



## Sample application form

Medical Research  
**Future Fund**



# Medical Research Future Fund – Preventive and Public Health Research Initiative 2020 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Grant Opportunity

Version October 2020

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.

**This is a sample only and may be subject to minor changes.**

**Do not use this document as your application form. You will need to submit an application using the online form once the grant opportunity is open to applications**

## Instructions

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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.

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.

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.

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.

### 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 and Google Chrome
- On Mac: The latest versions of Safari and Google Chrome

### Getting help

If you require further assistance completing this form, [contact us](#) by email or web chat or on 13 28 46.

## A. Program selection

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We need to first identify what type of entity is applying.

*Some programs we offer allow entities without an ABN to apply. The form is designed to accommodate these entities. However for this grant opportunity, an ABN is mandatory. If you do not have an ABN this grant opportunity will not appear in the program selection at the bottom of the first page and you will not be able to continue.*

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 the following details ready if they are applicable to you.

- Australian Business Number (ABN)  
or
- Australian Company Number (ACN)
- Indigenous Corporation Number
- Australian Registered Body Number
- Australian Registered Scheme Number
- Incorporated Association Registration
- Co-operative Registration Number
- Charity status
- Not for profit status

Where applicable, international organisations will need to provide

- country of registration
- registration number

If you do not have an ABN we will ask you why you do not have one. You should note the following.

*If you are entitled to an ABN and do not provide it to us, we will be required to withhold 47 per cent from any grant awarded. If you intend to apply for an ABN you should do so before starting your application as you cannot update these details in the application form. If you apply for an ABN after you start your application you will need to start again.*

### A.1. Program selection

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

- Field 1 select MRFF – Quality, Safety and Effectiveness of Medicine Use and Intervention by Pharmacists
- Field 2 select MRFF – Quality, Safety and Effectiveness of Medicine Use and Intervention by Pharmacists

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

The objective of this grant opportunity is to provide grants of financial assistance to support medical research and medical innovation projects that create or adapt technologies, mechanisms or approaches for improving the quality, safety and effectiveness of medicine use and medicine intervention by pharmacists in primary health and transitions of care. Projects should demonstrate alignment with relevant peak or representative bodies to facilitate national implementation.

You should read the [grant opportunity guidelines](#) and [sample grant agreement](#) before filling out this application.

You may submit your application at any time up until 5.00pm AEDT 23 February 2021

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## B. Eligibility

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We will ask you the following questions to establish your eligibility for the MRFF 2020 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Grant Opportunity.

*Questions marked with an asterisk are mandatory.*

Is your organisation incorporated in Australia? \*

*A legal entity is an entity in its own right that has capacity to enter into legally binding agreements or contracts, assume obligations, incur and pay debts, sue and be sued and be held responsible for its actions.*

Is your organisation one of the following bodies? \*

- a medical research institute
- a university
- a corporate Commonwealth entity
- a corporation (including businesses and not for profits)
- a state or territory government
- a state or territory government entity

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## C. Applicant address

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### C.1. 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.*

### C.2. 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.*

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## D. Project information

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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](#). Published details include:*

- *name of the grant recipient*
- *a project title*
- *a brief project description and its intended outcome*
- *amount of grant funding awarded.*

### D.1. Project title and description

Provide a project title.

*Your response is limited to 75 characters including spaces and does not support formatting. This data will be published if your application is successful.*

Provide a brief project description.

*Your response is limited to 750 characters including spaces and does not support formatting. This data will be published if your application is successful.*

*Ensure your project description focuses on your project's key activities and outcomes. Explain what it is you are going to do and how it will benefit your organisation.*

### D.2. 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.*

### D.3. 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.*

### D.4. 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 can be no longer than 4 years. Project start date not before March 2021*

## D.5. Chief investigator

Who is your Lead and/or Chief Investigator A (CIA), a key researcher who has the required expertise and will lead the project? \*

*You will need to include the following details:*

- Title
- Given Name
- Family Name
- Position Title
- Current Organisation
- Email Address
- Phone Number
- Mobile Number

## D.6. Research Team

List all members of your research team

*All members of the research team – Chief Investigators (CIs) must be listed separately below. Keep adding new.*

*A person must not be named as a Chief Investigator (CI) on more than one application submitted to this grant opportunity see Section 3.2 of the Guidelines.*

*You will need to include the following details:*

- Title
- Given Name
- Family Name
- Position Title
- Current Organisation
- Email Address
- Phone Number
- Mobile Number

## D.7. Project milestones

You must breakdown your project into milestones. You should include the key activities occurring at each milestone. The start date of milestone 1 is the expected project start date. The end date of your last milestone activity will be the project end date. You will be required to complete the following fields. 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

## D.8. 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 not a postal address.*

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

*The first site listed must be the primary site address irrespective of the percentage of time work is undertaken at that site.*

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## E. Project budget

### E.1. Project budget summary

You must provide a summary of your eligible project costs over the life of the project in a table as shown below.

*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.*

Type of expenditure	Head of expenditure	Financial Year	Cost
Project expenditure			\$
	Equipment		\$
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
	Labour		\$
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
	Labour on-costs		\$
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
	Contractors		\$
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
	Travel and Overseas		\$

Type of expenditure	Head of expenditure	Financial Year	Cost
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
	Other eligible expenditure		\$
		2020/21	\$
		2021/22	\$
		2022/23	\$
		2023/24	\$
<b>Total</b>			

**Grant funding requested**

You will be asked to enter the amount of grant funding you are requesting. Validations will limit your request to be within the grant opportunity guidelines.

Sample

## F. Project partners

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You must provide details about your project partners.

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

*You must appoint a lead organisation. Only the lead organisation can submit the application form and enter into the grant agreement with the Commonwealth. The application should identify all other members of the proposed group and include a letter of support from each of the project partners.*

*Each letter of support should include:*

- details of the project partner*
- an overview of how the project partner will work with the lead organisation and any other project partners in the group to successfully complete the project*
- an outline of the relevant experience and/or expertise the project partner will bring to the group*
- the roles/responsibilities the project partner will undertake, and the resources it will contribute (if any)*
- details of a nominated management level contact officer.*

## G. Assessment criteria

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We will assess your application based on the weighting given to each criterion and against the indicators listed beneath each criterion. We will only consider funding applications that score satisfactorily against each criterion as these represent best value for money.

*The amount of detail and supporting evidence you provide should be commensurate with the project size, complexity and grant amount requested. You should define, quantify and provide evidence to support your answers.*

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

*Your response is limited to 5000 characters for each criterion including spaces and does not support formatting.*

### G.1. Assessment criterion 1 (40 points)

#### Project impact

##### Assessment criteria as per the guidelines

You should demonstrate this by identifying

- a. how your project will improve patient outcomes by creating or adapting technologies, mechanisms or approaches to improve the quality, safety and effectiveness of medicine use and medicine intervention by pharmacists in primary health and transitions of care, reflected by measurable project targets including, but not limited to:
  - promoting the safe and effective use of medicines, particularly in high-risk groups and settings such as the elderly, people with complex chronic diseases, rural and remote communities, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people and communities, and aged care facilities
  - reducing adverse drug events and medicine-related hospital admissions.
- b. the extent to which 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
- c. partnerships with relevant peak or representative bodies that will support implementation of study findings into practice, as quickly as possible
- d. how the research will provide outcomes within 12 months of the grant period ending
- e. how your project includes new and innovative approaches, that can be scaled nationally
- f. how your project builds on and supports other initiatives, if applicable.

### G.2. Assessment criterion 2 (30 points)

#### Project methodology

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

- a. your project plan, including:
  - an outline of the activities you will undertake
  - appropriate milestones, performance indicators and timeframes for delivery

- the governance structures in place for the project
- b. a project feasibility analysis.

### **G.3. Assessment criterion 3 (30 points)**

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

You should demonstrate this by providing details of:

- a. 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
- b. your track record in managing similar projects
- c. your access, or future access, to any required infrastructure, land, capital equipment, technology, and regulatory or other approvals
- d. how any infrastructure funded through this project will be maintained beyond the life of the grant opportunity.

### **G.4. Assessment criterion 4 (non-weighted)**

#### **Overall value and risk of the project**

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

You should demonstrate the overall value and risk of the project, including that you have robust risk identification and management processes.

You should provide:

- your proposed budget and justification
- a risk management plan.

Our assessment will also take into consideration:

- the suitability of your proposed budget to complete all project activities
- how well the requested budget has been detailed and justified
- 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, and
- 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) and issues.

## H. Application finalisation

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

### H.1. 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 and how you anticipate managing them.

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

### H.2. Program feedback

How did you hear about the grant opportunity?

*You may select from a drop-down menu.*

### H.3. Supporting documentation

You must attach the following supporting documentation.

- Project plan

*You must attach a project plan with a maximum of 12 pages excluding appendices.*

- 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*

- 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*

- Project feasibility analysis
- Intellectual property (IP) arrangements (where applicable)

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

- Letters of support (where applicable)
- 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.*

- 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.*

### H.4. Your ANZSIC code

Provide from a drop-down menu:

- your organisation's main revenue earning division under the Australian and New Zealand Standard Industrial Classification ([ANZSIC](#)).
- your organisation's main revenue earning class under the Australian and New Zealand Standard Industrial Classification ([ANZSIC](#)).

## H.5. 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.*

## I. Primary contact page

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

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

## J. Application declaration

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

### J.1. Privacy and confidentiality provisions

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

- [Australian Government Public Data Policy Statement](#)
- [Commonwealth Grants Rules and 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:

- a. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
- b. 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.

### J.2. Applicant declaration

I declare that I have read and understood the [program/grant opportunity] guidelines, including the 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 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 understand that the applicant is responsible for ensuring that it has met relevant state or territory legislation obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this [program/grant opportunity], has undertaken and passed, a working with children check, if required under relevant state or territory legislation. The applicant is also responsible for assessing the suitability of people I engage in this project to ensure children are kept safe.

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

I declare that I am authorised to complete this form and acknowledge that by including my name in this application I am deemed to have signed this application.

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

Sample