**DEBRA Research Grant Application 2018**

Please complete this form (electronically or in black ink), print one (1) FULL copy along with any supporting documentation, and mail to DEBRA PO Box 226 PITTSWORTH QLD 4356 and email one electronic copy in PDF format to [secretary@debra.org.au](mailto:secretary@debra.org.au)

***Please read the accompanying ‘Debra Australia Research Grant Application Guidelines’ in full before completing this application.*****SECTION 1: ADMINISTRATIVE INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1.1 Project Title |  | |
| 1.2 Name & title of applicant |  | |
| 1.3 Name & title of Principal Investigator (if different from the applicant) |  | |
| 1.4 Amount requested |  | |
| 1.5 Planned start and finish dates |  | |
| 1.6 Contact details for project correspondence - Name - Address - Telephone number - Fax number - Email |  | |
| 1.7 Names and positions of all personnel who will be involved in the project and % of time they will contribute (i.e. investigators, associate investigators, technical staff, students) |  | % |
| 1.8 Give details of any periods of >1 week that the Chief Investigator expects to be absent during the grant period |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.9 Details of support for related projects over the past 5 years obtained from all other granting bodies (including DEBRA Australia or International ) by the Chief Investigator and Associate Investigators, as well as any pending applications. | Funding Body | Project Title | Period (dates) | Amount ($AUD) |
| 1.10 Attach final reports (or latest progress report for uncompleted projects) and any publications associated with related projects receiving funding. |  | | | |
| 1.11 List any publications by the Principal and Associate Investigators from research previously funded by DEBRA OR research directly relevant to this application |  | | | |
| 1.12 Is there any person you request NOT to be contacted as a referee for this application? | Yes No (tick as applicable)  If yes, please specify details in a separate letter attached to your printed application. | | | |

**SECTION 2: PROJECT PLAN AND BUDGET**

|  |
| --- |
| **2.1 Project Description (maximum 3 pages)**  State whether the project is laboratory based, a clinical study, or both.  Provide relevant background to the project, the activities you will undertake and what you hope to achieve.  Describe the specific aims of the project and any hypotheses which will be tested. How is the project new or innovative?  Explain how the work covered by this application fits with and differs (if at all) from related projects that have been funded by other bodies. |
| **2.2. Impact (maximum 300 words)** Describe the expected impact of receiving the requested amount on the overall project and on children and adults with epidermolysis bullosa . |
| **2.3 Non-technical Description**  Provide a short description of the project (100 words maximum) in simple, non-technical language that is understandable by the general public, explaining the potential significance of the project and relevance to the health and wellbeing of children and adults with EB.  *(This information will be used in the Annual Report and on the DEBRA website and may be used in future press releases)* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4 Project milestones and budget**  Tabulate the project milestones or key activities for the project, together with the estimated start and end dates and the cost of each stage. Briefly describe what each stage involves. | | | | | | | | |
| Milestone/Key activity 1. 2. 3. | | | Start date | | End date | | | Estimated cost |
| **2.5 Budget Estimate and Justification**  List proposed budget items, giving the unit cost and estimated total amount to be expended during the year. Note the project maximum is $40,000 but applicants should only apply for the amount that is needed for the project. Eligible items may include equipment, consumables, employment of technical staff. Non-eligible items include: travel, wages of senior investigators.   ***(Note that institutional or administration levies will not be funded)***  Provide a short justification for each item. | | | | | | | | |
| Item | Unit cost | Total project cost | Justification | | | | | |
|  |  |  |  | | | | | |
| **2.6 Project approvals**  **This project requires approval by the following committees at my institution (tick all applicable):**  Either include the certificate/letter of approval with this form, or forward to DEBRA on advice of your application being successful. ***(Please note that grant monies cannot be paid until written evidence of all appropriate approvals has been received)*** | | | | | | | | |
| **Committee** | | | | **Attached** | | **Pending** | **Not required** | |
| Human Ethics | | | |  | |  |  | |
| Animal Ethics | | | |  | |  |  | |
| Occupational Health & Safety | | | |  | |  |  | |
| Other (specify) | | | |  | |  |  | |

**2.7 Signature of Principal Investigator**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**2.8 Signatures of Associate Investigators**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**2.9 Certification by Head of Department**

“I certify that this project is appropriate to the general facilities in my Department, with all safety requirements satisfied, and that I am prepared to have the project carried out in my Department.”

|  |  |
| --- | --- |
| Name |  |
| Position Title |  |
| Department |  |
| Signature |  |
| Date |  |