

**2019 GALLIPOLI MEDICAL RESEARCH FOUNDATION INNOVATION GRANT APPLICATION FORM**

#  LEAD PERSON

Name:

Position:

Work Area:

Work No. Mobile No.

Email:

Postal Address:

Suburb: State: Post Code:

 **PROJECT TEAM** *(Who? Who you will need for the project)*

Please include a complete list of project team members with your application. For each team member please provide the following information: Name, Position, Work Area, Facility, Work No., Mobile No. and Email

#  PROJECT DETAILS

Project Title:

Funding Requested: $

#  CHECKLIST – OFFICE USE ONLY

Application Form Project Submission Budget Project Team List (if applicable) Letter of Support from supervisor Referencing

#  Panel Score:

Approved

Not Approved Amount Awarded: $ Comments:

#  PROJECT SUBMISSION NOTES

* If possible, your application should be no more than 2,000 words
* Use simple, direct and common Australian English and spelling
* Tables and figures should be appropriately labeled and clearly presented

#  PROJECT AIM

*(The ‘Why?’ Why you are applying for a project grant and what do you hope to achieve?)*

#  OBJECTIVES

*(What? What you will be doing and the expected outcomes of your project. Outline current procedures/outcomes and how your project will improve on these.)*

#  METHOD

*(How? Project outline and details of how you plan to implement it).*

#  PROSPECTIVE TIMEFRAME

*(When? Project timeline)*

#  BUDGET

Please provide an itemised budget indicating how the grant will be utilised (e.g. salaries, publication expenses, administration costs etc). **The maximum value of the Innovation Grant is $15,000.**

**Note.** No more than 10% of funding may be used towards items of capital expenditure, travel, accommodation or other similar expenses.

Cost

|  |  |  |
| --- | --- | --- |
| **1. Salaries/Wages** | Positions, grade, duration, FTE, etc. | $  |
| **2. Administration** | Printing, binding, photocopying etc. | $  |
| **3. Equipment** | Telephone, storage etc. | $  |
| 4.  |  | $  |
| 5.  |  | $  |
| 6.  |  | $  |
| 7.  |  | $  |
| **TOTAL** |  | $  |

#  DISSEMINATION OF Project Options

**REFERENCES**

**Gallipoli Medical Research Foundation**



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