

Small Equipment Grant 2019 Application

This form is only for reference, applicants must submit application using CPARF online grant management platform accessible through [this link](#)

PART A – ELIGIBILITY CHECK

Are you currently employed by Cerebral Palsy Alliance?	Choose an item.
Are you working to accelerate progress in the field of cerebral palsy research?	Choose an item.
Does your research require ethics clearances or other approvals?	Choose an item.
If yes, please attach evidence of clearances or other approvals here	attachment

PART B – APPLICANT DETAILS

APPLICANT

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

ADMINISTERING INSTITUTION

Administering Institution Location	Choose an item.
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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 <i>(only for Australian institutions)</i>	

PART C – RESEARCH AND EQUIPMENT DETAILS

Research Title	
Start date	<i>(no earlier than 1 January 2020)</i>
End date	
Main focus of research program that will be supported with the equipment <i>(choose one)</i>	Choose an item.

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Keywords (no more than 3 words for each keyword)	1
<i>Please provide two or three keywords that best describe your research.</i>	2
<i>(E.g. stem cells, genetics, technology, pain, prematurity, magnesium sulphate, EPO)</i>	3

<p>Lay Summary:</p> <p><i>Will be used for the Research Foundation website and other fundraising materials (250 words)</i></p> <p><i>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, <u>the lay overview in grant applications and grant reports are extremely important.</u></i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>It is worthwhile asking someone without a scientific background to read your lay section before you submit the application.</i></p>	<p><i>Please demonstrate how the purchase of equipment will lead to improve current interventions, find a prevention or a cure for cerebral palsy. It should also broadly cover these areas:</i></p> <ul style="list-style-type: none"> <i>• What is the purpose of the equipment? What does the equipment do?</i> <i>• Expected outcome of utilising the equipment.</i> <i>• How the equipment will be cared for (warranty, service and maintenance of the equipment)</i> <i>• Outline any inter-team or departmental collaboration opportunities in the use of this equipment.</i>
<p>Equipment status:</p>	<p><input type="checkbox"/> New – doesn't currently exist</p> <p><input type="checkbox"/> Replacing old equipment</p> <p><input type="checkbox"/> Adding to equipment of a similar type</p>
<p>If applicable, please justify why replacement or duplicate equipment is required (100 words)</p>	
<p>Equipment Location (50 words)</p> <p><i>(Please give the location where the equipment will be kept)</i></p>	

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PART D – BUDGET DETAILS

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).**

What is the **total cost** for **this equipment**?

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

Total amount requested from CPARF	

How much support **for this equipment** 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 equipment)

Source/Funder	Amount	Status
		Choose an item.
		Choose an item.
		Choose an item.

REFERENCE