**SHP Implementation Science Pilot Grants**

**2024 Application Form**

Applicants must address all questions using this template and refer to ***2024 Pilot Grant*** ***Guidelines*** while completing their application.

The deadline for submission is  **31st of May.**

Please use 11/12pt font size throughout and adhere to indicated word counts.

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| --- | --- | --- |
| **SECTION A – APPLICANT DETAILS** | | |
|  | **Name and title of Principal Investigator based at the University of Sydney** **or a SHP Partner Medical Research Institute (MRI)** | Title:  Name:  School and Faculty appointment:  Are you Investigators whose institution will be responsible for hosting the funds?  Yes  No  Phone:  Email:  Are you an EMCR, as outlined in the Guidelines?  Yes  No  Are you a member of the Implementation Science Academy Community of Practice?  Yes  No  If not sign up [here](https://implementationscience.com.au/get-involved/join-us/)  Biography included in Section D |
|  | **Name and title of Principal Investigator based at a SHP Health Service Partner** | Title:  Name:  Department name and appointment:  Are you Investigators whose institution will be responsible for hosting the funds?  Yes  No  Phone:  Email:  Are you an EMCR, as outlined in the guidelines?  Yes  No  Are you a member of the Implementation Science Academy Community of Practice?  Yes  No  If not sign up [here](https://implementationscience.com.au/get-involved/join-us/)  Biography included in Section D |
|  | **Administrating institution and Name of Finance Contact:** | Administrating Institute:  Name:  Position:  Email:  Phone: |
|  | **Collaborators employed by a SHP Partner Organisation (Max 8)**  *.* | Biographies included in Section D |
|  | **External collaborators not necessarily employed by a SHP Partner Organisation (Max 5)**  *.* | Biographies included in Section D |
|  | **Please list the name(s) of all the health services or institution(s) where grant activities or research will be conducted for the project. Please include:**  *Name of institution, type of institution (e.g. Health Service, University, Medical Research Institute), Local Health District (if applicable), Type of healthcare service if applicable (e.g. Hospital/Tertiary care, Community health care, Primary care)*  *Insert additional rows as required.* | Name of institution 1:  Type of institution 1:  Local Health District 1 (if applicable):  Type of healthcare service 1 (if applicable): |
|  | **Please list the name(s) of all the health services or institution(s) where grant activities or research will be conducted for the project. Please include:**  *Name of institution, type of institution (e.g. Health Service, University, Medical Research Institute), Local Health District (if applicable), Type of healthcare service if applicable (e.g. Hospital/Tertiary care, Community health care, Primary care)*  *Insert additional rows as required.* | Name of institution 2:  Type of institution 2:  Local Health District 2 (if applicable):  Type of healthcare service 2 (if applicable): |

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| **SECTION B – PROJECT OVERVIEW** | | |
|  | **Project title**  *(Max 15 words)* |  |
|  | **Project summary in lay terms**  *(Max 150 words)* |  |
|  | **Total funds requested in this application**  *Request cannot exceed $20,000 (excl GST); applications that exceed this amount will not be reviewed.* | $ |
|  | **Funding available from other sources for this research project** | Yes (specify amount and source)  **If yes,** please explain how funding would extend and/or accelerate work that has already been funded from other sources  No |
|  | **Future plans to seek additional funding for your research**  *(Max 150 words)* |  |
|  | **Will the project require human ethics research and governance approvals?** | HREC application approval already received  HREC application already submitted and awaiting approvals  HREC application will be developed  HREC not required.  Please provide more information if an HREC application is not required |
|  | **Risk management:** Aside from ethics/governance approvals and staffing, are there any other potential delays or barriers that might affect the project’s progress, and what strategies will be implemented to mitigate such risks? *(Max 300 words)* |  |

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| **SECTION C– Project Proposal, Budget and Timeline** |

**16. Please describe the project based on the selection criteria. Use the selection criteria as headings to structure your proposal, including**

* Clinical or health service problem and aims of the project (25%)
* Feasibility of the research and implementation plan (25%)
* Reach and significance of anticipated impacts (20%)
* Collaboration and engagement, including consumer, community involvement and team organisation (30%):

The selection criteria can be found within the Sydney Health Partners Implementation Science Pilot Grants Guidelines under section 3.1.

The proposal can be a maximum of five (5) pages, comprised of:

Two pages for the Proposal (maximum)

One page of references (maximum)

Two pages for tables/figures (maximum)

**Start your Project Proposal on the next page**

**17. Research project timeline:** Please nominate a commencement date and include key deliverables and/or milestones.

| **Activity** | **Key Deliverable/Milestone** | **Due Date** |
| --- | --- | --- |
| *E.g. recruitment of project staff* | *2 Research Officers employed* | *1 December 2024* |
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**18. Project budget**

Provide an overview of the FTE and Level of any employees who will be contracted to the project using project funds.

| **Item** | **Description** | **Amount ($)** |
| --- | --- | --- |
| Salaries |  |  |
|  |  |  |
|  |  |  |
| Other direct research costs |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| In-kind contributions |  |  |
|  |  |  |
|  |  |  |
| **Total funds requested** | |  |

**19. Please outline any Conflicts of Interest:**

|  |  |
| --- | --- |
|  |  |

**Please don’t forget to complete Section D on the following page.**

|  |  |
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| **SECTION D – Project Team Details** | |
| **Principal Investigator based at the University of Sydney** **or a SHP Partner Medical Research Institute (MRI)** |  |
| **Affiliations** |  |
| **Brief biography**  (max. 150 words) |  |
| **Relevant publications**  (up to five) |  |

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| **Principal Investigator based at a SHP Health Service Partner** |  |
| **Affiliations** |  |
| **Brief biography**  (max. 150 words) |  |
| **Relevant publications**  (up to five) |  |

**Internal Collaborators**

8 Maximum

|  |  |
| --- | --- |
| **Principal Investigator based at a SHP Health Service Partner** |  |
| **Affiliations** |  |
| **Brief biography**  (max. 150 words) |  |
| **Relevant publications**  (up to five) |  |

**Internal Collaborators**

|  |  |
| --- | --- |
| **Principal Investigator based at a SHP Health Service Partner** |  |
| **Affiliations** |  |
| **Brief biography**  (max. 150 words) |  |
| **Relevant publications**  (up to five) |  |

**20. Principal Investigator Consent**

|  |  |
| --- | --- |
| **Lead Academic Investigator**  I consent to this application being submitted  Name:  Date: | **Lead Clinical Investigator**  I consent to this application being submitted  Name:  Date: |

Completed applications are to be submitted by **COB Friday 31st of May 2024** to: [shp.implementationscience@sydney.edu.au](mailto:shp.implementationscience@sydney.edu.au)

Please submit your application as one PDF document.

Label your application using the following format:

PI1Surname\_PI2Surname\_SHPISGrant2024\_Grant Proposal.pdf

For example: Sanchez\_Smith\_SHPISGrant2024\_Grant Proposal.pdf