**Project Grant Application**

# Section 1 – Summary

**Named investigators**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title | First Name | Initial | Surname |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Add rows as required

**Principal investigator contact details**

|  |  |
| --- | --- |
| Present position |  |
| Department |  |
| Institution |  |
| Postal address |  |
|  |
| Telephone |  |
| Email |  |

**Research Title**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Total Cost of Research | $ | Enter the total figure from the budget presented in Section 4 |

|  |  |
| --- | --- |
| Proposed start date (dd/mm/yy) |  |
| Proposed end date (dd/mm/yy) |  |
| Proposed duration (mm) |  |

For further information see the advice to applicants on the Foundation’s website

Contact details for other investigators

|  |  |
| --- | --- |
| Named Investigator 2 |  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb |  |
| City & Post code |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Named Investigator 3 |  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb |  |
| City & Post code |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Named Investigator 4 |  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb |  |
| City & Post code |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Named Investigator 5 |  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb |  |
| City & Post code |  |
| Telephone |  |
| Email |  |

Copy and paste table as required

**Resubmission**

Is this application a resubmission? YES NO

If you have responded **YES**, please provide details below.

**Title of previous application**

|  |
| --- |
|  |

**Year and Grant Round of previous application**

|  |
| --- |
|  |

[*Provide 1000 words or less addressing previous reviewer comments. Please delete these instructions and start typing here*.]

**Media Summary**

[*In 100 words or less, please explain the project and its significance in language understandable to the general public. Delete these instructions and start typing here*.]

**Project Summary**

[*Summarise your project under the headings below, without citations. This page will be sent to potential reviewers and they will only receive the full application if they agree to review it. There is a 1 page limit for this summary. Delete these instructions*.]

**Project title**

**Principal investigator’s name and institution**

**Co-investigators’ names**

**Background**

**Objective**

**Design and Methods**

**Significance**

# Section 2 – Description of Proposed Research

*[There is a 7 page limit for this section, excluding the reference list. Use Calibri 11 point font and single line spacing. Do not change the margins. Delete these instructions.]*

**List of Abbreviations**  
[*Define abbreviations used in your proposal, for the non-expert reviewer. Delete these instructions and start typing here*.]

**Objectives**

[*Clearly state the objectives or aims of the proposed study, along with the hypothesis. Delete these instructions and start typing here*.]

**Background**

[*Outline previous work in this area, by yourself and other researchers, to identify the knowledge gap that the proposed study will address. Delete these instructions and start typing here*.]

**Research Design and Methods**

[*Include a Gantt chart to demonstrate the project timeline. Statistical advice is recommended to ensure that the results gained are meaningful. Provide details for power calculations, sample size and statistical analyses where relevant. Delete these instructions and start typing here*.]

**Scientific and Clinical Significance**

[*Describe how this research will contribute to our understanding of, prevention, diagnosis, prognosis, treatment, or management of neurological diseases or disorders. Delete these instructions and start typing here*.]

**References**

[*Delete these words and insert your reference list. Use a numbered referencing system and full citations (APA format is recommended)]*

# Section 3 – FTE Summary

List the time involvement of all personnel involved in the research in terms of a Full Time Equivalent (%). Please ensure these figures are the same as those in the Budget. Provide the names of all personnel, or TBA if they are currently unidentified students or research fellows.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Year 1  %FTE | Year 2  %FTE | Year 3  %FTE |
| Named Investigators |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Postdoctoral Fellows |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Research/Technical Assistants |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Others |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sub-contracted Investigators/Staff |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Postgraduate Students |  |  |  |
|  |  |  |  |
|  |  |  |  |

Will any of the staff be receiving salary support from other research grants during the term of the proposed project?

|  |  |  |
| --- | --- | --- |
| Name | %FTE on other NFNZ contracts | %FTE on other research projects |
|  |  |  |
|  |  |  |
|  |  |  |

If any key staff plan to take extended periods of absence during the project please provide details here:

# Section 4 – Budget

*[Complete your budget using the Excel template available on the Foundation’s website. Note that the Foundation does not fund institutional overheads or salaries for staff who receive a salary from their institution. If facility fees are included, clearly justify why these are not institutional overheads. Delete these words and copy-paste the Excel table here. Do not insert the Excel sheet as this will result in incorrect formatting.]*

**Justification of all staff**

[*Describe the contribution that each person involved in this project will make to its successful completion, including staff whose role would not be funded by this grant. Delete these words and start typing here*.]

**Justification of equipment and working expenses**

[*Provide an itemised justification of equipment and working expenses. Delete these words and start typing here*.]

**Special facilities available**

[*Describe the facilities, infrastructure, and resources available to support this project. Delete these words and start typing here*.]

**Other Support Requested**

Please detail other funding applications awaiting decision in the tables below.

|  |  |
| --- | --- |
| Funding Agency |  |
| Title |  |
| Named Investigators |  |
| Start date and duration |  |
| Total Value |  |
| Date of outcome |  |
| Areas of overlap with this proposal |  |

Copy and paste table as required

**Co-funding**

[*What other agencies or end-users have you approached to jointly or partially fund this research? If partial funding has already been obtained, please submit evidence of this in the form of a grant award letter, for example. Delete these words and start typing here*.]

# Section 5 – Non-preferred reviewers

You may identify up to two people that you would prefer did not review this application.

|  |  |
| --- | --- |
| Name |  |
| Institution |  |
|  |  |

|  |  |
| --- | --- |
| Name |  |
| Institution |  |
|  |  |

# Section 6 - Conditions and Signatures

**Privacy Provisions**

The information requested in this proposal will be used for the purpose of assessing this proposal. The Neurological Foundation of New Zealand undertakes to securely store all proposals. Committee members are required to agree to the Foundation’s confidentiality policies. External reviewers are required to sign a non-disclosure agreement.

For public interest purposes, the Neurological Foundation of New Zealand reserves the right to release the applicant’s name, host institution, research contract title, and funding awarded, for successful applicants. By signing this application, you are agreeing to the release of this information.

**Intellectual Property**

The Neurological Foundation does not usually seek to obtain intellectual property rights in respect of the research it funds. However, exceptions may arise:

* When research could lead to a discovery that might be licensed or sold to others for use in the diagnosis or treatment of neurological (or other) disorders
* Where it is appropriate for the Foundation to insist on intellectual property rights (whether partial or in full) either
  + to prevent the possibility of other persons obtaining a license or patent that might prevent further work being carried out in the area or
  + where objectives could be of commercial value

If the research described in this application is likely to generate software, tests, apparatus or medications (or applications thereof) for use in the diagnosis or treatment of neurological (or other) disorders please detail below. If the proposed research does have potential intellectual property, and is funded by the Foundation, the Foundation may wish to negotiate to recover the funding provided.

Please select one of the following options.

This research is likely to generate patentable outcomes **YES** **NO**

If you have responded **YES**, please provide details below.

**Ethical and Regulatory Approval**

By signing this application form, you agree to obtain approval for this project from an appropriate ethics committee, and to ensure that all regulatory approvals are obtained, before research commences.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Ethics Committee |
| Require human ethical approval? |  |  |  |
| Copy of current human ethical approval attached? |  |  |  |
| Require animal ethical approval? |  |  |  |
| Copy of current animal ethical approval attached? |  |  |  |

If this proposal does not require ethical approval, please briefly detail why below:

[*Delete these words and start typing here*.]

If this proposal requires approval by other regulatory bodies such as ERMA, MAF, DOC, GTAC, SCOTT or Biosafety, please detail below:

[*Delete these words and start typing here*.]

By signing this application form, the principal investigator agrees to the conditions outlined above.

Principal Investigator

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

By signing this application form, the authorised official confirms that their institution is willing and able to host the project as described above.

Authorised official on behalf of host institution

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |
| Position: | | |

# Section 7 – Reminders

* Please use Calibri 11 point font throughout; figure labels and captions may use a different font and font size if needed
* Please save and submit this application form as an editable PDF. Please do not scan the printed Word document
* Please submit the application data collection form, available on the Foundation’s website, as a separate PDF
* Please submit the investigators NZ Standard CVs separately, compiled as a single PDF
* Please submit the application data collection form, available on the Foundation’s website, as a separate PDF
* Please submit any other supporting documentation, such as quotes for equipment, confirmation of partial funding from other sources, and ethics approval letters, as separate PDFs