

Completed applications must be emailed to Alicia Fuller <a href="mailto:canineResearchFoundation@gmail.com">canineResearchFoundation@gmail.com</a> by the relevant due dates

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

#### **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 SUI	MMARY	
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 Resea	rch Office:	
Email address of University Resear	ch Office or contact:	
A3 TOTAL FUNDING REQUESTED		
\$		



#### A4 PROJECT SUMMARY

	more than 250 words of plain la	nguage, summaris	e aims, significance and expe	ected outcomes. Use
	, plain English understandable to			
Α5	KEYWORDS			
	ct up to 4 keywords to describe the nitting an article to a major refere		ch. They should be of the ki	nd normally required fo
<b>A6</b>	PARTICIPANT SUMMAR	Y (add more rows	if necessary)	
#	First name and Surname	Title	Organisation	Role
1				
2				
3				
<b>A</b> 5	OTHER APPLICATIONS			
	Il other CRF applications in which any	of the Project mem	hers above are named Project L	eaders for this current
	ng round.	o. a.e. roject mem	22.2 above the harmon reject to	causis for any current
Pa	rticipants' Names	Project Title		



#### A6 PREVIOUS SUCCESSFUL CRF PROJECTS

List previously successful CRF Applications

Year funding	Project Title	Amount
Received		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 <a href="mailto:canineresearchfoundation@gmail.com">canineresearchfoundation@gmail.com</a>

#### **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 Completio n Date	Cost Description	CRF Funding required
Milestone 1 Obtain Ethics clearance	31/1/2022	N/A	\$0
Milestone 2 Experiments for Aim 1 completed	31/3/2022	-Equipment & Consumables	\$1,000
Milestone 3 Assays to be completed	31/7/2022	-Consumables	\$2,000
Milestone 4 Task B	30/11/202 2	-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 2025** 

Source of funds	Requeste
	d from
	CRF
	CKF
DIRECT COSTS	
Equipment	
Total Equipment	
Animals and capital costs	
'	
Total for Animals and capital costs	
Laboratory items to support project	
,	
Total Laboratory items	
Total Euboratory Items	
Travel	
Total Travel items	
Total Havel Itellis	
Other	
Total Other	
TOTAL COSTS	
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 JUSTIFIFCATION

### **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 <u>Project Leader and each investigator</u> 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 Commi This is manda	tment – in days Itory.	per month (Mi	inimum 3 days	per month)		
E1 PERSO	ONAL DETAI	S				
Family name			Given name			
Title Email						
Email						
E2 ORG	ANISATION DE	AILS				
Department/s	chool/othe					
Faculty / Insti	tute					
Address						
	ICATIONS					
	cademic qualif	cation				
Type (eg PhD						
Discipline/Fie	d					
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