**AURIC INNOVATION FUND APPLICATION FORM**

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| 1. Name, role/main function at Cabrini, as well as email and telephone of person leading the program: |
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| 1. Project Name. (max 30 words) |
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| 1. Plain English project outline. (max 200 words) |
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| 1. Amount of AURIC funding requested: |
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| 1. Is this proof of concept ‘seed funding’ OR general project funding? |
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| 1. What key issue/s does the project address. (max 200 words) |
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| 1. Describe the intervention you are planning and explain why it is innovative. (max 200 words) |
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| 1. Describe the proposed methodology and rationale, i.e. does the suggested intervention require research design OR is it a quality improvement initiative.   ***If research, please attach a standard research protocol with version control*** |
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| 1. Outline the target audience/s that will benefit from the project being funded. |
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| 1. Summarise expected outcomes and benefits of the project. (max 200 words) |
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| 1. Who is in your team? Have you consulted all relevant avenues of expertise within Cabrini? Have you consulted external expertise? Have health consumers been engaged and provided input, and if so, please detail extent of consumer involvement. List all other project participants (name, email, telephone, role within Cabrini if relevant) and their function within the context of the project. |
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| 1. If the project is in collaboration with an external partner, what is Cabrini’s role? |
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| 1. How does this project align with Cabrini’s mission, vision, and values? Explain how the project will assist and enhance patient and family care service delivery. (max 200 words) |
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| 1. How will this project set Cabrini apart from its competitors domestically? (max 200 words) |
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| 1. How might this project establish Cabrini’s profile as an international leader? (max 200 words) |
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| 1. What is the project’s timeline? **A GANTT chart must be provided.**   ***Failure to deliver the project within mutually agreed timelines may result in project suspension and/or withdrawal of funding*** |
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| 1. What is your budget? Provide a detailed schedule of itemised expenditure, e.g., salaries with on-costs, HREC fees, equipment, travel… etc. |
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| 1. What are your forecast expenses and budget should the project require further funding after this project budget is exhausted? How would this project be impacted by a funding shortfall? What measures would be taken to address this shortfall? (max 200 words) |
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| 1. Provide details of any previous Cabrini Foundation or Cabrini Research or Quality Improvement grant funding received by the project lead within the last five (5) years. |
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| 1. Provide details of all additional funding sources sought (other than the budget submitted here) or received by the applicant or any potential collaborative partner that relate to activities that are the subject of this application. |
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| 1. Do you have a succession plan for this project should you need to remove yourself from it prior to completion? What strategies have been employed to ensure the successful completion of the project? |
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| 1. How will the success of the project be measured? Who will evaluate the effectiveness of this program? |
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| 1. Have you considered how you might promote your work and disseminate newly acquired knowledge? E.g. via in-service seminars, staff training, Cabrini Research Week, journal article publication, conference presentation? Have you factored related costs into your budget? |
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| 1. Do you have endorsement of this project from your relevant Head of Department (QI/Research/Operational), academic Head of Department (QI/Research), Craft Group Head AND/OR Group Director (Operational).     ***Provide written evidence in the form of a letter OR email OR signed declaration below. A letter or email must contain all of the points outlined below in the Head of Department approval section*** |
| 1. Detail any perceived or actual conflict(s) of interest that may occur from submitting this application and how you expect to manage it. (max 200 words) |
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| 1. Please briefly outline:   A) What background intellectual property is being brought to this project?  B) Where will the ownership of the intellectual property arising from this project lie?  C) How will Cabrini (and collaborators) be recognised or referenced in publications and presentations arising from the results of this work? (Please acknowledge that all collaborators will be advised of publication and presentation opportunities and be given reasonable time to provide comments and endorsement.)  D) Following the completion of this project and exhaustion of Cabrini’s grant funding contribution (if successful in this application), will Cabrini be given a first option to be involved in future growth opportunities, including but not limited to, extension of the research project, spin-off related research projects, and commercialisation opportunities?  (ensure A, B, C and D are all fully answered)  ***The above Intellectual property and commercial points will be formalised into a formal legal agreement with the successful applicant/collaboration group*** |
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| **HEAD OF DEPARTMENT/GROUP DIRECTOR APPROVAL**  a. I have read this project application.  b. I have discussed this project and the resource implications for this department with the Principal Investigator.  c. I undertake to be the contact point for escalation of any issues, e.g., ethical concerns, complaints, audit  findings, that cannot be resolved with the Principal Investigator and will oversee the resolution of such issues  d. This project can be conducted under the auspices of my department using the resources outlined by this form and the attached protocol (if a research project)  ***I declare my support for this application and certify that I will meet the obligations outlined above as the Head of Department.***  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **APPLICANT ACKNOWLEDGEMENT & CONSENT**  a. If successful, I acknowledge and agree that the project title, description, the amount of the funding, my  name and that of partnering organisations may be:  • included in the Cabrini Foundation and Cabrini Research’s reporting on the internet, intranet and within the relevant annual report;  • used by Cabrini Health in media releases and other publications; AND/OR  • used to compile a consolidated report.  b. If successful, I agree that Cabrini Health will be acknowledged as a funding source in any future publications AND/OR presentations arising from this project.  c. If successful, I agree to present the project’s findings at Cabrini Research Week following the conclusion and acquittal of this grant.  d. I have sought and received permission from each project contributor prior to including their name in this application. I am able to provide evidence of communication regarding this.  ***I declare that this proposal will deliver activities in support of Cabrini’s strategic plan. I certify that the information given in this application is complete and correct.***  Any application not providing all required information OR containing false OR misleading information will be excluded from consideration.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applications close **12 noon, Thursday 9 May 2024**. Signed copies (electronically or by hand) must be scanned and emailed to [grants@cabrini.com.au](mailto:grants@cabrini.com.au) so they are time-stamped. Late applications will not be accepted.