# Medical Research Future Fund - National Critical Infrastructure Initiative

2019 Rural, Regional and Remote Clinical Trial Enabling Infrastructure grant opportunity

Version December 2019

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

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.

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.

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.

You can save your changes at any time by using the Save button.

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 and Google Chrome
* On Mac: The latest versions of Safari and Google Chrome

Getting help

If you require further assistance completing this form, [contact us](https://www.business.gov.au/contact-us) by email or web chat or on 13 28 46.

## Program selection

We need to first identify what type of entity is applying. If you are a trustee applying on behalf of a trust the details are slightly different.

### Trustee and trust details

If you have selected trustee on behalf of a trust we require details of both trust and trustee. A trustee must be incorporated.

#### Trust details

We require the following details.

When you have entered your ABN, the form should populate some details for you.

* Australian Business Number (ABN) of the trust
* Legal name of the trust
* Business name of the trust

Your business may have registered one or more business name. If you operate under a business name, you must provide the alternative name.

* Date of registration of ABN of the trust
* GST registration status

#### Trustee details

We require the following details.

When you have entered your ABN, the form should populate some details for you.

Do not enter your trust ABN into the trustee field. You may not have a separate ABN for the trustee in which case you should leave this field blank.

* Australian Company Number (ACN) of the trustee

Or

* Australian Business Number (ABN) of the trustee (if different to trust)
* Legal name of the trustee
* Charity status of the trustee
* Not for profit status of the trustee

### Other type of entity details

If you are not a trustee / trust entity you will be asked to complete the following details.

When you have entered your ABN, the form should populate some details for you.

* Australian Business Number (ABN)
* Australian Company Number (ACN)
* Organisation Legal name
* Organisation Business Name

Your business may have registered one or more business name. If you operate under a business name, you must provide the alternate name.

* Date of registration of ABN
* GST registration status
* Charity status
* Not for profit status

### Australia and New Zealand Standard Industrial Classification (ANZSIC) Details

You must select from a drop down menu:

* your organisation’s main revenue earning division under the Australian and New Zealand Standard Industrial Classification ([ANZSIC](https://www.abs.gov.au/ausstats/abs@.nsf/0/20C5B5A4F46DF95BCA25711F00146D75?opendocument)).
* your organisation’s main revenue earning class under the Australian and New Zealand Standard Industrial Classification ([ANZSIC](https://www.abs.gov.au/ausstats/abs@.nsf/0/20C5B5A4F46DF95BCA25711F00146D75?opendocument)).

### Program selection

You must select from a drop-down menu the program that you are applying for.

* Field 1 select Medical Research Future Fund - National Critical Infrastructure Initiative
* Field 2 select 2019 Rural, Regional and Remote Clinical Trial Enabling Infrastructure grant opportunity.

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

The intent of the grant opportunity is to provide initial stimulus funding for innovative approaches with potential for national application, and not to be a source of funding for routine and on-going activities eligible for funding though existing funding mechanisms.

The objectives of thegrant opportunity are:

1. improved facilities, equipment, services and systems in rural, regional and remote Australia
2. improved quality of care and health outcomes for patients through quicker and easier access to medical treatments, drugs, therapies and devices, through participation in clinical trials
3. reduced burden, costs and risks for patients and their families related to clinical trial participation
4. increased research capacity, including linkages, leveraging and enhancements of existing local and national structures, organisations, facilities and/or workforce, with flow-on effects to broader health services.

The intended outcome of the grant opportunity is improved access to clinical trials by Australians living in rural, regional and remote Australia.

## Eligibility

* **Help icon text**
* **On page instructions**
* **Implied advice that will be automated (e.g. you must answer yes to proceed to next question)**

We will ask you the following questions to establish your eligibility for the 2019 Rural, Regional and Remote Clinical Trial Enabling Infrastructure Fund 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. You must answer yes to proceed to next question.

* Is your organisation one of the following bodies? \*
  + a medical institute
  + a university
  + a corporate Commonwealth entity
  + a corporation (including businesses and not for profits)
  + a state or territory government
  + a state or territory government entity.

You must answer yes to proceed to next question.

* Do you have evidence from your board that there is support for the project, that you can complete the project and meet the costs of the project not covered by grant funding?\*

*You will be required to upload this document later in this form.*

You must answer yes to proceed to next question.

* Are you any of the following? \*
  + an individual
  + a partnership
  + an unincorporated association
  + a trust (however, an incorporated trustee may apply on behalf of a trust)
  + a non-corporate Commonwealth entity.

*You must answer no to proceed to the next section.*

## Applicant address

### Business street address

You must provide your business street address (Australian Head Office).

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.

### Business postal address

You must provide your business postal address (Australian Head Office).

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.

## Applicant financials

### Latest Financial Year Figures

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

### Recent trading performance

You must provide the following financial information about the applicant organisation.

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.

All amounts must show a whole dollar value e.g. $1 million should be presented as $1,000,000. The turnover value must be that of the entity that is making the grant application (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 Statements (BAS).

* Export revenue

Total revenue from export sales, as reported in your organisation’s 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 man, culture and society, and the use of this stock of knowledge to devise new applications.

* Taxable income

Taxable income or loss as per the applicant’s Business Income Company Tax Return form.

* No of employees (headcount)

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

* No of independent contractors (headcount)

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

## Project information

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. Published details include:

name of the grant recipient

a project title

a brief project description and its intended outcome

amount of grant funding awarded.

### 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. Explain what it is you are going to do and how it will benefit your organisation.

### 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.

You must also provide a project plan which you should attach later in your application.

### 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

### Project duration

Your project must be completed by 30 June 2025.

* Estimated project start date
* Estimated project end date
* Estimated project length (in months)

The project length will be calculated by the start and end dates you enter. Your project can be no longer than 60 months.

### Project milestones

You must breakdown your project into milestones. You should include the key activities occurring at each milestone. The start date of milestone 1 is the expected project start date. The end date of your last milestone activity will be the project end date. You will be required to complete the following fields. You can add a maximum of 10 milestones.

* Milestone title
* Description
* Estimated start date
* Estimated end date
* Expenditure estimate for each milestone.

### Project location

You must provide the address where you 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 not a postal address. Site 1 must be the primary project location.

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

### Rural, Regional and Remote areas

Please use the MMM Classification 3-7 ([MMM Locator](https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator)[[1]](#footnote-2)) tool to look up and enter the classification of the primary site location.

## Project budget

### Project budget summary

You must provide a summary of your eligible project costs over the life of the project in a table as shown below.

Amounts must be GST inclusive, less any GST credits that you can claim. We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

The minimum project expenditure for this grant opportunity is $5 million.

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** |
| --- | --- | --- | --- |
| Project expenditure |  |  |  |
|  | Minor Capital Works |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Materials for Construction |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Equipment |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Labour expenditure |  | $ |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Labour on-costs |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Contract |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Travel and overseas expenses |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
|  | Other |  |  |
|  |  | 2020/21 | $ |
|  |  | 2021/22 | $ |
|  |  | 2022/23 | $ |
|  |  | 2023/24 | $ |
|  |  | 2024/25 | $ |
| Total |  |  | $ |

#### Grant funding requested

You will be asked to enter the amount of grant funding you are requesting. Validations will limit your request to be within the grant opportunity guidelines.

### Source of funding

In this section you must provide details of how you will fund the project, other than the grant funding sought.

Where you have project partners or collaborators, their contribution will be recorded later in the application.

The total of all sources of funding plus your grant, should be equal to your eligible project expenditure in the section above.

Your own contribution to the project is also considered a ‘source of funding’ and must be provided.

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
* Details

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

Where you are receiving other government funding you will need to provide details.

## Assessment criteria

To be competitive you will need to score highly against each assessment criterion.

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.

Your application will be assessed against the indicators listed beneath each assessment criterion.

Your response for each criterion is limited to 5000 characters including spaces and does not support formatting.

To support you responses you much include mandatory attachments later in the application.

### Assessment criterion 1 (40 % weighting)

**Project impact**

You should demonstrate this by identifying:

* how your project will increase access to clinical trials for people in regional, remote and rural Australia, reflected by measurable project targets including, but not limited to:
* increases in the number of new clinical trial sites and expansion to existing sites
* increases in the number or clinical trial participants recruited and evidence of retention
* increases in the quality of health services through participation in clinical trials
* increases in clinical research workforce and capacity.
* the extent to which 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 you project
* the extent to which your project includes new and innovative approaches, with demonstrated and feasible national scalability
* the extent to which your project builds on and supports other initiatives.

### Assessment criterion 2 (30 % weighting)

**Project methodology**

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

* your project plan, including:
* an outline of the activities you will undertake
* appropriate milestones, performance indicators and timeframes for delivery
* the governance structures in place for the project
* a project feasibility analysis.

Attach a detailed project plan (maximum 12 pages excluding appendices)

Your project plan must include a detailed and itemised project budget, including but not limited to disaggregation by project component and Financial Year (FY), and your related fee card. It must also include 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.

Attach a project feasibility analysis

An analysis and evaluation of a proposed project to determine if it is technically feasible, and is feasible within the estimated cost.

### Assessment criterion 3 (30 % weighting)

**Capacity, capability and resources to deliver the project**

You should demonstrate this by providing details of:

* 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
* the governance structures in place for the project
* your track record in managing similar projects
* your access, or future access, to any required infrastructure, land, capital equipment, technology, and regulatory or other approvals
* how any infrastructure funded through this project will be maintained beyond the life of the grant opportunity.

### Assessment Criterion 4 (non-weighted – score out of 3)

**Overall value and risk of the project**

Your application should demonstrate the overall value and risk of the project, including that you have robust risk identification and management processes.

You should provide:

* your proposed budget and justification
* a risk management plan.

Our assessment will also take into consideration:

* the suitability of your proposed budget to complete all project activities
* how well the requested budget has been detailed and justified
* 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, and
* how you propose to monitor and report risks (both those identified in your submitted risk management plan and those that may arise during your project).

## Project partners/ Collaborators

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 involving organisations whose decisions and actions affect Australians’ health, health policy and health care delivery in ways that improve the health of Australians.*

You must provide

* Business address
* Postal address
* Contact details
* Details of contribution to the project
* Project partner letter of support attached

## Application finalisation

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

### 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 and how you anticipate managing them.

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

### Program feedback

How did you hear about the grant opportunity?

You may select from a drop-down menu.

### Supporting documentation

You must attach the following supporting documentation.

* a plain English summary that can be used to describe your project to the general public (maximum 200 words)

If your project is successful, we will publish some grant details on GrantConnect. Published details include:

* name of the grant recipient
* value of the grant
* purpose of the grant

We will use the program description you provide here for publication. Ensure your project description focuses on your project’s key activities and outcomes. Explain what it is that you are going to do and how it will benefit your organisation.

* evidence of support from the board, CEO or equivalent

*You must provide evidence from your board (or chief executive officer, general manager or equivalent if there is no board) that the project is supported and that you can complete the project and meet the costs of the project not covered by grant funding.*

* trust deed (where applicable)

*You must attach a copy of your trust deed if this is applicable to your business.*

* for commercial tenants, please include evidence that you have the permission of the Landlord as required, and that you have at least 24 months remaining on your lease or if less than twenty four (24) months, an extension to the lease is being negotiated.

*You must attach evidence that you have relevant Landlord permission.*

### 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.

## Primary contact page

You must provide the details of a primary contact for your application. The details include

* Given name
* Family name
* Position title
* Email address
* Phone number
* Mobile number
* Primary address

## Application declaration

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

### Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the department will use the information I provide in accordance with the following:

* [Australian Government Public Data Policy Statement](https://www.dpmc.gov.au/sites/default/files/publications/aust_govt_public_data_policy_statement_1.pdf)
* [Commonwealth Grants Rules and Guidelines](http://www.finance.gov.au/resource-management/grants/)
* Rural, Regional and Remote Clinical Trial Enabling Infrastructure Fund 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:

1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants and
2. 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 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 [program/grant opportunity] guidelines, including the 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 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 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 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 understand that I am responsible for ensuring that I have 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 grant opportunity, has undertaken and passed, a working with children check, if required under relevant state or territory legislation. I am 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 Standard and Commonwealth Fraud Control Framework and for management purposes and/or terminating any grant agreement between the Commonwealth and the recipient including recovering funds already paid.

1. https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator [↑](#footnote-ref-2)