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#### RESEARCH GRANT APPLICATION FORM

**Please email to** **wmrf@momentumwaikato.nz** **before the closing date of this grant round referred to on the website.**

1. **Principal Applicant’s Contact Details**

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| --- | --- |
| Full name: |  |
| Iwi (if applicable): |  |
| Title / Position: |  |
| Name of institution at which carried out: |  |
| Address of institution: |  |
| Postal address of applicant: |  |
| Phone and fax numbers: |  |
| Email address: |  |
| Ethnicity:  |  |

1. **Project Summary**

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| --- | --- |
| Title: |  |

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| --- | --- |
| Abstract:(500 words max) |  |

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| ***Media Summary*** ***of Research or Project*** (200 words maximum)*Explain the research project, and its significance to health, in language understandable to the public as a press release.*  |
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| ***Outcome Statement*** *Explain what utility or benefits the research may have (e.g. leading to a treatment, diagnosis, product or service, not papers and abstracts etc - these are outputs).*  |
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1. **Funding Sought**

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| Total cost of project | $ |
| Other sources of funding | $ |
| **Amount applied for** | $ |

*Please note: the Foundation is not registered for GST.*

1. **First co-applicants’ details** *(if applicable)*

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| --- | --- |
| Supervisor name: |  |
| Full name: |  |
| Department: |  |
| Position:  |  |
| Organisation: |  |
| PO Box/Street no.: |  |
| Suburb: |  |
| City and Postcode |  |
| Telephone: |  |
| Email address: |  |
| Project Role: |  |

1. **Second co-applicants’ details** *(if applicable)*

|  |  |
| --- | --- |
| Supervisor name: |  |
| Full name: |  |
| Department: |  |
| Position:  |  |
| Organisation: |  |
| PO Box/Street no.: |  |
| Suburb: |  |
| City and Postcode |  |
| Telephone/Mobile: |  |
| Email address: |  |
| Project Role |  |

SECTION A: PROPOSED INVESTIGATION

***Nature and Purpose of Project***

*Provide sufficient detail for the Foundation’s Grants Committee to understand the nature and purpose of the investigation.*

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**Background and Significance of the Project**

*Provide a brief review of relevant published or completed research to show the significance of the project (and how it relates to previous or ongoing work by the investigators), if applicable. Minimise the use of abbreviations and provide an abbreviation key if abbreviations are used. As appropriate, include relevance or impact of current issue for Māori.*

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**Specific Aims of the Project**

*State the principal research questions/hypotheses and aims/objectives.*

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**Research Design and Methods**

*Describe the main methods to be used to achieve the aims of the project. Include information on goals and strategies for participation of Māori in this project. Outline specific measures that will be undertaken to strengthen health advancement for Māori participants or Māori communities.*

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**Statistical Analysis Plan**

*Describe the analysis plan for the project in sufficient detail that the Grants Committee can assess the appropriateness of the intended analyses and statistical methods. Sample size calculations should be included where relevant to demonstrate the adequacy of subject numbers.*

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***Research Impact***

*Describe the potential impact of the project on health outcomes, healthcare delivery and workforce development. Outline specific benefits to the Waikato region. Include information on potential advancement of Māori health, or improvements in equity that are expected from the project.*

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**Proposed Publication or Dissemination of Project's Results**

*Describe how you plan to disseminate the results.*

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**Proposed Timetable**

*State the estimated start and completion dates of the project and its components.*

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**References**

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SECTION B: SUPPORT FOR THE PROJECT

Institutional support available (provide details under the following headings)

1. Location

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1. Funding from other sources

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1. Availability of necessary support services

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**Note:** Applicants should ensure that they have the support of their institution and that the necessary space, facilities, insurance cover, maintenance, services and technical assistance are available. Confirmation of this by the Head of Department in the relevant Institution guaranteeing these requirements is required, either in Section E or as a separate letter attached to the application.

**Ethical Approval**

All successful applications involving human and animal subjects must seek Ethical Approval. This ***approval*** is not required on application but is required ***to complete grant funding requirements.*** Ethics Approval must be obtained within six months of the grant being awarded, after which time the grant may be withdrawn.

A copy of this approval should be forwarded to the administrator to complete the Grant requirements prior to funds being released. For human subjects, online HEDC applications are made at <http://ethics.health.govt.nz>

SECTION C: DETAILED BUDGET

Provide a detailed budget with full supporting documentation, calculations and the period of expenditure. Grant support is usually limited to 12 months, but a longer period (up to two years maximum) may be granted at the discretion of the Trustees if clearly justified below.

Suggested headings are given below, but some categories may not be relevant to your project. Lack of justification will result in a reduced overall score.

If you are only applying for part-funding from WMRF, clearly identify what is being paid by other sources.

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| --- | --- |
| Headings | **Amounts** |
| Project personnel | $ |
| Equipment / assets\* and related expenses | $ |
| Consumables | $ |
| Travel / accommodation & field expenses (not conference) | $ |
| Computing / data management / statistical assistance | $ |
| Library Services | $ |
| Other services (for example, attending a workshop, photography, transcription services) | $ |
| Publication costs (including publishing charges, photography, printing, etc) | $ |
| Communication costs (postage, telephone, etc) | $ |
| Total Expenses | **$** |

**\***Attach quotations for cost of equipment.

Note: The Foundation does not support major capital items, including equipment, exceeding $5,000.

**Budget Justification**

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SECTION D: RESEARCH BACKGROUNDS AND CIRRICULUM VITAE OF PRINCIPAL APPLICANT AND PARTICIPATING STAFF

Please use the New Zealand MSI standard Curriculum Vitae Template. All of Part 1 and Part 2a should be completed. The total CV should not exceed 5 pages (2 pages for Part 1 and 3 pages for Part 2a).

The template is available from the WMRF website or is embedded below. Delete this paragraph and copy and paste the completed C.V. here.



SECTION E: CERTIFICATION

Certification that the Director/Head of Department or relevant controlling officer, has agreed that the work may be undertaken in the applicant's institution.

Principal Applicant:

Applicant Signature:

Authorising Official:

Title / Position:

Signature:

Referee Peer Review

Ensure that the Foundation receives a minimum of two confidential referees’ reports from scientists or clinicians that can provide an independent and unbiased assessment of the project.

**Referees from the same department will not be considered. Referees with a close working relationship, recent co-publication or collaboration would be considered biased and may result in a reduced score.**

In addition, the committee may seek additional evaluations from independent reviewers that it chooses. Please advise names of any potential reviewers that the applicant believes, for whatever reason, may not give fair reviews.

It is the responsibility of the Applicant to ensure that Referee Peer Review is completed and submitted by the due date <https://wmrf.org.nz/referee-peer-review/>