Double click on check boxes to mark. Please submit the completed form to [qaehs.research@uq.edu.au](mailto:qaehs.research@uq.edu.au) by **8 September 2023**.

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| **SECTION A** | | | | |
| **SUMMARY OF INVESTIGATORS AND PROJECT DETAILS** | | | | |
| **Chief Investigator Names**  **(must include at least one QAEHS Theme Leader)** | | **UQ Organisational Unit or Qld Health** | | |
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| **Project Title:** |  | | | |
| **Project Summary:** *A plain language summary not exceeding 200 words that clearly states the aims, significance, expected outcomes and value of the project with respect to environmental health science research and QAEHS.* | | | | |
| **Is this project part of an existing collaboration with Queensland Health?** | | | **Yes** | **No** |
| **Is this a substantially new research project**? | | | **Yes** | **No** |
| **Name of Grant Scheme and Funding Round that you intend to apply for with support of the QH Partner Cash. *Please provide details of any intended partners in addition to Queensland* *Health.*** | | | | |

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| **SECTION B** |
| Please duplicate the table below for additional applicants |

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| **APPLICANT A** | | | |
| **Title** | Choose title | | |
| **Surname** |  | | |
| **First Name** |  | | |
| **Position Title** |  | | |
| **Organisation/Unit** |  | | |
| **Link to UQ Researcher Profile** (if applicable) |  | | |
| **Email** |  | **Phone/Mobile** |  |
| **Time commitment to project** |  | | |

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| **APPLICANT B** | | | |
| **Title** | Choose title | | |
| **Surname** |  | | |
| **First Name** |  | | |
| **Position Title** |  | | |
| **Organisation/Unit** |  | | |
| **Link to UQ Researcher Profile** (if applicable) |  | | |
| **Email** |  | **Phone/Mobile** |  |
| **Time commitment to project** |  | | |

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| **APPLICANT C** | | | |
| **Title** | Choose title | | |
| **Surname** |  | | |
| **First Name** |  | | |
| **Position Title** |  | | |
| **Organisation/Unit** |  | | |
| **Link to UQ Researcher Profile** (if applicable) |  | | |
| **Email** |  | **Phone/Mobile** |  |
| **Time commitment to project** |  | | |

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| **SECTION C** |
| **PROJECT DESCRIPTION** max 1 page, plus references, addressing the below points:   * What you plan to do (provide sufficient detail to enable an assessment of the quality of the project) * Originality, innovativeness, significance of the project in relation to environmental health science * How are QH and other partners involved in the project? |
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| **SECTION D** | |
| **BUDGET SUMMARY**  1. Please give an indication of the total expected annual project cost ($’000s), split between different contributors (add additional lines as necessary to identify all funding partners). Please mark any contributions that are already confirmed with \*.  **Please note: To be eligible for a Queensland Health 'Partner Cash' contribution, your application must include a commitment from other industry partners to provide total cash that at least matches the total funding requested from Queensland Health. Additionally, the Queensland Health ‘Partner Cash’ contribution will be capped at the lesser of:**   * **$50,000 per year for up to 5 years, or** * **30% of the total budget**  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Contributor** | **Name** | **Year 1** | | **Year 2** | | **Year 3** | | **Year 4** | | **Year 5** | | |  |  | **Cash** | **In kind** | **Cash** | **In kind** | **Cash** | **In kind** | **Cash** | **In kind** | **Cash** | **In kind** | | **QH (this application)** |  |  |  |  |  |  |  |  |  |  |  | | **Other Industry Partners** |  |  |  |  |  |  |  |  |  |  |  | | **Other Universities** |  |  |  |  |  |  |  |  |  |  |  | | **Other UQ Units** |  |  |  |  |  |  |  |  |  |  |  | | **Funding body (e.g. ARC, NHMRC)** |  |  |  |  |  |  |  |  |  |  |  | | **TOTAL** |  |  |  |  |  |  |  |  |  |  |  | | |
| **TOTAL QH funding requested** |  |
| **% of total project budget** |  |

2. Please attach written confirmation of cash commitments from other industry partners (email is sufficient).

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| **SECTION E** |
| **JUSTIFICATION OF BUDGET** In no more than **half an A4 page**, provide an overview of the total budget (cash and in-kind). Structure your budget overview under the below headings. Explain the need for Queensland Health funding. |
| **Personnel**  **Equipment**  **Maintenance**  **Travel**  **Fieldwork Expenses**  **Other** |

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| **SECTION F** | | | | |
| **APPLICATION CERTIFICATIONS** | | | | |
| **Certification by Lead Investigator**  I certify that:   1. To the best of my knowledge, all the details on this application form are true and complete. 2. I have read the *Queensland Health Partner Cash Funding 2023 Guidelines and Conditions of Award* and if I am successful I will accept the Conditions of Award relating to this scheme. 3. In receiving funding, I will comply with all necessary UQ Policies and Procedures in discharging my responsibilities. 4. I understand and agree that all ethical clearances must be met before the proposed research can commence. | | | | |
| **Certification by Head of School/Centre Director**  I certify that:   1. The project, if funded under this scheme, can be accommodated within the general facilities in my organisational unit, and that sufficient working and office space is available for any proposed additional staff. 2. I am prepared to have the project, if funded under this scheme, carried out in my organisational unit under the circumstances set out by the Applicant. 3. I have noted the amount of time that the Applicant will be devoting to the project and agree that it is appropriate to existing workloads. | | | | |
| **Full Name and Title** | **Signature of Applicant\*** | **Organisation/Unit** | **Signature of Head of Unit** | **Date** |
|  |  |  |  |  |

\**Where necessary, an email from the applicant’s head or line manager that includes the certification text and application title will be accepted in place of an applicant’s signature.*