# Medical Research Future Fund – Medical Research Commercialisation Initiative

2023 BioMedTech Incubator – Dementia and Cognitive Decline Grant

Version February 2023

This document shows the questions included in the online application form for this grant opportunity. It will help you prepare your responses and the mandatory attachments you need before you apply online.

Instructions

The online form captures the information required by the department to assess and manage your application for services and funding.

The first page of the application page contains the following instructions.

Completing your application

The application consists of separate pages as shown in the navigation menu on the left hand side of the portal page. You can navigate between pages using the menu or the buttons at the bottom of each page.

A red asterisk \* indicates a mandatory question. A warning message may appear if you have not completed all of the mandatory questions or if there is an issue with information you have entered.

Saving your responses

You can save your changes at any time by using the Save button.

To prevent you losing your work you should save often. The portal will time out after 30 minutes if you do not save. Typing or moving your mouse does not reset the time out.

You must use the Save and Continue button to validate the information on each page. If you use the menu to navigate between pages, you will be prompted on the final page to go back and validate all of the information you have entered. A green tick indicates a validated page.

You can modify saved responses up until you submit your application.

Participants

You may invite others to assist in completing your application via the application summary page. To do this:

* Select the Participants button
* Enter the details

An email will be sent to the participant inviting them to assist with your application.

Submitting your application

You must complete every page of the application before you can submit.

You must also read and agree to the declaration which advises you of your responsibilities.

Check all your answers before you submit your application. After you submit, it will no longer be editable.

Internet browsers supported by the portal

We recommend that you use the following browsers for optimum functionality:

* On Windows: The latest versions of Mozilla Firefox, Google Chrome and Microsoft Edge
* On Mac: The latest versions of Safari and Google Chrome

Getting help

If you require further assistance completing this form, [contact us](https://www.business.gov.au/contact-us) by email or web chat or on
13 28 46.

## Program selection

Before you start your application, we need to first identify what type of entity is applying.

If you are a trustee applying on behalf of a trust we will need details of both the trust and trustee.

Before you start you should have your ABN ready.

### Program selection

You must select from a drop-down menu the program that you are applying for:

* Field 1 select – MRFF 2023 BioMedTech Incubator Dementia and Cognitive Decline
* Field 2 select - MRFF 2023 BioMedTech Incubator Dementia and Cognitive Decline

When you have selected the program, the following text will appear.

The 2023 BioMedTech Incubator – Dementia and Cognitive Decline Grant was announced as part of the Medical Research Future Fund and under the Medical Research Commercialisation Initiative.

The grant opportunity will fund the most suitable organisation to identify and select a number of Australian SMEs undertaking early-stage medical research and medical innovation projects on dementia and cognitive decline, which have commercial potential.

The objective of this grant opportunity is to provide a grant of financial assistance to support medical research and medical innovation projects through the establishment of a BioMedTech Incubator focussing on Dementia and Cognitive Decline and is intended to:

* support the development of novel biomarkers, diagnostics, therapeutic, assistive device and/or digital technology approaches and products to treat, manage and/or slow progression of dementia and/or cognitive decline
* provide opportunities for leveraging Australia’s research strengths, capabilities and successes to enhance the commercialisation and translation of innovations addressing dementia and cognitive decline
* facilitate an environment that brings together the funding, time, and expertise necessary for commercialising and translating research in dementia and cognitive decline, thereby allowing research projects to be ‘incubated’
* help Australian innovations move through the research and development pipeline, minimising the patchy and stop/start nature of investment that promising Australian treatments and devices need to commercialise, helping bridge the ‘valleys of death’ and disruptions in the pipeline
* support and incentivise the pulling in of private capital and industry ‘know how’ to catalyse the investment and development of emerging biomedtech ventures working on dementia and cognitive decline.

The intended outcome of the research funded by this grant opportunity is to improve the health and wellbeing of Australians by increasing the number of innovations, novel drugs, novel uses for existing drugs, innovative medical devices and/or digital health technologies addressing dementia and/or cognitive decline.

You should read the [grant opportunity guidelines](https://business.gov.au/2023-BMTI) and [sample grant agreement](https://business.gov.au/2023-BMTI) before filling out this application. We recommend you keep the guidelines open as you are completing your application so you can refer to them when providing your responses.

You may submit your application at any time up until 5.00pm AEST on 31 July 2023. Please take account of time zone differences when submitting your application.

## Eligibility

We will ask you the following questions to establish your eligibility for the MRFF 2023 BioMedTech Incubator – Dementia and Cognitive Decline grant opportunity.

Questions marked with an asterisk are mandatory.

Select your entity type. \*

* a medical research institute
* a university
* a corporate Commonwealth entity
* a corporation (including businesses and not for profits)
* none of the above

Is your organisation incorporated in Australia? \*

Select Yes or No

Do you have the mandatory evidence from your board or CEO that there is support for the project, that you can complete the project and meet the costs of the project not covered by grant funding? \*

*Select Yes or No*

*You will be required to upload evidence later in the form.*

You must select yes to proceed to next section.

## Applicant address

### Applicant street address

You must provide your street address

When you start typing the address in the field you can select the correct one from the drop down list that appears. If it is not there you can enter manually.

### Applicant postal address

You must provide your postal address

When you start typing the address in the field you can select the correct one from the drop down list that appears. If it is not there you can enter manually.

## Indigenous organisation

Is your organisation Indigenous owned?

An organisation is considered Indigenous owned where at least 51% of the organisation’s members or proprietors are Indigenous.

Is your organisation Indigenous controlled?

An organisation is considered Indigenous controlled where at least 51% of the organisation’s board or management committee is Indigenous.

##  Project information

On this page you must provide the detailed information about your proposed project.

If your application is successful, we will publish some grant details on [GrantConnect](https://www.grants.gov.au/) and other government publications. Published details include:

name of the grant recipient

a project title

a brief project description and its intended outcome

amount of grant funding awarded.

### Project title and description

Provide a project title.

Your response is limited to 75 characters including spaces and does not support formatting.

Provide a brief project description.

Your response is limited to 750 characters including spaces and does not support formatting.

Ensure your project description focuses on your project’s key activities and outcomes. Outline how you intend to establish and operate the Incubator, to select and support Australian SMEs undertaking early-stage medical research and medical innovation projects on dementia and cognitive decline.

### Detailed project description and key activities

This information will be included in your grant agreement if your application is successful.

Provide a detailed description of your project including the project scope and key activities.

Your response is limited to 5000 characters including spaces and does not support formatting.

### Project outcomes

This information will be included in your grant agreement if your application is successful.

Provide a summary of the expected project outcomes.

Your response is limited to 5000 characters including spaces and does not support formatting.

### Chief Investigators

*All members of the research (project) team must be listed on the application form as Chief Investigators (15 maximum). You must use the mandatory template available on* [*business.gov.au*](https://business.gov.au/2023-BMTI)*.*

*Applicants must nominate a Chief Investigator A (CIA) who will take the lead role in completing the application, conducting the project and report on project outcomes.*

*A person must not be named as a CI on more than one application submitted to this grant opportunity.*

Have you confirmed that no member of your team (CIs) is named on any other application for this grant opportunity? \*

*Select from drop down*

*Yes*

*No*

List of Chief Investigators

### Project duration

* Estimated project start date
* Estimated project end date
* Estimated project length (in months)

*The project length will be calculated by the start and end dates you enter. Your project must be* *completed within five years from the execution of the grant.*

### Project milestones

Provide details on the project milestones including the key activities occurring at each milestone.

The milestone start and end dates must be between the project start and end dates. You can add up to 10 milestones

* Milestone title

Your response is limited to 100 characters including spaces and does not support formatting.

* Description

Your response is limited to 750 characters including spaces and does not support formatting.

* Estimated start date
* Estimated end date

### Project location

You must provide the address where your project will be undertaken and the estimated percentage of project value expected to be undertaken at that site. If you have multiple sites you must add the address of each site.

A project site must be a street address. Do not provide a postal address, institution or building name.

* Project site address
* Estimated percentage of project value expected to be undertaken at site

## Project budget

### Project budget summary

Provide a summary of your eligible project expenditure over the life of the project. The budget includes cash items only (**not in-kind contributions**).

If you are registered for GST, enter the GST exclusive amount. If you are not registered for GST, enter the GST inclusive amount. We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

You will also be required to attach a detailed project budget later in the application form.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of expenditure | Head of expenditure | Financial Year | Cost |
| Administration Costs |  |  |  |
|  | Equipment (Up to $80K) |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
|  | Labour |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
|  | Labour on-costs  |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
|  | Contractors |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
|  | Travel and Overseas  |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
|  | Other eligible expenditure |  | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
| Funding allocated to ventures |  |  |  |
|  | Research ventures |  |  |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  |  | 2025/26 | $ |
|  |  | 2026/27 | $ |
|  |  | 2027/28 | $ |
|  |  | 2028/29 | $ |
| Total project expenditure |  |  |  |

### Source of funding

In this section you must provide details of how you will fund the project.

The total of all sources of funding, should be equal to your total project expenditure in the table above. Sources of funding include:

grant amount sought

your contribution

other contributions as allowed in the grant opportunity guidelines

### Grant amount sought

You must enter the amount of grant funding you are requesting. We will add GST to this where applicable.

The maximum grant amount under this grant opportunity is $50 million. The top ranked application will be funded.

### Contributions

You will need to provide the following information for all other sources of funding

* Name of contributor
* Type of contributor

Contributors are divided into the following types

* + Your contribution
	+ Other Commonwealth government grants
	+ Other non-Commonwealth government grants
	+ Other non-government contribution
* Value of contribution (cash only)
* Date due of contribution
* Description

Where you are receiving other government funding you will need to provide details.

## Assessment criteria

You must address all assessment criteria in your application. We will assess your application based on the weighting given to each technical criterion and against the non-weighted (non-technical) assessment criterion.

The application form requests information that directly relates to the assessment criteria below. The amount of detail and supporting evidence you provide in your application should be relative to the project size, complexity and grant amount requested. You should provide evidence to support your responses to each criterion. Size limits apply to all responses.

We will only award funding to applications that score satisfactorily against all criteria.

To support your responses you must include mandatory attachments later in the application.

### Assessment criterion 1 (40 % weighting)

Your response is limited to 5000 characters including spaces and does not support formatting.

#### Project Impact

You should demonstrate this by identifying:

1. how your project will increase the number of Australian medical research and medical innovation projects that progress through the early stages of research and development to the point where they are ‘de-risked’ and attractive to private investment for commercialisation, reflected by measurable project targets
2. how your project will deliver outcomes that are a priority for the Australian public, including details of community engagement and involvement during conceptualisation, development and planned implementation of your project
3. demonstrate the involvement of academic, industry, state/territory, and/or other partners in the project and how their needs and views have informed its conceptualisation, development and planned translation and implementation.

You should demonstrate how the outcomes or results you have identified against the MRFF Measures of Success are relevant and meaningful to the goal and aims of the Initiative.

### Assessment criterion 2 (30 % weighting points)

Your response is limited to 5000 characters including spaces and does not support formatting.

#### Project methodology

You should demonstrate your proposed approach to delivering the project by providing:

1. your project plan, including
	* an outline of the activities you will undertake and how they will be undertaken
	* appropriate milestones, performance indicators and timeframes for delivery
	* the governance structures in place for the project.
2. a project feasibility analysis.

### Assessment criterion 3 (30 % weighting)

Your response is limited to 5000 characters including spaces and does not support formatting.

#### Capacity, capability and resources to deliver the project

You should demonstrate this by providing details of:

1. your access to, and/or a feasible plan to recruit, an appropriate, multi-disciplinary team, with proposed key project personnel, their skills and experience clearly articulated, along with explanations of how their skills and experiences are important to the success of your project
2. your track record in managing similar projects. Consideration should be given to your project team’s expertise in all aspects of the proposal, including evidence supporting the team’s capability to select, manage and support successful Australian SMEs to progress their research
3. describing how you will identify, engage, and seek input from expert reviewers and assessors as part of the selection of partnered Australian SMEs
4. your access, or future access, to any required infrastructure, land, capital equipment, technology, and regulatory or other approvals
5. how any infrastructure funded through this project will be maintained beyond the life of the grant opportunity.

### Assessment criterion 4 (non weighted)

Your response is limited to 5000 characters including spaces and does not support formatting.

#### Overall Value and Risk of the Project

Your application should demonstrate the overall value and risk of the project, including that you have robust risk identification and management processes. This should include consideration of risks related to COVID-19 restrictions.

You should provide:

* your Measures of Success statement
* your proposed budget and justification
* a risk management plan.

Our assessment will also take into consideration:

* the relative contribution of the outcomes or results you have identified against the MRFF Measures of Success to the goal and aims of the Initiative
* the suitability of your proposed budget to complete all project activities
* how well the requested budget has been detailed and justified
* the value and type of any partner contributions to your project
* how soundly your risk management approach is demonstrated
* any risks identified as part of the assessment of your application
* the appropriateness of the submitted risk management plan in documenting key risks to the completion of the research proposal, including your plan to manage those identified risks
* how you propose to monitor and report risks (both those identified in your submitted risk management plan and those which may arise during your project).

## Project partners

You must provide details about your project partners.

For details about project partner contributions refer to the grant opportunity guidelines.

You must provide

* Australian Business Number (ABN)
* Other registration number where applicable
* Business address
* Postal address
* Contact details
* Project partner letter of support attached.

Letter to include details of partner contributions.

## Bank account details

### Bank account details

If your application is successful we will need to set up a payment process to pay your grant. We need your bank account details to do this. If your application is not successful we will not process these details.

We can only pay grant funding to the applicant organisation, who if successful will be party to a grant agreement with the Commonwealth. You must provide bank account details for this organisation.

### Account details

Account name

BSB

Account number

### Payment contact

Given name

Family name

Email address

Phone number

## Application finalisation

You must answer the following questions and add any supporting documentation required.

### Conflict of interest

Do you have any perceived or existing conflicts of interest to declare?

*Refer to the grant opportunity guidelines for further information on your conflict of interest responsibilities.*

If yes, describe the perceived or existing conflicts of interest.

Your response is limited to 750 characters including spaces and does not support formatting.

If yes, describe how you anticipate managing this conflict.

Your response is limited to 750 characters including spaces and does not support formatting.

### Additional information

You must attach the following supporting documentation. You should only attach documents we have requested.

The total of all attachments cannot exceed 20 MB.

Individual files must be smaller than 2.0mb, and be one of the following types: doc, docx, rtf, pdf, xls, xlsx, csv, jpg, jpeg, png, gif.

Filenames should only include letters or numbers and should be fewer than 40 characters.

* Project plan **\***

*You must attach a detailed project plan with a* ***maximum of 12 pages excluding appendices****, including your project methodology and feasibility analysis.*

* Project budget **\***

*A detailed and itemised project budget, including but not limited to disaggregation by project component and Financial Year (FY), and your related fee card*

* Measures of Success for the MRFF **\***

*Statement of how your project will contribute to the Measures of Success for the MRFF described in the MRFF Evaluation, Monitoring and Learning Strategy in a table format with the following headings: MRFF Measure of Success; How the project will contribute towards the measure of success; Description of outcome or result against which the contribution will be evaluated (****maximum one page****)*

* Risk management plan **\***

*A detailed risk management plan, and any supporting documentation, describing how you propose to monitor, manage and report identified risks including risks that may arise during your project (****maximum two pages****)*

* Evidence of support for your Board **\***

You must provide evidence from your board (or chief executive officer or equivalent if there is no board) that your project is supported and that you can complete the project and meet the costs of the project not covered by grant funding.

* Intellectual property (IP) arrangements (where applicable)

*Details of intellectual property (IP) arrangements as an attachment - only if this is not included within the written content of the application*

* Trust deed (where applicable)

Where you have indicated your entity type is a trustee applying on behalf of a trust, you must attach trust documents showing the relationship of the incorporated trustee to the trust.

### Program feedback

How did you hear about the grant opportunity? **\***

Did you read the grant opportunity guidelines?

How satisfied were you with the process of applying for this grant?

You may select from a drop-down menu for each question, and provide comments if applicable.

## Primary contact

You must provide the details of a primary contact for your application.

The primary contact is the person authorised to act on behalf of the applicant. We consider them our primary contact point for all aspects of this application. We will send all email correspondence to this person. If these details change, you must inform us as soon as possible so automated emails can be redirected. The details include

* Given name
* Family name
* Position title
* Email address
* Phone number
* Mobile number
* Primary address

## Application declaration

In order to submit your application you will be required to agree to the following declaration.

### Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department of Industry, Science and Resources (the department) will use the information I provide in accordance with the following:

* [Australian Government Public Data Policy Statement](https://www.pmc.gov.au/sites/default/files/publications/aust_govt_public_data_policy_statement_1.pdf)
* [Commonwealth Grants Rules and Guidelines](https://www.finance.gov.au/government/commonwealth-grants/commonwealth-grants-rules-guidelines)
* grant opportunity guidelines
* applicable Australian laws.

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
2. to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department’s accounts payable software system.

I understand that information that is deemed ‘confidential’ in accordance with the grant opportunity guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department’s website, unless otherwise prohibited by law.

### Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the grant agreement, privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant’s board/ management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the applicant and any project partners are not listed on the [National Redress Scheme](https://www.nationalredress.gov.au/institutions/institutions-have-not-yet-joined) list of institutions, where sexual abuse has occurred, that have not joined or signified their intent to join the Scheme.

I declare that the applicant is not named by the [Workplace Gender Equality Agency](https://www.wgea.gov.au/what-we-do/compliance-reporting/non-compliant-list) as an organisation that has not complied with the *Workplace Gender Equality Act 2012*.

I confirm that the applicant, project partners and associated activities are in compliance with current [Australian Government sanctions](https://www.dfat.gov.au/international-relations/security/sanctions).

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth)*.*

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant’s claims and may also engage external technical or financial advisors to advise on information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I approve the information in this application being communicated to the department in electronic form.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government’s Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.