



**Australian Government**

**Department of Industry, Science and Resources**

**Department of Health and Aged Care**

## Sample application form

### Medical Research Future Fund – Frontier Health and Medical Research Initiative

### 2022 Frontier Health and Medical Research Grant

### Expression of Interest

Version November 2022

This document shows the questions included in the online expression of interest 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.

## 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); or
- Australian Company Number (ACN)

### 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.

- Field 1 select – MRFF 2022 Frontier Health and Medical Research EOI
- Field 2 select - MRFF 2022 Frontier Health and Medical Research EOI

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

The MRFF 2022 Frontier Health and Medical Research Grant Opportunity was announced as part of the Medical Research Future Fund's Frontier Health and Medical Research Initiative.

This grant opportunity intends to support programs of research comprising a series of linked projects that cumulatively address the objective and intended outcome. The initial application process to secure funding through this grant opportunity will be conducted in two stages comprising an expression of interest followed by a full application. Full applications may be submitted by invitation only.

Applicants may propose to commence research at any stage in the research pipeline from proof-of-concept, with the intention of achieving full implementation of the proposed technology in 10 years.

Under this grant opportunity, applicants may request funding for a maximum of 5 years for each project within the program of research. Applicants should note that the maximum overall investment from the MRFF in a single 10 year program of research is limited to \$25 million.

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 the program remains open.

It is expected that expressions of interest will close on 31 March 2026, with the last grants awarded by 30 June 2027. However, the 2022 Frontier Health and Medical Research grant opportunity may be extended with additional funds provided in future years.

## B. Eligibility

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

Does your proposed research duplicate research previously or currently being undertaken in Australia?

*Select Yes or No*

*You must select no to proceed to next section.*

## 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. Indigenous organisation

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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.*

Sample

## 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 key activities and outcomes for this project (i.e. maximum five years), within your overall program of research.*

### E.2. Chief Investigators

*Details of all members of the research team (Chief Investigators) must be submitted as part of the Expression of Interest.*

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

*You must use the mandatory excel template available on [business.gov.au](#) to list up to 15 Chief Investigators (including identified CIA), 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.*

*If you include more than 15 team members, your application will be deemed ineligible.*

*You will also be asked to attach CVs for each investigator later in the form.*

Have you confirmed that no member of your research team (including CIA) is named on any other active expression of interest or full application being considered for funding under this grant opportunity? \*

*If they are identified in another active EOI/full application, both applications will be deemed ineligible.*

*Select from drop down*

Yes

No

### **E.3. Existing Funding**

Detail the source, duration and level of funding (if any) already held by the research team for research in the particular area of your application.

*Your response is limited to 1000 characters including spaces and does not support formatting.*

### **E.4. 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

Sample



## F. Assessment criteria

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To be competitive, you will need to address all assessment criteria in your expression of interest. We will assess your expression of interest against the rating scale see Appendix C in the grant opportunity guidelines.

The expression of interest form requests information that directly relates to the assessment criteria below. You should provide evidence to support your responses to each criterion. Size limits apply to all responses.

### Assessment criterion 1 (50% weighting)

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

#### Vision and novelty

You should:

- a. summarise your overall vision for the proposed program of research, including how it will produce a technology that will generate meaningful outcomes in 10 years for patients living with the serious and incurable health condition, their families and carers
- b. demonstrate the originality and/or novelty of the proposed approach and how it differs from current research in the same broad area
- c. outline how your research proposal is directly relevant to the objectives and desired outcomes of this grant opportunity as described in section 1.3 of the grant opportunity guidelines.

### F.1. Assessment criterion 2 (50% weighting)

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

#### Team capability

You should:

- a. summarise the skills, knowledge and experience of the research team relevant to the proposed program of research
- b. articulate how the research team brings diverse and multidisciplinary experiences and expertise to the proposed research to ensure its successful delivery.

## G. Application finalisation

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

### G.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.*

### G.2. 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.*

- CV for each Chief Investigator

*CVs (maximum of 2 pages per Chief Investigator) that includes:*

- *a summary of their expertise and/or research achievements relevant to the proposed research*
- *top 5 publications relevant to the proposed research*
- *details of successful grants for the last 10 years that are relevant to the proposed research including: grant title, short description, funding organisation, dollar value.*

### G.3. Program feedback

How did you hear about the grant opportunity? \*

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

*If other, provide details.*

Did you read the grant opportunity guidelines?

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

*Dropdown Box*

- Before starting your application
- During your application

- Before and during your application
- Not at all

If you would like to provide comments, include them below.

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

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

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

*Dropdown Box*

- Highly satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

*If you would like to provide comments, include them below.*

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

Sample

## H. 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

# I. Application declaration

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

## I.1. 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](#)
- [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.

## I.2. 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.