# **2024 Contestable Research Grant Application Form – Round 2**

## instructions:

Read the **Contestable Research Grant Guidelines (Round 2)** before preparing your application.

The grant closes at **12pm, Thursday, August 15th , 2024.**

The application form and all accompanying documents must be submitted by this date.

The boxes will expand with typing – delete any *italicised instructions* in the boxes after reading.

In the header on p.2 write the Applicant’s surname, and whether the application is for Grant Category **A**, **B**, **C** or **D**.

To submit your application:

1. Save the completed application form, the Bio Sketches, and any electronic copies of supplementary documents as pdfs.
2. Hard copies of any supplementary documents should be scanned.
3. Include a covering list of any accompanying documents.
4. Email to: **research@waitematadhb.govt.nz**

PLEASE NOTE: Late applications, incomplete applications, applications sent in the wrong format, using the incorrect version or which exceed the maximum length may not be considered.

***SECTION 1: PROJECT DETAILS***

### 1. Principal Investigator\*

|  |  |
| --- | --- |
| Name |  |
| Department |  |

\* the contact person for all correspondence

### 2. Full Project Title

|  |
| --- |
| *Maximum 80 characters (including spaces and punctuation)* |

### 3. Grant Application Value (tick one)

|  |  |
| --- | --- |
| Category A (maximum $100,000)  |  |
| Category B (maximum $50,000) |  |
| Category C (maximum $30,000) |  |
| Category D (maximum $20,000) |  |

### 4. Total Grant Amount Requested

|  |
| --- |
| **$**  |

### 5. Summary of Proposed Research

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| --- |
| Describe in up to **250 words** the nature of your proposed research in plain English for an educated lay audience. This should be a clear, stand-alone summary of the context, objectives, methods and potential outcomes/benefits of the project. |

### 6. Keywords

|  |
| --- |
| List up to 5 keywords that describe your proposed research  |

### 7. Project Duration (maximum 24 months)

|  |  |
| --- | --- |
| Start date (dd / mm / yyyy) |  |
| End date (dd / mm / yyyy) |  |
| Project duration (in months) |  |

### 8. Principal Co-Investigator / Investigators / Advisors *(add more rows if required)*

|  |  |
| --- | --- |
| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |
|  |  |
| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |
|  |  |
| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |
|  |  |
| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |

### 9. Health New Zealand - Waitematā Department(s) / Specialities

|  |
| --- |
| Department (s) / specialties where research will be undertaken  |

## SECTION 2A: Proposal

The Proposal section of the application, excluding references, must not exceed **six (6)** pages in length using Arial font size 12.

This section must include the following headings and evidence of any co-design / community consultation at any of the stages of the research development.

|  |
| --- |
| **Rationale for research***What is the research gap, and describe how you discovered this. Illustrate what is currently known about this issue and the significance of this. The information here must relate to Waitematā District (patients / services / priorities etc.), and also describe how the research fits with Health NZ priorities and those of Service Innovation & Improvement.*  |

|  |
| --- |
| **Research question***State your research question(s).**(If there is more than one research question, these should be numbered and be reflected in the outcomes stated below.)* |

|  |
| --- |
| **Research design and methods***State your research design, also identifying whether the methodology is qualitative, quantitative or mixed-method.* *From the following, include information that is relevant to your study methodology.* *Describe the participant population, including setting, eligibility, recruitment / sampling strategies. State the study sample size and how this was generated, and likelihood of achieving the proposed sample size. Significance level, power calculations and estimated effect size should also be included.* *If this research includes an intervention, this will need to be described as well as the comparator or control or standard of care.* *Discuss data collection or generation methods (data sources, data points, tools, measures, amount of data; or survey questions / interview schedule – these can be supporting information. See Section 5.) and the data that will be collected / generated. Also discuss the theories, paradigms or frameworks that will influence this part of the research.* *Analysis may include some of the information around sample size and associated calculations. Describe what statistical tests will be used and state what outcomes these relate to. For qualitative research, indicate what theories / paradigms or frameworks will be utilised as well as how the data will be analysed and by who. A reflexivity statement may be relevant here.* *If your proposed research has more than one research question or has sub-studies, all the relevant information from the examples above will need to be stated for the secondary questions / sub-studies.* *Methods must be transparent and reproducible.* *Describe the study team roles at each stage and any additional input from specialists / advisors / stakeholders.* *Include a timeline that plots the study milestones that occur within the grant duration.*  |

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| **Research Impact***Describe: 1.) the benefits that will result from this research and who or what these relate to, and 2.) the dissemination and knowledge transfer plan for the research outcomes.*  |

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| **Expertise and track record of research team***Give details of the research team and their research experience and/or professional / clinical skills and knowledge that will support the timely and successful completion of the research project.*  |

## SECTION 2B: EQUITY

For this section answer the following two questions. There is a maximum of 1 page for this section.

|  |
| --- |
| **What are the equity issues in your research area?**  |

|  |
| --- |
| **How will your research address these?**  |

## Section 3: References

|  |
| --- |
| List all references using an appropriate referencing format (APA, Harvard, Vancouver etc.). There is no page limit for references.  |

## SECTION 4: Proposal Research Budget

### 1. Budget

Items that are eligible to be funded by this grant are described in the Contestable Research Grant Guidelines. The budget must be reviewed by Health NZ - Waitematā District Research Management Accountant and viewed by the Service Manger or Operations Manager at sign-off of Section 7 of this application form.

Itemise all materials and research expenses being requested and the years these are required (e.g. Year 1, Year 2). Also list any items / costs covered by another funding source and identify the source. Give further details under **2. Other Funding.**

Include justification for the materials and research expenses requested from this grant.

|  |
| --- |
| **Materials and research expenses requested from this grant:***Itemise materials and expenses, including amounts, and indicate which year of the project these will be required if the project is longer than 12 months.* *You may modify this table by splitting it into additional rows and columns.*  |

|  |
| --- |
| **Justification of costs.***Follow order of items from above table.*  |

|  |
| --- |
| **Materials and research expenses covered by other awarded grants:** |

### 2. Other Funding

Have other funding partners been approached or agreed to partially fund (in kind or financial) this application? (Please tick.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **NO**  |  |  | **YES**  |  | Please give further details below.  |
|  |  |  |  |  |  | NOTE: You should only tick Yes if a budget has been submitted to another funder. |

|  |
| --- |
| *Provide details including funding body / organisation approached, dollar amounts or FTE requested, deadline for result (if outcome not already known) and impact on this study if this support is not successful.* |

## SECTION 5: supporting information

### 1. Supporting Statement / Additional Information

|  |
| --- |
| *Applicants are invited to include any additional information or supporting statement relevant to this application that they wish to be taken into account when assessors review the application.* ***Maximum 250 words.*** |

### 2. Peer review

|  |
| --- |
| *List below any peer reviews obtained for the research described in this grant application, and the reason for the peer review (e.g. Ethics approval or describe other) and submit the review(s) with this application.*  |

### 3. List of Additional Supporting Documents

|  |
| --- |
| *List all supporting documents that accompany this application. Supporting documents must either have file names or headers /titles that match the list. This section may include surveys, or interview schedules, in a condensed Word document.*  |

## section 6: current approvals

**1. Health NZ - Waitematā District Institutional Approval**

Has this research already been registered with the Waitematā District Research & Knowledge Centre? (Tick applicable response and complete textbox if further information is required.)

|  |  |  |
| --- | --- | --- |
| **YES** |  | State the 5 digit Waitematā project registration number RM or WAI: Attach the signed existing Approval of Research form, or if this is not signed, complete Section 7 of this application form.  |
|  |  |  |
| **NO** |  | Submit evidence of manager and / or clinical leader sign-offs (e-mailed approvals or signed form) with your grant application. See Section 7 of this application form for details.  |

**2. Ethics Approval**

Has an application been submitted to either a Health & Disability Ethics Committee (HDEC) or Institutional Ethics Committee (IEC)?

(Tick applicable response.)

|  |  |  |
| --- | --- | --- |
| **YES** |  | *State Ethics Committee name and Ethics application reference.*  |
|  |  |  |
| **NO** |  | Funds cannot be released until any necessary Ethics approvals are obtained and Waitematā District Locality Approval processes completed.  |
|  |  |  |
| **N/A** |  | This project has been assessed as not requiring any Ethics Committee approval.  |

## SECTION 7: SIGNATURES

### Principal Investigator

I confirm the information provided in connection with this proposal is complete and accurate, and I accept all terms, conditions and notices contained in the guide and notices regarding use of funds if successful.

**Name:**

**Signature:** **Date:**

### \* Clinical Director / Clinical Team Leader / Professional Leader

I confirm that the study design and methodology are sound, the resources adequately identified and accounted for, the investigator(s) is/are capable of undertaking the research, the proposed timeline is feasible and the research participants identified for this study are not over researched.

**Name:**

**Signature:** **Date:**

### Service / Operations Manager

I confirm that the project has been clinically evaluated and approved by the Clinical Director / Clinical Team Leader / Professional Leader, that it is relevant to the Health New Zealand - Waitematā strategic direction and that I have reviewed the budget and all resources are adequately identified.

**Name:**

**Signature:** **Date:**

\* If the applicant is one of these roles, this sign-off must be completed by a Divisional Clinical Lead.