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**2023 Mark Hughes Foundation Centre for Brain Cancer Research**

**Brain Cancer Innovation Grants Application Form**

Applications close **5:00pm, Friday 29 September 2023**

Plain English Project Title

Chief Investigator (CIA) Information

***NOTE: you may only apply as CIA for one (1) application***

|  |  |
| --- | --- |
| **Title** |  |
| **Given Name (s)** |  |
| **Surname** |  |
| **Primary Employer** |  |
| **Current position/appointment held** |  |
| **Commencement date of current appointment** |  |
| **End date of current appointment** |  |
| **Appointment Full Time Equivalent**  (e.g. 1.0FTE = full-time; 0.2FTE = 1 day/week) |  |
| **Email** |  |
| **Telephone** |  |

Additional Chief Investigators

***NOTE: a maximum of 4 additional Chief Investigators will be considered***

**Please copy and paste the table below to include additional Chief Investigators.**

|  |  |
| --- | --- |
| **Title** |  |
| **Given Name (s)** |  |
| **Surname** |  |
| **Current position/appointment held** |  |
| **Email** |  |
| **Telephone** |  |

***Note****:*

* *A maximum two (2) page Track Record Statement must be attached for every Chief Investigator listed in this application.*
* *A statement on ‘relative to opportunity’ can also be included (if appropriate).*

Plain English Project Summary

**Project Description/Summary** (max. 300 words)

***Note****:*

* *Short summary of the project in* ***plain English*** *including description of the problem, how you intend to address the problem and the aims of the project. If successful, this will be used publicly.*
* *Your plain English summary should aim for a readability score between 70.0 and 60.0. For further details refer to the Assessment Criteria in the provided Guidelines.*

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**Is this a new project or the next stage of a previously funded MHF grant? Provide details of any related projects that are currently funded** (max. 300 words)

***Note****:*

* *Ongoing projects are not eligible for this funding round.*

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**Amount of total funding requested** (max. 25 words)

***Note****:*

* *Funding limit for this round is $120,000 per project.*

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**Please list up to 5 research keywords/phrases which could be used to describe your research more specifically.**

***Note****:*

* *Use this link for keywords -* <https://www.nhmrc.gov.au/sites/default/files/2019-03/research-keywords.pdf>*.*

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Collaboration

**Please list key project collaborators/associate investigators and their institutional affiliation** (max. 300 words)

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Assessment Criteria

1. **PROJECT OBJECTIVES, INNOVATION, RELEVANCE TO BRAIN CANCER AND OUTCOMES** (max. 1,000 words for Section 1)
   1. **What is your research question?**
   2. **What is the challenge or problem being addressed in this project?**
   3. **Who will benefit from this project?**
   4. **How will this project address the challenge or problem stated in 1.2?**
   5. **How is this project innovative?** *(How and why is this project innovative/differs from other research and published work?)*
   6. **How will this project add value, change and/or provide a different understanding to current practice or knowledge?** *What is the potential impact of this project? If outcomes are achieved, what are the next steps (funding, translation, implementation)?*
2. **PRoject DEScription** (max. 1,000 words)

**Scientific Description of the Project** *(Aims, method, research plan, roles of CIs and collaborators, research environment in relation to required infrastructure / equipment and relevance to brain cancer, timeline. Please include a list of key references as an Appendix to your application and combine into the one PDF document)*

1. **BUDGET**

**Please provide a detailed budget outlining all costs associated to the project requested in this application, including any in-kind or leveraged funding.**

***Note****:*

* *Administration fees are not an eligible budget line item.*

|  |  |
| --- | --- |
| **Description/Item** | **$** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  |  |
|  |  |
| **Total** | **$** |

**Please provide a brief justification of all budget items requested** (max. 300 words)

1. **TIMELINE AND MILESTONES**

**Commencement and Completion Details**

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| --- | --- |
| Expected start date:  *Note: MHF project grants must commence within 6 months of award* | End date:  *Note: funding is for 2 years* |

*Please provide a timeline for your project outlining key deliverables such as: receipt of ethics/safety approvals, staff/patient recruitment, development of study measures, data collection, data analysis, manuscript preparation etc. Examples have been added below.*

*Please add rows as required (and delete examples).*

| Date (Month and Year) | Deliverable |
| --- | --- |
| February 2024 | 1 – human ethics approval received |
| April 2024 | 2 – patients recruited |
| August 2024 | 3 – analysis of XYZ undertaken |
|  | 4 |
|  | 5 |
|  | 6 |

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| Certifications |
| **\*EMPLOYER CERTIFICATION** (e.g. Head of School, Line Manager/Supervisor)  **As Employer of the CIA, I confirm the following:**   * I have reviewed the application and funding conditions and confirm my support; * I confirm that adequate infrastructure and research support will be provided to the Applicant for the duration of the Grant; and * I confirm the Applicant’s appointment and am prepared to have the project carried out in my School/Discipline/Area under the circumstances set out by the Applicant.   **--------------------------------------------- -------------------------**  **Name and Signature Date** |
| **EMPLOYER CERTIFICATION** (e.g. Director/Department Head, General Manager)  **As Employer of the CIA, I confirm the following:**   * I have reviewed the application and funding conditions and confirm my support; * I confirm that adequate infrastructure and research support will be provided to the Applicant for the duration of the Grant; and * I confirm the Applicant’s appointment and am prepared to have the project carried out under the circumstances set out by the Applicant.   **--------------------------------------------- -------------------------**  **Name and Signature Date** |
| **CHIEF INVESTIGATOR (cIA) CERTIFICATION**  **As Chief Investigator, I confirm the following:**   * I certify that all information included in this application is true and correct.   **--------------------------------------------- -------------------------**  **Signature Date** |
| **chief INVESTIGATOR CERTIFICATION**  **As Chief Investigator, I confirm the following:**   * I have agreed to be included on this proposal and have reviewed the application.   **--------------------------------------------- -------------------------**  **Signature Date**  **Please copy and paste this table to include all additional Chief Investigators.** |

\* If you are unsure of who should sign-off your application, please contact the MHF Centre Manager at [Kylie.Hugo@newcastle.edu.au](mailto:Kylie.Hugo@newcastle.edu.au)

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| **APPLICATION CHECKLIST**  **As Chief Investigator (CIA), I confirm the following:**  All sections of the Application Form are complete.  All listed Chief Investigators have certified this application.  I have had my employer/equivalent sign-off on this application via the form provided.  I have included: Any references for Assessment Criteria 2 (Project Description), within the PDF application form.  I have attached: Maximum two (2) page Track Record Statements for all Chief Investigators listed on application.  I have attached: A statement on “relative to opportunity” for each Chief Investigator (if applicable).  I have reached out to the MHF Centre research stream leader (if applicable).  I have only applied as CIA on one application.  **If a Chief Investigator (CIA) from the University of Newcastle, I confirm the following:**  I have submitted a fully signed University of Newcastle application coversheet with my completed application. |