**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 – APPLICANT DETAILS** |

**A total of 10 Investigators** (Chief and Associate) can be included in this application.

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

**INVESTIGATOR(S) LIST** *(maximum 10 investigators)*

|  |  |
| --- | --- |
| Role of the Investigator | Choose an item. |
| 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 B – RESEARCH DETAILS** |

**IMPORTANT: Please make sure all information submitted in this EOI is accurate. Applicants will be able to read EOI details in the full application form, but will not be able to edit the content.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Start date |  | | |
| 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)* | |  | |
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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 (up to 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.* | *refer to Research funding guideline for further information* |

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| Describe the potential outcomes and impacts of the proposed research.  *(up to 250 words)* | *What changes do you expect will occur as a result of your research being used? See definitions and examples of research impact in the Guidelines* |

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| Problem/needs being addressed  *(up to 100 words)* |  |
| Beneficiaries *(i.e. who will benefit from this study)*  *(up to 200 words)* |  |
| Research aims  *(up to 200 words)* |  |

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| Methodology  *(up to 250 words)* |  |
| Anticipated research findings/results  *(up to 250 words)* |  |

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

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| **PART C – BUDGET DETAILS** |

Budget should be based on reasonable estimated expenditure and **all figures should be entered in USD (for applicants based in the US) 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  *(up to 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. |