

summer foundation   
competitive reseaRcH grant   
**Expression of interest form**

Institution

# GENERAL INFORMATION

|  |  |
| --- | --- |
| Principal Investigator name |  |
| Amount requested (excluding GST) | $ |
| Duration of the study |  |
| Has work on the project already begun? (Double click check box) | Yes  No |

# PROJECT SUMMARY

|  |
| --- |
| Project title (Maximum 100 characters) |
|  |
| Project hypotheses (Maximum 100 words) |
|  |
| Project methodology (Maximum 200 words) |
|  |
| Describe any benchmark or control group that results will be compared against. (Maximum 50 words) |
|  |

# project outcomes

|  |
| --- |
| **KEY MESSAGES** What are the potential outcomes and likely benefits for people with disability coming out of the research?  (Maximum 100 words) |
|  |
| **TRANSLATION** If the intervention is shown to be successful, what will be necessary for the findings to be translated into practice, and how will this be achieved? (Maximum 200 words) |
|  |

# principal investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| First name |  | Last name |  |
| Phone |  | Email |  |
| Position |  | Department |  |
| Institution legal entity name |  | ABN |  |
| Institution trading name |  | Primary role | Academic  Clinical   Other  If other please detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution physical address |  | Institution postal address |  |

# Project adminstrator details (only complete if different to above)

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| First name |  | Last name |  |
| Phone |  | Email |  |
| Position |  | Department |  |

# Co-investigators

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Current appointment | Institution | Most relevant qualification | Hours/week devoted to the project | Email address | Phone number |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# REVIEWERS

Please list 2 referees. Referees must be provided with your application and signed before submission.

**Referee 1**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Institution |  |
| Email address |  |
| Phone |  |

**Referee 2**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Institution |  |
| Email address |  |
| Phone |  |

# budget

* REQUIRED ACTION: Please include a detailed budget as an attachment to the EOI

|  |  |
| --- | --- |
| Has funding previously been obtained for this project? | Yes  No |

*If Yes, please provide detail in table*

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Year | Amount funded | % of project |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Is funding currently being sought from other funding bodies? ? | Yes  No |

*If Yes, please provide detail in table*

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Year | Amount funded | % of project |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Outline your ability to complete the project on time and on budget. (Maximum 300 words) |
|  |

# Applicant declaration

I declare that the information supplied in this application is true and correct and that all required supporting documents have been supplied. I have original copies of all submitted documents and understand that the Summer Foundation may request sighting the original documents for the purpose of verification. I acknowledge that all documents submitted will become the property of the Summer Foundation and will not be returned to me.

**Yes  No**

I understand that the information collected in this application form will enable the Summer Foundation to assess my application and, if my application is successful, create a Research Activity Funding Agreement. I also understand that if I do not complete all relevant sections of this application or fail to supply necessary supporting documentation it may not be possible for the Summer Foundation to process my application.

**Yes  No**

I understand that it is a serious offence under the Criminal Code of the Australian Commonwealth to give misleading or false information and I acknowledge that the Summer Foundation reserves the right to reverse any decision made about my application for research funding if it is found that I have provided misleading or false information.

**Yes  No**

|  |  |
| --- | --- |
| Name of authorised person making  this application and declaration |  |
| Position |  |
| Date |  |
| Signature |  |