



# 2024 Study, Education and Research Trust Account (SERTA) Research Project Grants

Application Guidelines



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An electronic version of this document is available at

<https://metronorth.health.qld.gov.au/rbwh/research/grants/apply/r20bwhgrants>

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## Introduction

The Royal Brisbane and Women's Hospital (RBWH), with the generous support of the Study, Education and Research Trust Account (SERTA) Advisory Committee and the RBWH Foundation, aim to provide financial support to RBWH researchers to undertake original and highly innovative research projects that have the potential to:

- directly affect the care provided to RBWH patients, including translational research and new models of care;
- foster collaborations across RBWH departments, and or between RBWH and other facilities and external partners; and
- support development of research skills by RBWH staff.

The Project Grants scheme is intended to seed research projects undertaken by RBWH staff at the RBWH. Priority will be given to proposals with the potential of being developed into work that can compete for larger scale external support, and to supporting proposals that will enable RBWH early career researchers to develop their research careers.

## Eligibility

The following eligibility criteria must be met by all applicants:

- The CI-A must hold a substantive appointment at RBWH for the duration of the project grant.
- In the case of honorary or less than 0.2FTE appointments, the research must be conducted at RBWH and the application must include a letter from an RBWH Head of Department or equivalent, explaining the role of the honorary appointee at RBWH and how the work is of benefit to RBWH clinicians and patients.
- The CI-A has successfully met research reporting requirements and demonstration of successful execution of projects supported by previous RBWH grants, fellowships, or scholarships. Failure to successfully acquit previous RBWH grants, fellowships or scholarships will impact eligibility for future RBWH grant rounds.
- The CI-A must not be awarded equivalent funds for the same project from other sources and must not receive concurrent funding from RBWH for the period of the grant. The proposed research must not be concurrently funded by an established funder of Medical research and must not receive concurrent RBWH funding. The committee may liaise with other funding agencies to discuss any overlap between applications to avoid duplication of funding.
- Where research involves other facilities and/or external partners, the impact and outcomes for RBWH patients must be clear with distinct articulation of RBWH specific outcomes.
- Evidence of Ethics and Governance approval specific to the applicant's project must be provided by 30 June of the calendar year awarded. Please note a total of two (grants) can be accepted per HREC approval.
- Support to conduct the research is provided by the relevant RBWH Head of Department. A signed Letter of Support and endorsement of the application must be provided.
- Service Line Business Managers must approve the research budget by the application due date. Approved budgets provided past the deadline will result in an ineligible application.
- Please note that an investigator can only submit one grant as CI-A per year. An investigator can be an applicant on a maximum of two grant applications per year. These restrictions do not apply to Special Topic Grants.

Following the submission of an application, an eligibility ruling may be made at any stage. Where an eligibility ruling is being considered, RBWH may request further information in order to assess whether the eligibility requirement has been met. Decisions will be made based on current policies and considerations specific to this grant opportunity. Decisions made in relation to previous grant opportunities, or other RBWH funding schemes will not be regarded as precedents, and each case will be considered individually. Grant offers may be withdrawn if eligibility criteria are not met. Action may also be taken over the life of a grant if eligibility criteria to continue holding a grant are not met.

## Key dates in 2024

The 2024 SERTA Project Grants will proceed according to the timeline below. These dates are subject to change without notice, with the exception of the closing date for applications. An Expression of Interest must be submitted in order to submit a full application.

PHASE	DATE
Expressions of Interest open	26-Apr-23
Expressions of Interest due	26-May-23
Full Applications open for invited applicants	03-July-23
Full Applications Close	18-Aug-23
Review Period	September/October
RGAC Decisions	October
Outcomes communicated	November
Funding start date	1-Jan-24

All applications to be made via SmartyGrants: <https://metronorth.smartygrants.com.au/>

### Responsibility

- The CI-A is responsible for the scientific conduct of the project including obtaining ethical and governance approval for the study. Evidence of submission for Ethics and Governance approval must be provided prior to invoicing and no later than 30 June 2024.
  - Ethics information: <https://metronorth.health.qld.gov.au/research/ethics-and-governance/ethics-approval>
  - Research governance information: <https://metronorth.health.qld.gov.au/research/ethics-and-governance/research-governance>
- Early career researchers must attend an [RBWH Ethics and Governance Clinic](#).
- The CI-A is also responsible for the application of [Good Clinical Practice](#), proper use of grant funds and timely reporting.
- Researchers that have not made satisfactory progress or fail to meet reporting timeline will **not be eligible for future grants**.

### COVID-19

Individual chief investigators (CIs) should undertake contingency planning to address the potential impact of COVID-19 and responses to the pandemic on the proposed research. Clinical departments and services should consider the nature and procedures of each research project and determine if changes are required.

Considering the fluidity of the COVID-19 situation and the variable levels of capacity and readiness for non-COVID research, an assessment of potential project impacts, including associated impact mitigation strategies, and project feasibility, should be incorporated into all active and future research activities as part of comprehensive facility governance procedures.

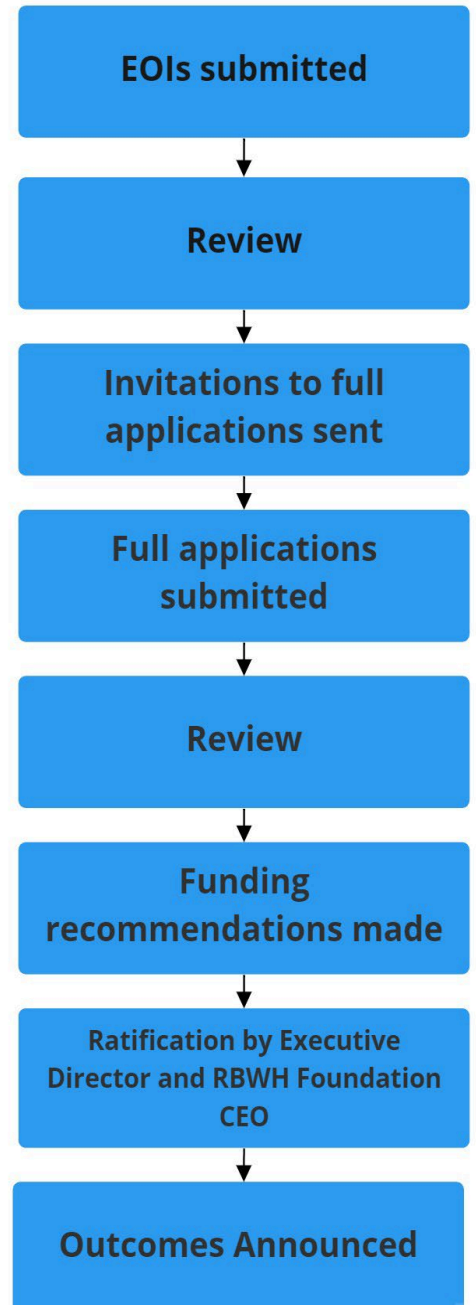
# Process

## Expression of Interest (EOI)

- Applicants will first be required to complete an EOI. Appendix 1 provides a copy of the EOI questions.
- Applicants should highlight the originality, scientific merit, and likely clinical application of their proposed project.
- To apply for the EOI please go to <https://metronorth.smartygrants.com.au/>
- Each EOI application will be rated for significance by members of the RBWH Executive. Applications scoring adequately will progress to submission of a full Project Grant Application.

## Full Grant Application

- Applications must be submitted via Smarty Grants by the advertised closing date. Applicants must submit all necessary supporting documents by the advertised closing date for the application to be eligible. It is the responsibility of the applicant to submit a complete application.
- Detailed budget and business manager approval of the budget is required by the advertised closing date. This budget can be used as evidence for your Site-Specific Assessment (SSA) application.
- Grant funds may be used for project-related costs, including salaries and associated labour on-costs (such as super), and non-labour costs specifically incurred in the conduct of the project. All costs must be specified at the time of application.
- Grant funds may not be used for facility fees and administrative costs (overheads), including university levies and indirect costs associated with administrative and facility support, attendance at conferences or publishing costs.
- The budget must also include in-kind contributions for RBWH employees. In-kind contributions should be quantified for the health service to calculate the actual cost of research. For example, if you anticipate spending 20 hours on a research project during work hours as a Principal Investigator and Metro North Hospital and Health Service or Queensland Health employee, you need to quantify the in-kind contribution (e.g. 20 hours x hourly salary) for the study budget. Facility and research business managers can assist with determining salary costs or with other queries relating to study budgets. Please discuss your research budget with the relevant departmental business manager.
- An example budget is provided in Appendix 3.
- Any proposed budget variations must be submitted in writing to [RBWH\\_Grants@health.qld.gov.au](mailto:RBWH_Grants@health.qld.gov.au) and approved by the Director, Research and Implementation. A full budget acquittal, approved by business manager, is required as part of the final reporting requirements.



## Guidance on Completing an Expression of Interest

### Methodology and Project Quality

- The following issues should be covered:
- Project design: is this a cohort or case-control study; prospective or retrospective; use of randomization, blinding, control conditions or groups; confounding factors and how they will be considered etc.

- Preliminary data or relationship to prior work
- Feasibility at RBWH
- How will the data be analysed
- Are there related projects in progress at other institutions (originality and distinctiveness)

## Translation and Implementation

Metro North, through its overarching MN32 strategy, is committed to driving innovation in healthcare through research. In the EOI, researchers must explain how their project will contribute to innovation in healthcare. In completing this section, you might consider the following points:

- Innovation in healthcare is driven by research *at all stages in the translational pathway*, from fundamental discovery science through to health services research. No preference is given to research at more applied stages, but researchers are required to describe how their proposed work fits in the translational path
- Who has been involved in conceptualizing the project? For example, have frontline clinicians, patients, other consumers been involved in identifying the problem that is the focus of the research?
- What health problem will your research ultimately be applied to tackle and why is it important?
- Define the unmet need: what is the scope to improve health outcomes; how many people are affected?
- Is this a recognised health priority at national, state or regional level?
- If your project is successful, what are the next steps?
- If your project is about direct clinical care, how can you ensure that the results lead to change in practice?
- Implementation includes removal of old practices, shown not to be beneficial, as well as creation and testing of new ones

**Applications that do not meet ALL the eligibility criteria and/or are incomplete will NOT be considered by the Research Advisory Council and will be deemed INELIGIBLE.**

## Submitting Full Application Stage

Applicants successful at the EOI stage will be invited to submit a full application, using the **Application Form**.

Only properly completed applications, on the correct form, from invited applicants will be considered.

## Guidance on Preparing the Proposal

Section A asks about the lead investigator for the project. The Investigator Career Summary provides an opportunity to identify as an Early Career Researcher (see the description above). Applicants are encouraged to complete the section “Relative to opportunity considerations” to describe career disruptions (e.g., parental leave or carer responsibilities) and related matters that may have impacted their academic record and postgraduate clinical and research experience. This will be considered when scoring the criteria for research team track record. In completing this section, researchers should consider the [NHMRC Relative to Opportunity policy](#).

Section B of the Full Application form is comprised of the project proposal.

The application requires responses under the following headings:

<b>Aims</b>	<p>Describe the key aims of the project.</p> <p><i>What does the project aim to achieve in terms of implementation of the findings, change in clinical practice and change in health outcomes in the future.</i></p>
<b>Background</b>	<p>Briefly describe previous research and the state-of-the-art of the field internationally.</p> <p>Where previous RBWH and Metro North-funded projects have contributed to the current proposal, please identify these contributions.</p>
<b>Research Plan</b>	<p>What hypotheses will be tested?</p> <p>Describe the design of the research.</p> <p>Describe the study sample and source clinical population.</p> <p>Methods of data collection.</p> <p>Data analysis plan, including justification of sample size (study power).</p>
<b>Capability</b>	<p>Describe the capability of the team and provide evidence to support their ability to complete the proposed research.</p> <p>Describe critical infrastructure or support available that supports feasibility and likely success of the project.</p> <p><b><i>Early Career Researchers: Use this section to justify your choice of mentors and articulate a mentorship plan.</i></b></p>
<b>Feasibility, Risks and Contingency</b>	<p>Provide supporting information for feasibility of recruitment.</p> <p>What are the major risks to the success of the research project.</p>



## Future Plans and Timeline

What are the next steps that would follow successful completion of this research?

What are the plans for seeking additional (external) funding?

*You may use this section to explain how 2-3 years of funding would enhance the outcomes of the projects, while clearly defining milestones for year 1.*

Section C asks applicants to provide CV's of all Investigators and details of all previous RBWH or Metro North grants awarded to **all investigators**. Publications and further competitive funding should have a clear and direct link to the previous RBWH/MN grant. Further competitive funding should include only grants awarded in open competition, for example by NHMRC, MRFF, ARC and major charitable funders. Please upload Investigator CV's as one pdf.

## Assessment process

- Full applications will be reviewed and rated by independent reviewers, overseen by the RBWH Research Grants Advisory Committee.
- Please see **Assessment Criteria** for details of the scoring scheme used by independent reviewers and panel members.

## Enquiries

All enquiries regarding the SERTA Project Grants should be directed to the RBWH Grants Manager:

**Email:** [RBWH\\_Grants@health.qld.gov.au](mailto:RBWH_Grants@health.qld.gov.au)

**Phone:** (07) 3647 1079.

**Smarty Grants:** <https://metronorth.smartygrants.com.au/>

**www:** <https://metronorth.health.qld.gov.au/research/grants/rbwhgrants>

## SmartyGrants

**Help guide:** <http://applicanthehelp.smartygrants.com.au/help-guide-for-applicants/>

**Applicant FAQ's:** <http://applicanthehelp.smartygrants.com.au/applicant-faq%27s/>

# Appendix 1 Expression of Interest

## 2024 Study, Education and Research Trust Account (SERTA) Research Project Grants

### Research Project Grants Expression of Interest (EOI)

The EOI must be completed using Smarty Grants. This is an example of the Smarty Grant EOI application only.

#### Applicant and Team Details

\*indicates a required field.

#### Applicant Details

**EOI round reference number \***

RBWH-PG-EOI-xxxx

**Chief Investigator (CI-A) \***

**Title**      **First name**      **Last name**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**CI-A Position \***

**CI-A secondary position (if applicable)**

**Does the CI-A hold an appointment at RBWH**

\*

Yes  No [Clear](#)

**Position Type**

\*

Honorary  
 Substantive

[Clear](#)

**FTE at RBWH \***

**RBWH Department \***

**Service Line \***

**Chief Investigator (CI-A) primary email \***

Must be an email address.

**Chief Investigator (CI-A) primary phone number \***

Must be an Australian phone number.

**CI-A office address \***

## CI-A Research Career

### Indicate the CI-A's research career

\*

- Early Career Researcher  
 Experienced Researcher

[Clear](#)

### If Early Career Researcher, please nominate up to two research mentors \*

### If identifying as an Early Career Researcher, please explain briefly how you meet the criteria in the Guide for Applicants \*

Word count:

Must be no more than 150 words.

### Relative to Opportunity considerations

Word count:

Must be no more than 100 words.

## Project Description

\*indicates a required field.

### Project Details

#### Project title \*

#### Primary RBWH Department \*

#### Primary RBWH Head of Department \*

#### Other RBWH Departments involved in the Project

#### Summary of the proposed project \*

Word count:

Must be no more than 100 words.

## Research type

\*

- Clinical Research
- Translational Research
- Basic Science Research
- Health Science Research

[Clear](#)

## Will the research involve recruitment of RBWH patients?

\*

- Yes
- No

[Clear](#)

## How many RBWH patients would be recruited? \*

## If you answered yes, please specify the primary location of recruitment and number of RBWH patients \*

## Project Proposal

\*indicates a required field.

### Detailed Project Proposal

#### Background \*

Word count:

Must be no more than 150 words.

#### Research aims and objectives \*

Word count:

Must be no more than 200 words.

#### Research plan \*

Word count:

Must be no more than 500 words.

**Timeline and key actions \***

Word count:  
Must be no more than 500 words.

**Outcomes**

Word count:  
Must be no more than 350 words.

**Team capability \***

Word count:  
Must be no more than 250 words.

**Feasibility, risks and contingency \***

Word count:  
Must be no more than 200 words.

**Future plans and timeline \***

Word count:  
Must be no more than 200 words.

## References

Please upload a list of references relevant to your project proposal.

### Reference list \*

Attach a file:  No file chosen

A minimum of 1 file must be attached. optional

## Investigator Information

List all CIs involved in the project.

**Note: A brief summary CV of the past three years (a maximum of two pages for each CI) must be submitted for each chief investigator.**

**This is a mandatory field. Applications that are received without providing complete information for all Investigators will not be accepted.**

## Other Investigators

CI/AI	Name	Email Address	Primary Affiliation (organisation and dept)	and Secondary Affiliation (organisation and dept)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -

## Investigator Curriculum Vitae

Please save all CI CVs as one pdf.

Attach a file:  No file chosen

## Current and Past RBWH or Metro North Grants

List all RBWH and RBWH Foundation grants or scholarships received by all CIs in the past 5 years.

**This is a mandatory field. Applications that are received without providing complete information for all current and past grants will not be accepted.**

## Current RBWH or Metro North Grants

Title	Year awarded	Chief Investigators	Publications arising from this grant (peer reviewed only)	Further competitive funding	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -

## Past RBWH or Metro North Grants

Title	Year awarded	Chief Investigators	Publications arising from this grant (peer reviewed only)	Further competitive funding	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -

[Add More](#)

## Budget and Certifications

**\*indicates a required field.**

### Budget

Please use the budget template in the Advice to Applicants guidance to provide the project budget.

The completed budget must be signed by the Business Manager or be accompanied by supporting evidence, such as an email, that the Business manager has approved the budget.

The amounts stated below must correspond with the signed budget.

**Have you applied for or intend to apply for funding for this research elsewhere? \***

Yes

No

[Clear](#)

**If yes, please describe including amount**

**Total amount requested \***

Must be a dollar amount. What is the total financial support you are requesting in this application?

**Total project cost \***

Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

**Budget upload \***

Attach a file:  No file chosen

A minimum of 1 file must be attached.

**Supporting evidence**

Attach a file:  No file chosen

If required

### Chief Investigator certifications

Please use the signature template provided in the Advice to Applicants.

All Chief Investigators listed in the project must provide their signature.

**Chief Investigator certification \***

Attach a file:  No file chosen

A minimum of 1 file must be attached.

## Head of Department Certification

Please use the signature template provided in the Advice to Applicants.

The Head of Department and Supporting Head of Department must give their signed support for conducting the proposed research.

### Head of Department certification \*

Attach a file:  No file chosen

A minimum of 1 file must be attached.

## Checklist and Declaration

**\*indicates a required field.**

Please complete check list before submitting your application.

### You must confirm the below:

\*

- Have you read and confirmed your ability to meet the eligibility criteria for this grant?
- Are you able to complete the outlined work within the grant timeframe?
- Has your budget been approved by your Business Manager?
- Have you attached certification from all CIs?
- Have you attached signed support from your Department Head?

[Clear](#)

At least 5 choices must be selected.

### Applicant declaration

\*

- I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify RBWH Research Services of any changes to this information and any circumstances that may affect this application. I acknowledge that RBWH Research Services will refer this application to external peers for assessment, advice or comment.

[Clear](#)



## Appendix 2 – Budget

Use the [budget template](#) to fill in the budget details and obtain Business Manager approval. A copy of the template is available here. Upload a copy to Smarty Grants with your application. An example budget is provided in [Appendix 3](#).

The completed budget must be signed by the Business Manager or upload other evidence such as a memo or email that the Business Manager has approved the budget. Please note if invited to submit a full application, you will have the opportunity to revise the budget provided at the EOI stage.

### Metro North Hospital and Health Service

Putting people first



#### Study Budget

Date					
Name of Research Project					
HREC & SSA Number or					
Sponsor					
<b>INCOME (add revenue)</b> Please include all income sources		Amount \$			Notes
Grant funds (this grant):					
<b>TOTAL INCOME</b>					\$ -
<b>EXPENSES</b>	Paypoint / Hours / Other	Amount \$	Paid by Grant	In-Kind \$*	Notes
Infrastructure & Equipment					
Consumables					
Human Resource Costs					
Services					
Other**					
<b>Non-eligible costs</b>					
<b>Total Expenses</b>		\$ -	\$ -	\$ -	\$ -
<b>Total Budget Requested (less non-eligible &amp; in-kind)</b>					\$ -
***Business Manager Approval:					

Name:

Date:

\*Add notes to say 'No cost - part of dedicated research time or volunteered outside of work hours; or paid by University to internal cost centre etc'

\*\* Income section must include all sources of income for the project

\*\*\*Facility fees and administrative costs (overheads), including university levies and indirect costs associated with administrative and facility support, attendance at conferences or publishing costs.

\*\*\*\*Business Manger Approval can be wet ink signature on the budget, electronic signature, or email approval.

## Certifications

### Chief Investigator Certification

Please use the [signature template](#) and upload with your application.

## 2021 Royal Brisbane and Women's Hospital (RBWH) and RBWH Foundation

### Royal Brisbane and Women's Hospital (RBWH) & RBWH Foundation Research Project Grant Application

#### Chief Investigator(s) Certification

Project title:

Investigator	Name	Signature	Date
CI-A			
CI-B			
CI-C			
CI-D			
CI-E			



## Head of Department Certification

Head of Department signatures and supporting signatures. Please use the [signature template](#) and upload with your application.

Metro North Hospital and Health Service



### Briefing Note for Approval(s)

**Subject: Royal Brisbane & Women's Hospital (RBWH) & RBWH Foundation Grant Application**

---

**Proposed Project title:**

**Principal Investigator:**

Declaration by the Head of Department, at the Royal Brisbane and Women's Hospital, where the Principal Investigator/Site Coordinator will conduct the research. For the purpose of resourcing the research project:

- I certify that the project is appropriate to the general facilities in my department and that I am prepared to have the project carried out in my department
- I certify that I have read the project details in the protocol for the research project application named above.
- I certify that there are suitable resources to cover both actual costs and in-kind costs as per the proposed budget for this research study
- - Actual costs are limited to: \$[insert total from the budget] OR not applicable.
  - In kind contributions are limited to: \$[insert total from the budget] OR not applicable.

My signature indicates that I support this research project being carried out using such resources. If successful in the Grant, my signature can be used to support the Site-Specific Assessment (SSA) Application for the abovementioned project.

**Head of Department Signature:**

**Date:** / /

Name:

Position/Department:

---

**Supporting Head of Department Signature:**

**Date:** / /

Name:

Position/Department:

---

**Supporting Head of Department Signature:**

**Date:** / /

Name:

Position//Department:

---

**Business Manager – I certify that I have reviewed and approved the proposed project budget**

**\*Business Manager Signature: Date**

**: / /**

Name:

Position//Department:

*\*Note. The Business Manager can sign the completed budget template or this approval brief.*

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## Appendix 3 – Example Project Grant budget

Metro North Hospital and Health Service

Putting people first



### Study Budget

Date	19/02/2020
Name of Research Project	Example budget template for Project Grant
HREC & SSA Number	Pending or HREC/2020/QBW/12345
Sponsor/Funding Body	Royal Brisbane and Women's Hospital (RBWH) & RBWH Foundation Grant

INCOME (add revenue)		Amount \$			Notes
Grant funds		\$ 49,579.00			Amount requested
TOTAL INCOME					\$ -
EXPENSES	Paypoint / Hours / Other	Amount \$	Paid by Grant \$	In-Kind \$*	Notes
<b>Infrastructure &amp; Equipment</b>					
Dictaphone		\$ 400.00	\$ 400.00		
Software App development		\$ 20,000.00	\$ 20,000.00		Funds to be transfer to university.
<b>Consumables</b>					
Blood tubes		\$ 2,000.00	\$ 2,000.00		
<b>Human Resource Costs</b>					
Principle investigator	0.1 FTE x 40 weeks	\$ 20,000.00		\$ 20,000.00	No cost 0.1 FTE as clinical researcher
Associate investigators		\$ 5,000.00		\$ 5,000.00	Aggregate total of 'in-kind' for all Investigators
Research Nurse	100 hours NG5.7 @ \$61.79 per hour	\$ 6,179.00	\$ 6,179.00		
<b>Services</b>					
Pathology	see service quotes	\$ 15,000.00	\$ 10,000.00	\$ 5,000.00	QP have agreed to contribute \$50000
Data transcription fees	50hrs	\$ 6,000.00	\$ 6,000.00		100 hours data transcription
<b>Other**</b>					
Patient reimbursement	parking & gift vouchers	\$ 5,000.00	\$ 5,000.00		
<b>Non-eligible costs</b>					
Dissemination costs	conference travel	\$ 2,000.00		\$ 2,000.00	Professional development funds
<b>Total Expenses</b>		\$ 81,579.00	\$ 49,579.00	\$ 32,000.00	\$ 81,579.00
<b>Total Budget Requested (less non-eligible &amp; in-kind)</b>					\$ 49,579.00

\*\*\*Business Manager Approval:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Add notes to say 'No cost - part of dedicated research time or volunteered outside of work hours; or paid by University to internal cost centre etc

\*\*Facility fees and administrative costs (overheads), including university levies and indirect costs associated with administrative and facility support, attendance at conferences or publishing costs.

\*\* \*Business Manager Approval can be wet ink signature on the budget, electronic signature or email approval.