Completed applications must be emailed to Assoc Prof Jan West canineResearchFoundation@gmail.com by the relevant due dates

|  |  |
| --- | --- |
| Full Name of Project Leader |  |
| Name of Faculty/Institute  |  |
| The CRF is a Public Charitable Trust and research funded is to be conducted at Australian universities |

# CERTIFICATION - APPLICANT

I, the Project Leader, certify that

* To the best of my knowledge all details on this application form are true and complete
* I am not undertaking a Higher Degree by Research
* I am an academic member of staff at an Australian University
* The project is focused on improving canine health.
* I have gained approval for this grant application from my Head of School / Department
* I have obtained the agreement of all participants to submit this application
* If successful,
	+ all funds for this project will only be spent for the purpose for which they were provided.
	+ Funding will not be provided until appropriate ethical clearance (where necessary) has been obtained.
* I will provide the provision of a half-yearly progress report, including a list of any associated publications or conference presentations
* Within six months of the end of the period for which the project was funded, a final report covering the project and a summary for prospective publishing in journals of Member Bodies of the Australian National Kennel Council and other canine journals.
* Any publications resulting from the work supported by the Foundation should acknowledge support from the Canine Research Foundation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Applicant** |  | **Name and Title (please print)** |  | **Date** |
|  |  |  |  |  |

## CERTIFICATION - HEAD OF SCHOOL / DEPARTMENT

I the Head of Department / Head of School and/or other authorised person agree that facilities are available for the completion of this project and that I am agreeable to the location of this project under my jurisdiction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Head of School / Department** |  | **Name and Title (please print)** |  | **Date** |
|  |  |  |  |  |

####

#### PART A—ADMINISTRATIVE SUMMARY

# A1 PROJECT TITLE

Provide a short descriptive title of no more than 10 words.

|  |
| --- |
|  |

# A2 PROJECT LEADER DETAILS

|  |
| --- |
| Name:Email address:Postal address of University Research Office:Email address of University Research Office or contact: |

# A3 TOTAL FUNDING REQUESTED

|  |
| --- |
| $ |

# A4 PROJECT SUMMARY

In no more than 250 words of plain language, summarise aims, significance and expected outcomes. Use clear, plain English understandable to layperson and avoid the use of technical terms unique to the area of study

|  |
| --- |
|  |

# A5 KEYWORDS

Select up to 4 keywords to describe the proposed research. They should be of the kind normally required for submitting an article to a major refereed journal.

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

# A6 PARTICIPANT SUMMARY (add more rows if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** |  **First name and Surname** | **Title** | **Organisation**  | **Role** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

# A5 OTHER APPLICATIONS

# List all other CRF applications in which any of the Project members above are named Project Leaders for this current funding round.

|  |  |
| --- | --- |
| **Participants’ Names** | **Project Title** |
|  |  |
|  |  |

# A6 PREVIOUS SUCCESSFUL CRF PROJECTS

List previously successful CRF Applications

|  |  |  |
| --- | --- | --- |
| **Year funding Received** | **Project Title** | **Amount Received** |
|  |  |  |
|  |  |  |
|  |  |  |

# A7 ETHICS AND SAFETY CLEARANCES

If ethical clearance is required, clearance must be obtained from the relevant University

* If your project already has ethics clearance, please insert the animal ethics reference number at the top of the first page of the grant application form
* If you have not yet obtained ethics clearance, insert TBA (to be advised)

If your project does not require ethical clearance, insert N/A

|  |  |  |
| --- | --- | --- |
| **Indicate if the project will involve:** | **Yes / No** | **Ethics Reference Number**(if known) |
| The use of animals |  |  |
| Genetic manipulation or other biosafety or biosecurity issues |  |  |

#### Note: If a project involves any of the above and the application is successful, no funds will be released until the necessary ethics clearance has been obtained and emailed to canineresearchfoundation@gmail.com

# A8 PROPOSED DATES

|  |  |
| --- | --- |
| **Commencement Date** |  |
| **Completion Date** |  |

#### PART B – PROJECT DESCRIPTION

**Maximum 6 pages**. Use the headings below (*delete the instructions in italics before finalising the application*).

# B1 PROJECT TITLE

*Use the same title as listed at A1*

**B2 – Glossary of terms (summary of commonly used abbreviations)**

*Please include all acronyms/abbreviations used.*

# B3 AIMS AND BACKGROUND

*Include the rationale for the project, theoretical background, expected impact of the work.*

# B4 SIGNIFICANCE AND INNOVATION

*Describe how the research is significant and whether the research addresses an important problem in canine health. Describe how the anticipated outcomes advance the knowledge base of the discipline and why the project aims and concepts are novel and innovative. Detail any new methodologies or technologies that will be developed. Where applicable describe how this project relates to previously approved projects. State the relevance of this project to canine health. Include any preliminary data.*

# B5 APPROACH AND ANALYSIS

*Describe the approach to the project and the methodology to be used. How does the methodology answer the Aims? Outline data analysis methods if appropriate. Include number of samples including controls that will be used in the project. For prospective studies, please provide the expected number of cases to be collected. Has a statistician or biometrician been consulted in the design of the project?*

*Applicants must provide a Project Activity Schedule (template provided in the application) which will act as a work plan for the life of the project. The Schedule must include key project milestones and their cost over the 12 month period (use ascending date order from top to bottom).*

*Applications without this completed table will be deemed non-compliant and will not be forwarded for review.*

*If the application is successful, you will be required to report against these milestones.*

*Include the table below after having deleted the examples provided*

**Project Activity Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone** **(number & type)** | **Milestone Completion Date** | **Cost Description** | **CRF Funding required** |
| Milestone 1Obtain Ethics clearance | 31/1/2022 | N/A | $0 |
| Milestone 2Experiments for Aim 1 completed | 31/3/2022 | -Equipment & Consumables | $1,000 |
| Milestone 3Assays to be completed | 31/7/2022 | -Consumables | $2,000 |
| Milestone 4Task B | 30/11/2022 | -Consumables | $1,685 |
|  |  | **TOTAL (Highlight this row and total cell and press F9 to update) value** | $4,685.00 |

*Add rows if necessary*

# B6 LIST OF RELEVANT REFERENCES

*Provide a list of relevant publications – highlight surnames in bold if they are authors involved in this project.*

#### PART C—PROJECT COST

# C1 BUDGET DETAILS

* List all items for which support is being sought
* Only one year of support may be requested
* Costs should be quoted exclusive of GST.
* Enter as whole dollars

Add additional sections as required

|  |  |
| --- | --- |
|  | **YEAR 2022** |
|  |
|  |  |
| Source of funds | Requested from CRF |
| DIRECT COSTS |  |
| Equipment |  |
| **Total Equipment** |  |
| Animals and capital costs |  |
| **Total for Animals and capital costs** |  |
| Laboratory items to support project |  |
| **Total Laboratory items** |  |
| Travel |  |
| **Total Travel items** |  |
| Other |  |
| **Total Other** |  |
| **TOTAL COSTS** |  |

**C2 – Other funding sources**

Please list details of any funds provided or being sought from other sources for this project.

#### PART D – BUDGET JUSTIFICATION

# D1 JUSTIFICATION OF THE BUDGET

**Two pages maximum** (delete the instructions in italics before finalising the application).

*Provide a case for each requested item and demonstrate why each is necessary. Use the headings listed in the budget table as applicable ie delete headings if not required.*

**D1.1 Equipment**

**D1.2 Animals and capital costs**

**D1.3 Laboratory items to support project**

**D1.4 Travel**

**D1.5 Other**

PART E – PERSONNEL DETAILS

PROJECT LEADER AND INVESTIGATOR(S)

|  |
| --- |
| Complete for each **Project Leader and each investigator** listed in Section A2 ie *Copy Part E in its entirety for each project leader and investigators and collate* *in the order in which they appear at A4* |

Include all team members including students enrolled in Honours or Higher Degree programs that will be involved with the project (If applicable)

|  |  |
| --- | --- |
| **Role**  | Project Leader |
| **Time Commitment** – in days per month (Minimum 3 days per month)This is **mandatory**.  |  |

|  |
| --- |
| E1 PERSONAL DETAILS |
| Family name |  | Given name |  |
| Title |  |
| Email |  |

|  |
| --- |
| **E2** **ORGANISATION DETAILS** |
| Department/school/other |  |
| Faculty / Institute |  |
| Address |  |

# E3 QUALIFICATIONS

## E3.1 Highest academic qualification

|  |  |
| --- | --- |
| Type (eg PhD) |  |
| Discipline/Field |  |
| Institution |  |
| Country |  |
| Year awarded |  |  |  |

# E4 ROLE IN THE PROJECT

**E5 LIST TOP 10 PUBLICATIONS BY RESEARCH TEAM RELEVANT TO THIS PROJECT**

*This only needs to be completed once and by the Project Leader*