**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Postal Address** |  |
| **Phone** |  |
| **Email** |  |

The applicant must be a member of the eviDent [DPBRN](https://www.evident.org.au/get-involved/membership)

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Project title** |  |

Word limit of 20 words

|  |  |
| --- | --- |
| **Project start date** |  |
| **Project end date** |  |

Project must be completed within one year

|  |
| --- |
| **Brief project description, in non-technical terms, including uniqueness, impact and how it will be evaluated or measured** |
|  |

Word limit of 250 words

|  |
| --- |
| **Specific aims** |
|  |

Word limit of 350 words

|  |
| --- |
| **Methods** |
|  |

Word limit of 350 words

|  |
| --- |
| **Funds will only be released upon receipt of approval from the relevant Ethics Committee.**  **Has approval been obtained? Please circle: Yes or No.**  **If ethics approval has been obtained please attach a copy of the approval.** |

|  |
| --- |
| **What are the expected outcomes of the project, and how will they be measured?** |
|  |

Word limit of 150 words. Outline outcomes, not outputs

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| --- |
| **Provide any additional information that will help eviDent better understand the background, rationale or need for the project** |
|  |

Word limit of 150 words

|  |  |
| --- | --- |
| **Project location** |  |

Suburb and State/Territory required

|  |
| --- |
| **What are the major risks identified for the project, and what mitigation strategies are in place and/or planned?** |
|  |

Word limit of 150 words. List a minimum of 3 risks and accompanying mitigation strategies

**PROJECT TEAM**

|  |  |
| --- | --- |
| **Chief Investigator A** |  |
| **Institution** |  |
| **Current appointment** |  |
| **Department** |  |
| **Phone** |  |
| **Email** |  |
| **Qualifications** |  |
| **Five recent and relevant publications** |  |

|  |  |
| --- | --- |
| **Chief Investigator B** |  |
| **Institution** |  |
| **Current appointment** |  |
| **Department** |  |
| **Phone** |  |
| **Email** |  |
| **Qualifications** |  |
| **Five recent and relevant publications** |  |

|  |
| --- |
| **Name all Associate Investigators and/or Research Collaborators who will be involved in the project** |
|  |

**FINANCIAL DETAILS**

|  |  |
| --- | --- |
| **Grant funds requested** |  |

The maximum amount is $10,000

Provide detail of expenditure for the project being applied for, from eviDent Foundation and all other sources, noting whether it has been secured or is requested

|  |  |  |
| --- | --- | --- |
| **Details of expenditure**  (include details of how the requested amounts were calculated) | **Amount requested or secured**  (if secured, specify whether it has been provided as cash or in-kind) | **Essential for project to proceed**  (Mark with an ‘E’ those costs that are absolutely essential for the project to proceed) |
|  |  |  |
|  |  |  |

Applicants must consider and accurately identify which budget items are absolutely essential for the project to proceed.

|  |  |
| --- | --- |
| **Total already secured** | $ |
| **Total requested** | $ |
| **Total Expenditure** | $ |

The amount already secured can include in-kind support. The total already secured and the total requested must equal total expenditure for the Project.

**BANK ACCOUNT DETAILS**

|  |  |
| --- | --- |
| **Account Name** |  |
| **BSB Number** |  |
| **Account Number** |  |

By submitting this form, you:

* confirm that you have read and understood the Application Guidelines
* confirm and agree that all of the information provided in this Application is accurate, true and correct
* have disclosed all financial and in-kind support from other organisation or individuals and how this support affects the overall budget
* give consent to be contacted by the eviDent Foundation should further information be required in support of the application
* consent to eviDent Foundation sharing the details of your application with relevant parties. eviDent Foundation’s privacy policy is available on the [website](https://evident.org.au/privacy-policy).
* agree to acknowledge all support received from the eviDent Foundation all promotional material relating to the project
* agree to adhere to the terms of funding as set out in the Application Guidelines

Submit application by email to [ask@evident.net.au](mailto:ask@evident.net.au) by no later than 18 March 2025,12:00 PM (AEDT).