

**CENTRE FOR CANCER RESEARCH GRANT FUND**

This application form is for the Centre for Cancer Research the Peter Neilson Pancreatic Cancer Grant Funding Round. This grant is up to $100,000 for up to 18 months duration. This fund is focused on support for partnerships by providing funding to facilitate the development of new and existing transdisciplinary Pancreatic Cancer research collaborations, which will lead to improved success in winning a variety of competitive international and national research grant applications. Where research relationships already exist, this Grant has the potential to further strengthen these relationships and research programmes by seed funding new initiatives. Applications must consider their contribution to the reduction of inequity relative to pancreatic cancer.

Please read Centre for Cancer Research Funding application guidelines for this Grant before preparing your application. The italicised instructions in each response box must be deleted. Do not exceed the specified page limits and do not use text fonts lower than 10pt, single spacing. Please submit your proposal with your current CV utilising[New Zealand MSI Curriculum Vitae Template](http://www.genesisoncology.org.nz/Downloads/Assets/Download/2675/1/NZ%20MSI%20Standard%20CV%20Template.doc)by **17 June 2022.**

Please note your application needs to be uploaded to the **Research Funding Module (RFM)** under the **‘Centre for Cancer Research - Peter Neilson Pancreatic Cancer Grant Funding Round’** by University of Auckland PI by the deadline. If your application includes DHB staff, then all DHB approvals/signatures under Section 3 need to be obtained before your proposal is uploaded to the RFM.

**SECTION 1: PROJECT DETAILS**

1. Principal Investigators’ contact details

|  |  |  |  |
| --- | --- | --- | --- |
| **PI - UNIVERSITY OF AUCKLAND** | | | |
| Surname |  | Address for Correspondence | |
| First Name |  |  | |
| Title |  |
| Department |  |
| Telephone No. |  |
| Email |  | Postcode |  |

1. Summary

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| 1. *Note: dual UoA/DHB PI’s are not required but are encouraged.* 2. *[For Principal Investigators: Please explain how the outputs of the proposed research or the process of conducting the research will advance knowledge or influence practice in your specialist fields. Provide particular emphasis on who will be the local end users of the research and actions the investigators will undertake for prompt knowledge translation.* 3. *Please delete these instructions and start typing]* |

1. Total Grant Amount Requested (excluding GST)

|  |
| --- |
| $ |

1. Full Project Title

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|  |

1. Short Title

|  |
| --- |
| *[Maximum 30 characters (including spaces). Please delete these instructions and start typing here*.] |

1. Co-Investigators

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA DHB Both |
| Department |  |
|  |  |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA DHB Both |
| Department |  |
|  |  |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA DHB Both |
| Department |  |

1. Research location

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| --- |
| *[Where will the activities described in this application be undertaken? If patients are to be recruited via DHB describe from which DHB service areas.* *Please delete these instructions and start typing here.]* |

1. Summary of Proposed Research

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| *[Describe in up to* ***250 words*** *the nature of your proposed research in plain English for an educated lay audience.* *This should be a clear, stand-alone summary of the context, objectives, methods and likely benefits or impacts of the project.* *here.]* |

1. Project Duration

|  |  |  |  |
| --- | --- | --- | --- |
| (Earliest) Start date |  | Project duration (in months) |  |
| (Latest) End date |  |

**SECTION 2: RESEARCH PROPOSAL** (MAX 3 pages in total for 10, 11 and 12)

1. Summary of Proposed Research

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| --- |
| *[Summarise in plain English your research project under the following headings:*   * *Background and Rationale for Research* * *Aims* * *Design and Methods* * *Research Impact*   *Please delete these instructions and start typing here.]* |

1. Responsiveness to Māori

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| --- |
| *[Describe how this research will be responsive to the health needs, cultural values and aspirations of Māori. Describe the potential of the research to reduce health inequalities for Māori. Describe what consultation with Māori has taken place or is planned. (Consider principles of Taumata Teitei, information relating to He Korowai Mātauranga at the University of Auckland, the Health Research Council Māori Health Advancement Guidelines (2019), He Korowai Oranga, and He Ara Tika Guidelines for Māori Research Ethics). Please delete these instructions and start typing here.]* |

1. Contribution to Centre for Cancer Research Fund goals

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| --- |
| *[Please describe how this research addresses the following:*   * *The significance of and opportunities for the collaboration* * *Potential to develop translational research opportunity* * *Potential to develop transdisciplinary research opportunities* * *Potential for the project to build research capability in the long-term* * *Potential for becoming self-sustaining via external research funding*   *Please delete these instructions and start typing here.]* |

1. References

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| *[List all references referred to in point 10 above.* ***Bold*** *investigators’ names in own references. Please delete these instructions and start typing here.]* |

1. Proposed Timeline

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| *[Detail the timeline for delivery of your research,* *including all aspects of the project delivery from commencement, through data collection and analysis. The timeline should concur with the project start and end dates and be of sufficient duration to ensure that your proposed research is feasible.*  *Please delete these instructions and start typing here.]* |

1. Milestones and Objectives

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| --- |
| *[Briefly describe the intended deliverables of this research application, including 2-3 specific objectives per year that could be used to monitor progress of the project.*  *Please delete these instructions and start typing here.]* |

1. DHB Resource Implications and/or resource implications for other transdisciplinary partners (where relevant)

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| --- |
| *[Describe the DHB resource implications, such as:*   * *DHB staff time,* * *Usage of DHB clinic space, facilities, equipment or consumables, and* * *Impact* *on access to healthcare service for non-study patients.*   *What resource use is standard care and what is extra for the purpose of the research?*  *Please delete these instructions and start typing here.]* |

1. Research Budget

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| *A simple budget is required for these Seeding Grant applications only. If a proposal is successful a budget using the appropriate RO form budget template will need to be prepared. If you are requesting small assets, then current written quotations in support are required.*  *All costs to the District Health Board and the University of Auckland for procedures, staff, equipment and consumables to conduct this research must be fully covered by the study budget. Please do not break down the dollar amounts by institution.*  *Please note contracting with the DHB will be managed by the Centre for Cancer Research and funds for this purpose will not be released to the PI. Budget accuracy should be checked carefully to ensure the correct amount is transferred.*  *Please see the budget template. After you finalise your budget, please print it in PDF and upload it on to the Research Funding Module together with your application.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2022** | **2023** | **2024** | **Justifications** |
| **Contribution to Centre for Cancer Research** | **$5,000** |  |  | **This is a mandatory budget line.** |
| **Casual RA staff costs** |  |  |  |  |
| **Salary related costs**  Eg ACC, superannuation and holiday pay *(NB this cost is approximately an additional $3 for each hour of an RA’s employment)* |  |  |  |  |
| **Contracts for Service**  Please include a justification of why no UoA staff member can undertake this work |  |  |  |  |
| **Outsourced Contracts**  Please include a justification of why this service needs to be outsourced. Please include any money being transferred to a DHB in this line, including DHB staff time. |  |  |  |  |
| **Consumables**  Eg animals, chemicals, reagents, general lab costs |  |  |  |  |
| **Hui/meeting hosting/gathering costs & hospitality** |  |  |  |  |
| **Participant reimbursement/Koha** |  |  |  |  |
| **Small equipment costs**  (under $5,000 for asset costs and under $1,000 for computer equipment) |  |  |  |  |
| **Other** |  |  |  |  |
| **TOTAL** |  |  |  |  |

1. Budget Justification

|  |
| --- |
| *[Itemise and justify all costs for your research in this section. Please delete these instructions and start typing here.]* |

1. Pending applications

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| *[If you have pending applications relating to this work, please list them here. Please delete these instructions and start typing here.]* |

ETHICAL APPROVAL

1. Please ensure you allow sufficient time to obtain any necessary approvals prior to the funding start date if ethical approval is required for this research. No funding will be accessible until full approval is in place. Applicants will be expected to abide by the conditions of the ethical approval (e.g. submission of progress reports annually by the due date) or relinquish the funding.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Approval Information | Animal Subjects | | Human Participants | | Biological Safety | |
| Yes | No | Yes | No | Yes | No |
| Is approval required? |  |  |  |  |  |  |
| Has approval been sought? |  |  |  |  |  |  |
| Has approval been obtained? |  |  |  |  |  |  |

DHB INSTITUTIONAL APPROVAL

|  |  |  |
| --- | --- | --- |
| Approval Information | DHB Institutional (Locality) | |
| Yes | No |
| Is approval required? |  |  |
| Has approval been sought? |  |  |
| Has approval been obtained? |  |  |

No funding will be accessible until full DHB locality approvals are in place.

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| --- | --- |
| **DHB employee** | *I confirm I will ensure all conditions of DHB institutional approval will be abided by throughout the term of this project and any reporting that shall be required by the DHB will be provided as per the terms of the request* |
| **Date** | **Sign** |

**SECTION 3: SIGNATURES**

**PRINCIPAL INVESTIGATORS**

I confirm the information provided in connection with this proposal is complete and accurate, and I accept all terms, conditions and notices contained in the guide and notices regarding use of funds if successful.

|  |  |  |
| --- | --- | --- |
| **Principal Investigator (1)** | | |
| **Name:** |  | **Signature:** |
| **Date** |  |
| **Principal Investigator (2)** | | |
| **Name:** |  | **Signature:** |
| **Date** |  |

**SERVICE CLINICAL DIRECTOR (DHB) – if applicable**

I confirm that the study design and methodology are sound, the resources adequately identified and accounted for, the investigators are capable of undertaking the research, the proposed timeline is feasible, and the research participants identified for this study are not over researched.

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Signature:** |
| **Date** |  |

**DIRECTOR (DHB)**

I confirm that the project has been clinically evaluated and approved by the Service Clinical Director and is compatible with the DHB policy and all resources are adequately identified and accounted for.

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Signature:** |
| **Date** |  |

**FMHS AUTHORISATION**

Principal Investigator employed by the University of Auckland will create a proposal in the [Research Funding Module (RFM)](https://www.staff.auckland.ac.nz/en/research/funding-and-ethics/applying-for-research-funding.html), following completion of all DHB approvals. Applications will be approved by the Faculty in the RFM. Applicants may track sign off and submission progress through the RFM. Please note that this is a single process.