**This form is only for reference, applicants must submit EOI using CPARF online grant management platform accessible through** [**this link**](https://cerebralpalsy.smartygrants.com.au/)

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| **Applicants are advised to read through the peer review assessment guideline available in the Research Foundation of Cerebral Palsy Alliance website before starting the application.** |

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| **PART A – ELIGIBILITY CHECK** |

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| I am not currently studying for a PhD degree | Choose an item. |
| My most recent postgraduate degree was obtained in the past 5 years | Choose an item. |

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| **PART B – APPLICANT DETAILS** |

**One Chief Investigator and up to five Associate Investigators** can be included in this application.

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| --- | --- |
| Have you obtained consent from **ALL** investigator(s) to be included in this application? | Choose an item. |
| *Failure to do so may result in your application being removed from consideration.* | |

**CHIEF INVESTIGATOR**

|  |  |
| --- | --- |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Organisation |  |
| Primary Address |  |
| Primary Phone Number |  |
| Primary Email Address |  |

**ASSOCIATE INVESTIGATOR(S) LIST**

|  |  |
| --- | --- |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Organisation |  |
| Primary Address |  |
| Primary Phone Number |  |
| Primary Email Address |  |

**ADMINISTERING INSTITUTION**

|  |  |
| --- | --- |
| Administering Institution Location | Choose an item. |
| **CONTACT PERSON**  *(Ideally from the Research Administration or Grants Office that will be responsible for the administration and management of the grant)* | |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Phone Number |  |
| Primary Email Address |  |
| **INSTITUTION DETAILS** | |
| Institution Name |  |
| Primary Website |  |
| Primary Address |  |
| ABN *(only for Australian institutions)* |  |

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| **PART C – RESEARCH DETAILS** |

**IMPORTANT: Please make sure all research details submitted in this EOI are accurate. Applicant will be able to read the details in the full application form, but will not be able to change the content.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | | | |
| Start date  *(no earlier than 1 June 2020)* |  | | | |
| End date |  | | | |
| **Main** research focus *(choose one)* | | | Choose an item. | |
| Keywords (no more than 3 words for each keyword)  *Please provide* ***two*** *or* ***three*** *keywords that best describe this research. This will be used by the Steering Committee to help select the most relevant reviewer for your application. (E.g. stem cells, genetics, technology, pain, prematurity, magnesium sulphate, EPO)* | | |  | |
| 1 |  |
| 2 |  |
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| Project Location | | | Choose an item. | |
| Other International - Countries List  *(this question is only applicable if response to the above question is “Other International”)* | | |  | |
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|  | | |  | |
| **Lay Summary**: Research Overview  *Will be used for the Research Foundation website and other fundraising materials (300 words)*  *The Research Foundation of Cerebral Palsy Alliance relies on the generosity of its supporters, and has the responsibility of reporting back to them, and to the general public, on the research we are funding and how it is progressing. For this reason,* ***the lay overview in grant applications and grant reports are extremely important****.*  *A good lay overview helps the wider public to understand what you are doing as a researcher, and helps us to raise funds to ensure we continue supporting cerebral palsy research.*  *We ask researchers to write this section in* ***plain English*** *to be* ***understandable to a non-scientific audience****. To write this section, it might help you to think of it as an abstract for a non-scientific audience; do not use your scientific summary.*  *It is worthwhile asking someone without a scientific background to read your lay section before you submit the application.* | | *A good lay overview must clearly demonstrate how the research will improve current interventions, find a prevention or a cure for cerebral palsy. It also should broadly cover these areas:*   * *Why are you doing the research? What is the motivation behind the research application? Why is this research needed?* * *State clearly the aims and objectives of the research for a lay audience. What do you hope to find?* * *Describe clearly what you are going to do throughout the project to achieve your aims. Scientific detail isn’t necessary, but the major steps in your research project should be mentioned. You should also mention the timeline for your project.* * *Explain how achieving your research aims could benefit people with or at risk of cerebral palsy.* | | |

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| Elaborate on how this grant will support the applicant as an independent researcher, and how it will enable a step change in the applicant’s career as a researcher  *(150 words)* |  |
| Problem/needs being addressed  *(100 words)* |  |
| Target group *(i.e. who will benefit from this study)*  *(200 words)* |  |
| Research aims  *(200 words)* |  |
| Methodology  *(250 words)* |  |
| Anticipated outcome(s)  *(250 words)* |  |

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| Have you sought family and consumer engagement for this research? | | Choose an item. |
| If Yes, elaborate the role of consumer in the research cycle  *(250 words)* |  | |

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| Do you have an existing relationship, or plan to engage, any industry partners for this research? | | Choose an item. |
| If Yes, provide further details  *(250 words)* |  | |

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| **PART D – BUDGET DETAILS** |

The budget should be based on reasonable estimated expenditure and **all figures should be entered in USD (for applicants based in the United States) or in AUD (for applicants based in Australia or other international locations)**.

Costs covered include a research support salary and other costs directly associated with the research (such as consumables & small equipment essential for the research). Applications for consumables or equipment only will not be accepted.

|  |  |
| --- | --- |
| What is the **total cost** for **this research**? |  |

Please provide itemised details of the **budget requested** from the Research Foundation of Cerebral Palsy Alliance for **this research**.

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| **Total amount requested from CPARF** |  |

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| --- | --- |
| If you were offered part-funding by CPARF, would you be able to proceed with your project? | Choose an item. |

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| Justification of Budget  (200 words) |  |

|  |  |  |
| --- | --- | --- |
| How much support **for this research** is being sought and/or has been received from other sources?  *(please do not include support sought and/or received for purposes other than this research)* | | |
| **Source/Funder** | **Amount** | **Status** |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |