

## Guide for Applicants

### Summary

This form should be used by all researchers applying for a Portfolio 2 or 3 research grant from the National Foundation for Medical Research and Innovation (NFMRI). The common focus of portfolio 2 and 3 grants is enabling research to access research capability and capacity beyond their labs and institution to advance their biomedical discoveries and innovations.

Please note that we will not be accepting applications for Portfolio 1 in 2017.

### 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](http://www.nfmri.org.au)

## 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 Trustees 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. 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.

## Funding exclusions

- Funding is provided for specific research project.
- The Foundation will only support the salaries of support staff and not the chief investigator.
- The Foundation does not support general university overheads.
- 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 use the form provided.
- 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 Foundation will accept both manual and digital signatures. 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](#): <http://www.nfmri.org.au/?p=1865> no later than **6pm AEST on Thursday, 6 April 2017.**

**Late applications will not be accepted and applications received by email may not be considered.**

All queries should be directed to [grants@nfmri.org.au](mailto:grants@nfmri.org.au) or by calling 0413 922 370

# Contact Information

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## Chief Investigator

|                      |         |       |  |
|----------------------|---------|-------|--|
| Title                |         |       |  |
| 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        |        |       |      |

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## Employment

How long have you been employed by this organisation?

When is your position's renewal date?

# Proposal Overview

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## Program / Project Name

Primary disease or condition

Total Program Budget

Requested Amount

Percent of Total Budget

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## Grants: Research Portfolio

Grant Period From

Grant Period To

Multi-Year? Yes

No

Duration (years)

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## Portfolio

Please briefly outline why this EOI aligns with the selected portfolio and the need for funding.

## Milestones

Please indicate your key milestones, along with the completion date and associated costs

Milestone

Completion Date

Cost

**Aim of the Research (lay description):**

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 outline your experience in innovation, commercialisation and collaborations and what support is available through your institution.

# Current and Past Funding

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Please list any funding you have received related to this innovation.

| From - to | Amount | Source |
|-----------|--------|--------|
|-----------|--------|--------|

Total Funding Received

# Intellectual Property

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|  |     |   |     |
|--|-----|---|-----|
| Is there intellectual property arising from this research? | Yes | Has an invention disclosure been filed with your institution? | Yes |
|  | No  |   | No  |

Please outline how intellectual property is being managed for this research.



# Certifications and Approvals

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## Ethical and Hazardous Implications of the Proposed Research

|   |  |
|---|--|
| (a) EXPERIMENTATION ON HUMAN SUBJECTS           | Does this research involve any of the listed activities? |
| (b) EXPERIMENTATION ON ANIMALS                  |  |
| (c) The use of Potent CARCINOGENS or TERATOGENS |  |
| (d) The use of IONISING RADIATION               |  |
| (e) Non-exempt RECOMBINANT DNA work             |  |
|   | Yes  |
|   | No   |

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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

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## Signature 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.

Print Name

Signed

Date

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## Certification by the Head of Department

I certify that (a) the project is appropriate to the general facilities in my department and that I am prepared to have the project carried out in my department and (b) similar equipment to that requested in this application is not available for this project within the department or elsewhere in the institution.

Name and Title

Department

Signature

Date