# 2024 Contestable Research Grant Application Form

## instructions:

Read the **Contestable Research Grant Guidelines** before preparing your application.

The grant closes at **12pm, Wednesday, April 3rd, 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 this form, and the CVs 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

|  |
| --- |
| 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.*  |

|  |
| --- |
| **Research design and methods***Describe research methodology, participant population and recruitment strategy, data collection or generation method (data source, data points, amount, or survey questions / interview schedule), analysis methods (including information, if necessary, on sample size and effect size, or qualitative theory / frameworks / methodology), input from specialists, and study team roles at each stage.* *Include a* ***timeline*** *to determine likelihood of study completion within grant duration.*  |

|  |
| --- |
| **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.*  |

|  |
| --- |
| **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 New Zealand - Waitematā 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.*  |

|  |
| --- |
| **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. |

|  |
| --- |
| *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 the peer reviews obtained for this research, 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, interview schedules in a condensed Word document.*  |

## section 6: current approvals

**1. Health New Zealand - 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 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.