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| APPLICATION FOROUT OF CYCLE COLLABORATIVE GRANTS SCHEME |

**When completing this form, refer to the VU Out of Cycle Collaborative Grants Scheme information and guidelines (**[**http://research.vu.edu.au/vu\_oocrgs.php**](http://research.vu.edu.au/vu_oocrgs.php) **)**

**There is no formal due date by which applications are to be submitted.**

**Applications are to be lodged with:**

**Zana Stefanovski**

**Senior Officer, Research Funding**

**Office for Research**

**C302, Building C**

**Footscray Park Campus**

**PO Box 14428, Melbourne VIC 8001**

zana.stefanovski@vu.edu.au

The Office for Research is to be provided with one signed original copy.

**Applicant details:**

|  |  |
| --- | --- |
| **First named Chief Investigator** |  |
| **College/Centre/Institute** |  |

1. **Total funds requested in this application**

|  |
| --- |
|  |

1. **please include:**

 **External Partner Contribution college/Centre/Institute Contribution**

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1. **Project Title (short descriptive title of no more than 20 words in length)**

1. Is there a Media Opportunity for Vu regarding your Project? In no more than 50 words, in lay language, explain the Public Benefit relating to your Research.
2. Project Summary (In no more than 100 words, summarise aims, significance, expected outcomes, including community benefit, and nature of collaboration with external partner.
3. **Summary of participants, including all Chief and External Partner Investigators (to be retained in the same order throughout the application)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person****Number** | **Family name** | **Title** | **Initials** | **CollegeCentre/Institute** | **Role** **(CI or PI)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

1. **Research classification codes**

**(Refer to the Office for Research website at** [**http://research/res\_code.php**](http://research/res_code.php)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field of research (FOR) Classification codes** | **%** | **Socio-Economic Objective (SEO) codes** | **%** |
|  |  |  |  |  |  |  |  |  |
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1. **Participant details**

Individual details for each Chief or External Partner Investigator

Complete a new page for each participant listed in Section 6.

**Person number (see Section 6)**

**Name and personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **Title** |  |
| **First name** |  | **Second name** |  |
| **Role (CI or PI)** |  | **Sex** |  | **Email** |  |
| **Phone** |  | **Fax** |  |  |  |
| **School/Centre/Institute** |  |

**Current position**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position****title** |  | **Year/month appointed to vu**  |  |

#### Highest academic qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** |  | **Organisation** |  | **Country** |  |
| **Year/month awarded** |  | **(or) Date thesis submitted****(or) Conferred** |  |

1. **External Partner Organisation Details**

**Complete a copy of this page for each External Partner associated with the proposal.**

**Organisation contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** |  | **Title** |  |
| **First name** |  | **Second name** |  |
| **Phone** |  | **Fax** |  |
| **Email** |  |

**Organisation postal address (abbreviate the State)**

|  |  |
| --- | --- |
| **Organisation** |  |
| **Postal address line 1** |  |
| **Postal address line 2** |  |
| **Locality** |  | **State** |  | **Postcode** |  | **Country** |  |

1. **Budget**

**All costs should be quoted excluding GST.**

|  |  |  |
| --- | --- | --- |
| **Detailed Budget (List all items individually)** | **$ Amount****Requested** | **Other Support****(cash (C) and/or in-kind (IK); define which and source)** |
|  |
| **PERSONNEL****(include type and level of appointment and on-costs)****EQUIPMENT****MAINTENANCE****TRAVEL****OTHER** |  |  |
| **TOTAL:** |  |  |

1. **Certification By Chief and External Partner Investigators**

 **I certify to the best of my knowledge that:**

1. **This application adheres to the Out of Cycle Collaborative Grants Scheme Guidelines supplied to all applicants; and**

**2. If I am successful, I will accept the Conditions of Award relating to Out of Cycle Collaborative Grants Scheme; and**

**3. I understand and agree that all statutory requirements, as itemised in the application form, must be met before payment for the proposed research can be made; and**

1. **That this application has been subjected to the Quality Assurance processes for such applications provided by my College, Institute or Centre.**

**Names and Signatures of Chief/External Partner Investigators**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certification by College Research Director**
2. **I certify that this application has been reviewed within the College. The reviewer has indicated that this application addresses the criteria as set out in the guidelines and is of sufficient quality to be considered for funding.**

1. **I certify that the project that is the subject of this Application can be accommodated within the general facilities in my College and that sufficient working and office space is available for any proposed additional staff.**
2. **I am prepared to have the project carried out in my College under the circumstances set out by the applicant/s in this Application.**
3. **I have noted the time commitment which the investigator/s propose to devote to the project and certify that it is appropriate to existing workloads; and**
4. **I agree that this application adheres to the Out of Cycle Collaborative Grants Scheme Guidelines supplied to all applicants.**

**Note: A confidential statement may be forwarded if thought advisable.**

Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: All certifications must be signed and dated prior to submission of the Application.**

**Note: For applications which involve applicants from more than one College, it would be expected that the application is handled and certified through the College of the first-named Chief Investigator.**

FREE – FORM TEXT

**In no more than FIVE pages, provide the following information under the following titles:**

1. **Aims, significance and expected outcomes and impacts of the research. Include any specific hypotheses to be tested.**
2. **Research plan, methods, techniques and proposed timing.**
3. **Relevance of investigator skills, training and experience to the project.**
4. Role of each named investigator in the proposed research; include role of any other participant/s.
5. **Explanatory statement of track record of Chief and External Partner Investigator relative to opportunity.**
6. **Justification of the budget.**
7. **Relationship of the Project to a University Institute or Centre (Refer to:**

[**http://research.vu.edu.au/index.php**](http://research.vu.edu.au/index.php)

1. **Expected outcome of the research in relation to preparation of future proposal for further significant funding**
2. **Relevance of research to External Partner and Western region of Melbourne and beyond.**

**ITEMS ADDITIONAL TO THE PAGE LIMITATION:**

1. **List Project References (no longer than one page).**
2. **List of top ten Publications for each Chief/External Partner Investigator**
3. **Letter(s) of support from the External Partner** **(s) involved, including Financial Commitment – Both Cash and in-kind contribution.**
4. **Letter of Support from the College Confirming Financial Contribution.**