**AURIC INNOVATION FUND APPLICATION FORM**

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| 1. Name, role/main function within Cabrini, telephone and email of person leading the program:
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| 1. Amount of funding requested:
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| 1. Project Name (max 30 words)
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| 1. Describe your project in lay language. What are the project objectives? (max 200 words)
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| 1. Please state: (max 250 words)

(a) The key issue you are addressing?(b) The intervention you are planning and why it is innovative.(c) The methods by which you plan to implement and the rationale i.e. does the suggested intervention require a research design for testing or is it a quality improvement initiative.(d) The target audience.(e) The expected outcomes. |
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| 1. Is this seed funding or general project funding?
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| 1. What are the expected outcomes of this project? (max 200 words)
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| 1. Who is the target audience that will benefit from this project’s successful outcome(s)?
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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? List all other project participants (name, email, telephone, role within Cabrini) and their function within this 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 a leader overseas? (max 200 words)
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| 1. What is the project’s timeline? A GANTT chart must be provided.
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| 1. What is your budget? Provide a detailed schedule of itemised expenditure and timeline of spend.
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| 1. What are your forecast expenses and budget should the project continue and 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 grant funding received by the project lead within the last 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-services, staff training, Cabrini Research Week, manuscript / journal article publication, conference presentation? Have you factored these related costs into your budget?
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| 1. Do you have endorsement of this project from your relevant department head (QI / research / operational), academic head of department (QI / research), craft group head and group director (operational). Provide written evidence.
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| 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. 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) |
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| **ACKNOWLEDGEMENT & CONSENT**a. If successful, I acknowledge and agree that the project title, description, the amount of the funding, myname and that of partnering organisations may be:• included in the Cabrini Foundation and Cabrini Research’s reporting on the internet, intranet and withinthe 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 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.*** An application which does not provide all required information or which contains false or misleading information will be excluded from consideration.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applications close  **12 am Sunday 4th June**. Signed copies (electronically or by hand) must be scanned and emailed to grants@cabrini.com.au so they are time-stamped. Late applications will not be accepted.