**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[ ]  NoPhone:Email: Are you an EMCR, as outlined in the Guidelines?[ ]  Yes[ ]  NoAre you a member of the Implementation Science Academy Community of Practice?[ ]  Yes[ ]  NoIf 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[ ]  NoPhone:Email: Are you an EMCR, as outlined in the guidelines?[ ]  Yes[ ]  NoAre you a member of the Implementation Science Academy Community of Practice?[ ]  Yes[ ]  NoIf 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.* | $ |
| 1.
 | **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:**

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

**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

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