



Australian Government  
Department of Industry, Science,  
Energy and Resources  
Department of Health

## Sample application form

# MRFF 2022 Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists Grant

Version March 2022

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

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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.

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](#) by email or web chat or on 13 28 46.

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## A. Program selection

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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 the following details ready if they are applicable to you.

- Australian Business Number (ABN)

### A.1. Program selection

You must select from a drop-down menu the program that you are applying for. If you have been provided with an Invitation code, you will be able to enter it here which will select the program for you. If you do not have an invitation code contact us on 13 28 46 or [QSEM@industry.gov.au](mailto:QSEM@industry.gov.au).

- Field 1 select MRFF 2022 Quality, Safety and Effectiveness of Medicine Use by Pharmacists
- Field 2 select MRFF 2022 Quality, Safety and Effectiveness of Medicine Use by Pharmacists

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

The grant opportunity provides grants to support Australian medical research and medical innovation projects that promote the development and implementation of new research methodologies and/or invest in critical research infrastructure required to advance the research sector.

You should read the [grant opportunity guidelines](#) and [sample grant agreements](#) 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 7 September 2022. Please take account of time zone differences when submitting your application.

## B. Eligibility

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We will ask you the following questions to establish your eligibility for the MRFF 2022 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.*

*Select yes or No*

Select which entity type you are. \*

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

*If you select none of the above you are not eligible to apply for this grant*

## 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.*

Sample

## D. About your organisation

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*We collect the following data from all applicants across all grant programs. We use this data to better understand your organisation and to help us develop better policies and programs.*

### D.1. Latest financial year figures

*All values must be whole numbers. For example*

*6.5 months should be presented as 7 months*

*\$2 million should be presented as \$2,000,000*

- Has the applicant existed for a complete financial year?
- If no, enter the number of months completed in the financial year to date.

You must provide the following financial information about the applicant organisation for the financial year you have entered above.

*Values must be that of the entity applying (the 'applicant'), regardless of whether the entity belongs to a consolidated group for tax purposes.*

*These fields are mandatory and entering \$0 is acceptable if applicable for your organisation.*

- Sales revenue (turnover)

*Total revenue from the sale of goods and services, as reported in your organisation's Business Activity Statement (BAS).*

- Export revenue

*Total revenue from export sales, as reported in your organisation's Business Activity Statement (BAS).*

- R&D expenditure

*Expenditure on research and development, i.e. creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humankind, culture and society, and the use of this stock of knowledge to devise new applications.*

- Taxable income

*Taxable income or loss as per your organisation's income tax return form.*

- Number of employees (headcount)

*Number of individuals who are entitled to paid leave (sick and holiday), or generate income from managing your organisation. This should include working proprietors and salaried directors.*

- Number of independent contractors (headcount)

*Number of individuals engaged by your organisation under a commercial contract (rather than an employment contract) to provide employee-like services on site.*

### D.2. 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](#)).

### **D.3. 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.*

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## E. 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](#) 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.*

### E.1. 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 what it is you are going to do and how you expect to deliver a project that provides innovative solutions to complex health problems.*

### E.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.*

### E.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.*

### E.4. Streams

Select which stream you are applying for: \*

*Refer to the program guidelines for information regarding streams see section 1.3*

#### **Stream 1: The safe and effective use of prescription medicines**

*Applications to Stream 1 and 2 must include an economic analysis aimed at assessing the cost-effectiveness of the proposed intervention. See Section G: Assessment criterion 2 – Project methodology.*

#### **Stream 2: The quality of care provided to patients with cancer**

*Applications to Stream 1 and 2 must include an economic analysis aimed at assessing the cost-effectiveness of the proposed intervention. See Section G: Assessment criterion 2 – Project methodology.*

### **Stream 3: Improved medication management**

*Applications to Stream 3 must include a primary outcome of a reduction in medication-related hospital admission at 30 days post-discharge in sufficiently powered studies. Applicants may also include additional secondary outcomes. Studies should focus on the transition from an acute care setting to community care, which may or may not include into an aged-care setting. See Section G: Assessment criterion 2 – Project methodology*

### **Stream 4: The safe and effective use of medicines in residential aged care facilities**

## **E.5. Chief Investigators**

*You must use the mandatory template available on [business.gov.au](https://business.gov.au) to list all Chief Investigators who have shared authority and responsibility for leading and directing the design, conduct and reporting of the proposed project, including the affiliations of each person listed.*

*The Chief Investigator A must be a pharmacist and identified in the mandatory excel document.*

*You must list all of your research team in the mandatory excel document.*

### **Chief Investigator A (CIA)**

*The CIA must be a pharmacist and take a lead role in the project and report on project outcomes.*

*The Chief Investigator A must not be named on any other projects within this grant opportunity.*

Have you confirmed that your Chief Investigator A is not named on any other applications within this grant opportunity? \*

*If they are identified in any other application all applications that identify them will be deemed ineligible.*

*Select from drop down*

Yes

No

### **Research Team (Chief Investigators)**

Have you confirmed that no member of your research team are listed or part of any other applicant research team within this grant opportunity? \*

*If they are identified in any other application all applications that identify them will be deemed ineligible.*

*Select from drop down*

Yes

No

### **List of Chief Investigators**

*You must use the mandatory template available on [business.gov.au](https://business.gov.au) list all Chief Investigators who have shared authority and responsibility for leading and directing the design, conduct and reporting of the proposed project, including the affiliations of each person listed.*

*Upload Template*

## E.6. Project duration

Your project must be completed within 4 years of agreement execution.

- Estimated project start date
- Estimated project end date

*You cannot start your project until you have an executed funding agreement with the Commonwealth.*

*You must complete your project in 4 years.*

## E.7. Project milestones

Provide details on the project milestones including the key activities occurring at each milestone. You can add up to 20 Milestones.

*The milestone start and end dates must be between the project start and end dates.*

- 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

## E.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. Do not provide a postal address, institution or building name.*

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

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

## F. Project budget

### F.1. Project budget summary

Provide a summary of your eligible project expenditure over the life of the project.

*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			\$
	Labour		\$
		2022/23	\$
		2023/24	\$
		2024/25	\$
	Labour on-costs		\$
		2022/23	\$
		2023/24	\$
		2024/25	\$
	Contractors		\$
		2022/23	\$
		2023/24	\$
		2024/25	\$
	Travel and Overseas		\$
		2022/23	\$
		2023/24	\$
		2024/25	\$
	Equipment (up 80K)		\$
		2022/23	\$
		2023/24	\$
		2024/25	\$
	Other eligible expenditure		\$
		2022/23	\$
		2023/24	\$

Type of expenditure	Head of expenditure	Financial Year	Cost
		2024/25	\$
Total			

### F.1. 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 section above. Sources of funding include:*

- *grant amount sought*
- *your contribution*
- *other contributions as allowed in the grant opportunity guidelines*

### F.2. 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 \$1.5 million.*

#### Total grant requested by Financial Year

*Provide the grant funding you expect to receive in the below financial years. In the years you require no funding enter 0*

**Financial Year 1**

**Financial Year 2**

**Financial Year 3**

**Financial Year 4**

### F.3. 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
- Date due of contribution
- Description

*You may need to provide details around whether your contribution is sourced from bank loans, equity or cash flow etc.*

## 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 (including non-weighted 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.*

### G.1. Assessment criterion 1 – Project Impact (40% weighting)

*Your response is limited to 10,000 characters including spaces and does not support formatting.*

You should demonstrate this by identifying:

- a. how your project will address the objective of the Stream to which you are applying as outlined in section 1.3, including:
  - **Streams 1 and 2:** optimise medication prescription and usage by utilising pharmacogenetic interventions, including cost effectiveness, and acceptability by patients and prescribing health professionals.
  - **Stream 3:** improve medication management and transition into the community.
  - **Stream 4:** improve pharmacist interventions in residential aged care facilities using objective patient focused indicators.
- b. 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
- c. partnerships with health service delivery partners 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.

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. (*Please also refer to J.3 Additional information.*)

### G.2. Assessment criterion 2 – Project methodology (30% weighting)

*Your response is limited to 10,000 characters including spaces and does not support formatting.*

*Applications to Stream 1 and 2 must include an economic analysis aimed at assessing the cost-effectiveness of the proposed intervention.*

*Applications to Stream 3 must include a primary outcome of a reduction in medication-related hospital admission at 30 days post-discharge in sufficiently powered studies. Applicants may also include additional secondary outcomes. Studies should focus on the transition from an acute care setting to community care, which may or may not include into an aged-care setting.*

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

- a. your project plan, including:

- a clear research question
  - methodology appropriate for the research question described sufficiently to allow for assessment (e.g. including such details as participants, intervention, controls, data collection, management and analysis and sample size sufficient to identify meaningful effect differences)
  - 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 (including assessment of availability of required expertise, tools and techniques, achievability of planned recruitment targets).

### **G.3. Assessment criterion 3 – Capacity, capability and resources to deliver the project (30% weighting)**

*Your response is limited to 10,000 characters including spaces and does not support formatting.*

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.

### **G.4. Assessment criterion 4 – Overall Value and Risk of the Project (non-weighted)**

*Your response is limited to 10,000 characters including spaces and does not support formatting.*

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 detailed 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).

*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.*

## H. Project partners

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You must provide details about your project partners.

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

*Applicants are encouraged to seek strategic partnerships with organisations whose decisions and actions affect Australians' health, health policy and health care delivery in ways that improve the health of Australians.*

*Partnerships and co-investment are encouraged in order to maximise impact of investment, provide opportunities for more mature sites/agencies to build the capacity of emerging sites/agencies, reduce duplication of activities, and reduce potential respondent administrative burden on participating communities.*

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 cash contributions.

# I. Bank account details

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## I.1. 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.*

## I.2. Account details

Account name

BSB

Account number

## I.3. Payment contact

Given name

Family name

Email address

Phone number

Sample

## J. Application finalisation

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

### J.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.

*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.*

### J.2. Program feedback

How did you hear about the grant opportunity?

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

### J.3. Additional information

You must attach the following supporting documentation.

- Project plan

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

- Feasibility analysis

*A feasibility analysis including an assessment of availability of required expertise, tools and techniques, achievability of planned recruitment targets etc.*

- 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

*A one-page statement of how your project will contribute to the Measures of Success for the MRFF described in the MRFF Evaluation, Monitoring and Learning Strategy (see [www.health.gov.au/mrff](http://www.health.gov.au/mrff)) - see section G.4.*

- 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)*

- 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.*

- 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.*

## **K. Primary contact**

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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

Sample

## L. Application declaration

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

### L.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.

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](#) 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](#) 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](#).

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 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 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.