# Expression of Interest Form Alzheimer's Disease

### Alzheimer's Disease Research: Guide for Applicants

#### **Summary**

This form should be used by all researchers applying for a joint Alzheimer's disease research grant provided by the NFMRI and The Mason Foundation (managed by Equity Trustees).

Funding is available to support Australian research projects investigating potential causes, treatments and/or a cure for Alzheimer's disease. We strongly encourage women to apply and for the researcher leading the project day-to-day to be listed as the chief investigator, including mid-career researchers.

Grants will be awarded for a period no longer than three years. Expressions of interest (EOIs) in all three portfolios will be accepted, with a strong preference for projects that fall within portfolios 2 and 3

A key aspect of portfolios two and three is accessing <u>external capability and capacity</u> to undertake critical research with high translational value.

#### Portfolio 2

Support for strategic collaborative research activities that focus on advancing research and validating directions. Funding is designed to provide access to additional research skills not available through currently available funding or within the research institute.

#### Portfolio 3

Support to help bridge the 'valley of death'. This is the area where research is required to attract and compete for potential investors and collaborators. Funding mechanisms often do not support or encourage contract or non-academically interesting research activities necessary to answer critical research questions.

#### **About NFMRI**

The National Foundation for Medical Research and Innovation is a not-for-profit organisation that is entirely independent. It is not affiliated with any university, hospital, government or state body.

The Foundation was incorporated on 3 November 1977, previously as the Sydney Hospital Foundation for Research. The name was changed on the 2nd January 2014 to the National Foundation for Medical Research & Innovation. The Foundation provides support for medical research projects that support our mission.

#### Mission

"To advance innovations in medical research related to the nature, prevention, diagnosis, treatment and incidence of disease and other health problems that have a significant impact on the health of humans"

For more information on the Foundation and its strategy, please visit www.nfmri.org.au

#### **About The Mason Foundation**

The Judith Jane Mason & Harold Stannett Williams Memorial Foundation was established as a result of a generous donation in 2003 from Judith Jane Mason (nee Williams). The Foundation is named in honour of the benefactor and her Father, Harold Stannett Williams, who was born in the last years of the 19<sup>th</sup> Century. His daughter describes him as "a most intelligent, wonderful and charitable man". The memory of his personal generosity is enhanced through this Foundation, benefiting others in perpetuity.

The goal of The Mason Foundation is to achieve enduring, positive impact in the areas of Chronic Fatigue Syndrome and Alzheimer's disease through funding medical research principally into the causes, prevention and/or management of these diseases.

#### **Review Process**

Expressions of interest will be reviewed by our Research Advisory Committee shortlisting projects subject to available funding and alignment with our mission. Chief Investigators for short-listed projects will be invited to submit a more detailed research application, which will subsequently be put forward to the NFMRI Board for consideration.

Grants are awarded by the Directors of the Foundation on the recommendation of our Research Advisory Committee.

Applicants should carefully consider how their research project strategically aligns with the Foundation's mission and The Mason Foundation's goals and objectives. Applicants are advised to review the NFMRI website and supporting materials to understand the Foundation's strategy and the portfolios in which grants are awarded.

#### **Conditions of funding**

- The researcher who will be managing the project and spending the largest proportion of her or his time on the project should be listed as the Chief Investigator. The Foundation considers many other relevant factors apart from established track record when making funding decisions.
- Funding is provided for specific research projects rather than salaries. Project costs may include a component for support staff, but the Foundation will not support salary costs for the Chief Investigator.
- The Foundation supports biomedical, lab-based research projects that will lead to innovations such as drugs, devices, tools, therapeutics, vaccines, diagnostics etc.
- Funding requests under portfolios 2 and 3 should predominantly be to support expenses relating to the external collaborator.
- Institutions must provide strong, demonstrable support for commercialisation and translation.
- Only one application will be considered from each principal researcher per year.
- Funding is to be provided only for research activities associated with this project.
- Grants are provided to Australian research institutions.

#### **Funding exclusions**

- The Foundation does not offer top-up grants to NHMRC or ARC projects.
- The Foundation will only support the salaries of support staff and not the chief investigator.
- The Foundation does not support general university overheads, patent costs and associated expenses.
- The Foundation does not pay for travel or conferences.
- The Foundation does not support companies or projects where the IP is encumbered

#### How to apply

Researchers should firstly complete and submit the expression of interest form.

- Applicants must complete and submit the form provided. Scanned or modified copies of the EOI form may not be accepted.
- Only one additional page for figures, tables and diagrams referred to in the application can be attached.
- Incomplete applications will not be considered.
- Only one application will be considered from each principal researcher.
- Non-confidential information is requested.
- The application form and additional page of figures must include the surname of the applicant.

Please note that this form requires use of latest version of Adobe Reader.

All expressions of interest are to be submitted using our online submission form available here: <a href="https://nfmri.org.au/research-and-innovation/apply-for-support/research-project-submissions/">https://nfmri.org.au/research-and-innovation/apply-for-support/research-project-submissions/</a> by the closing date.

Late applications will not be accepted and applications received by email may not be considered. All queries should be directed to <a href="mailto:grants@nfmri.org.au">grants@nfmri.org.au</a> or by calling 0413 922 370

### **Contact Information**

Chief Investigator					
Title			ORCID#		
First name		Initial	Last		
Position					
Phone Number					
E-mail Address					
Organisation					
Department or Centre					
Faculty					
Street Address					
City			State		
Postcode					
Organisation Website					
Administering Institution					
Registered name					
ABN		Status	DGR1	DGR2	
Contact Person					
Phone Number					
E-mail Address					
Postal Address					
City			State		
Postcode					
Employment					
How long have you been employed by this organisation?					
When is your position's renewal date?				dd/mm/yyyy	

## **Proposal Overview**

Program / Project Name				
Primary disease or condition				
Total Program Budget				
Requested Amount				
Percent of Total Budget				
Grants: Research Portfolio				
Grant Period From	Gra	nt Period To		
Multi-Year?	Yes Dura	ation (years)		
	No	,		
Please briefly outline why this EOI a performing the research.	aligns with the selected portfolio,	the need for funding and	d highlight the group(s)	
Milestones Please indicate your key milestones, along with the completion date and associated costs				
Milestone		Completion Date	Cost	

Outline the aim(s) of the research
Strategic Fit (lay description): Briefly describe the innovation and how it aligns with the Foundation's mission and selected research portfolio.
Overview of the project (lay descriptions only are requested):
Who will potentially benefit from this research and innovation and why there is a need.
Does this research utilise quality systems?
ISO GLP GMP

Briefly describe the likely translational pathway and note any competitive advantages.

Briefly describe the research this grant will support and how it relates to advancing the innovation.
Briefly describe the research this grant will support and how it relates to advancing the innovation.
Briefly outline your experience in innovation, commercialisation and collaborations and what support is available through your institution.

## **Current and Past Funding**

Please list any funding you have received related to this innovation.				
Year from	Year to	Funding	from (name source e.g. NHMRC)	Amount
			Total Funding Received	
Intellectu	ual Prope	erty		
Is there intellectuarising from this		Yes No	Has an invention disclosure beer filed with your institution?	Yes No
Please identify a	II owners, invento	ors and right	s holders for the IP outline how IP is being man	naged for this research.
Please list any patent filings				
Date	Filing nu	ımber	Stage	

### **Certifications and Approvals**

#### **Ethical and Hazardous Implications of the Proposed Research**

- (a) EXPERIMENTATION ON HUMAN SUBJECTS
- (b) EXPERIMENTATION ON ANIMALS
- (c) The use of Potent CARCINOGENS or TERATOGENS
- (d) The use of IONISING RADIATION
- (e) Non-exempt RECOMBINANT DNA work

Does this research involve any of the listed activities?

Yes

No

I agree that the Foundation may share the information provided in this expression of interest with other potential funders and/or partners.

Please select

Yes

No

#### **Certification of Principal Researcher**

I certify that if any of (a) - (e) above are relevant and I/we am/are successful in obtaining a grant, the research will not commence until it has been approved by the relevant institutional committee. Successful applicants will be asked to provide evidence of such approval before grants are paid.

Please select

Yes

No

#### **Certification by the Head of Department**

I certify that the Head of Department has confirmed this project is appropriate to the general facilities of the department and is prepared to have the project carried out and/or project managed by the department.

Please select

Yes

No