research for lung*

*transplantation, and where appropriate other human organ transplants, to address the*

*clinical syndrome of Chronic Lung Allograft Dysfunction (CLAD) and associated*

*diseases and medical conditions including, but not limited to, Bronchiolitis Obliterans*

*Syndrome (BOS), Restrictive Allograft Syndrome (RAS), Cytomegalovirus (CMV)*

*disease, fungal diseases and associated complications; together with promoting and*

*supporting improvements in medical procedures, treatments and strategies for patients pre, during and post-transplantation; and*

*2.1.2 To maximise the range of choices and opportunities to enrich the quality of their*

*lives of people who need or receive a lung transplant, and/or other organ transplants,*

*and their carers with the aim of reducing patient morbidity and mortality.*

*2.2 To achieve its principal purposes the Association may, without limitation—*

*2.2.1 Promote and facilitate donations, fundraising programs and contributions from*

*the general public which enhance the purposes of the association;*

*2.2.2 Promote and foster co-operation and mutually beneficial activity and support*

*among organisations undertaking activities related to the purposes of the association;*

*and*

*2.2.3 Promote and foster advocacy and community awareness programs relating to*

*lung and other organ transplantations related to the purposes of the association.*

**1 RESEARCH INFORMATION**

1.1 **Project Title**

1.2 **Summary in Plain English (for non medical person to understand) (max 400 words)**

1.3 **Summary in Plain/Science Language (Max 400 words)**

1.4 **Reasons for Undertaking this Research (Max 300 words)**

**2 INVESTIGATOR INFORMATION**

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

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

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

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

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

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

2.3  **Individuals Supervising Project**

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

2.4

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

**3 DEPARTMENT INFORMATION**

3.1 **Proposed Location of Research**

**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)

**Hypothesis:**

**Aims:**

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.

|  |  |
| --- | --- |
| **GOAL** | **Estimated time for completion (months: e.g.Jul 2024- Dec 2025)** |
| 1. xxxx
 |  xxxx |
| 2. xxxx | xxxx |
| 3. xxxx | xxxx |

4.3 **Background and Research Plan – 1**

 **Background:**

 **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:**

4.4 **Ethical Implications of the Proposed Research**

**5 EXPENDITURE**

5.1 **Proposed Expenditure – Maximum $30,000 per annum (for 2 years of project funding)**

 (Complete sections that are relevant)

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

 **Total of xxxxx**

**Equipment** &/ or Consumables (include itemised list with costs anddetails of the supplier)

**Total of xxxxx**

 **Other planned expenditure costs**

**Total of xxxxx**

**TOTAL: $XXXXX**

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.

 **Final budget items**

 Year 1. XXXX

 Year 2. XXXX

Total budget **$XXXX**

 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 Lungitude Foundation Lung Transplant Research Grant and any currently held grant applications

#If pending grants are successful, please indicate below how the Lungitude Foundation Lung Transplant Research Grant is distinct from the pending application

None

**7 CONDITIONS**

 Please ensure you have fully understood the conditions before signing.

**7.1 Funding and Duration**

7.1.1 The Lungitude Lung Transplant Research Grant 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 Expenditure reports will be due at 6-monthly intervals, according to the 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 Lungitude Research & Grants 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 Lungitude Research & Grants Committee.

 7.1.6 Funding from Lungitude Foundation for this Research Grant is for **up to 24 months** . The project may be extended beyond 24 months in extenuating circumstances with the approval of the Lungitude Foundation Research & Grant Committee but additional funds are not guaranteed . 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 Lungitude Research & Grants Committee must be notified of any disruptions to research activity that are due to circumstances (personal or otherwise) such as maternity leave, carer’s leave or illness, Covid or Pandemic situations 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 in special 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.

**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 Lungitude Foundation Research & Grants Committee
		2. Expenditure: Awardees will be required to submit expenditure reports to the Lungitude Research & Grants 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 Lungitude Foundation Research Grant has funded must specifically acknowledge the support of Lungitude Foundation. The Lungitude Foundation Research Grant award winner must also present the results of the research project at the Annual Lungitude Foundation Research Presentation event.

**7.5 Termination of Funding**

 The Lungitude Foundation Research & Grants Committee 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 Lungitude Foudnation. 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:**