

GRANT APPLICATION – SMALL

Date of Submission: _____

Applicant Details:

Name of Applicant					
ABN/ACN/ARBN (if applicable)					
Type of entity (insert X for correct answer)					
	Individual	Company	Incorporated Association	Unincorporated Association	Other
	If 'Other' advise as to type of entity:				
Street address					
Postal address					
Email					
Website					
Contact person	Name				
	Position				
	Email				
	Telephone number				
Does the Applicant have Public Liability Insurance (insert X for correct answer)					
	Yes		No		
	If yes, please provide a certificate of currency				



Organisation/Business Information

Please provide a brief summary of the kind of work the organisation usually performs (maximum 200 words).

Project Team

Insert the name, title and skills of each team member who is contributing to the project (e.g. project management, education design, research methodology expertise, statistical expertise) in the table below. Please provide a curriculum vitae of up to two pages outlining recent publications, and/or evidence of significant support to complete the project for each team member.

Name	Title	Skill

Project Information

Project Title: _____

Where will the project be conducted?

Administering Institution (where applicable):

Duration of Project:

What is the expected start date of your project? _____

What is the expected end date of your project? _____

Study Proposal

Please attach the following:

The study proposal (2500 words maximum) including

- a) Executive summary (maximum 200 words)
- b) Project priorities and aims (how will the project benefit members of ATMS and or the natural medicine profession/industry; how does the project align with ATMS' strategic plan) (maximum 300 words)
- c) Project outcomes and deliverables (outline the expected short and longer term outcomes of the project; deliverables are things that the project produces, usually at certain milestones; outcomes are abstract concepts like increased research capacity, increased patient satisfaction with service delivery (maximum 700 words)
- d) Project Rationale (significance, value and need for project including a summary of the literature in the field) (maximum 500 words)

- e) Methods and research approach (maximum 500 words)
- f) Project management - who is involved in implementing the project and what are their key roles and responsibilities in the delivery of the project using the headings below (maximum 300 words)

Name	Key roles and responsibilities

- g) Timeline – please detail in a table with the headings below

Activity	Details/Status	By whom	Date

Evaluation

How do you plan to collect information and analyse information to evaluate and report on the outcomes and learnings of the project? (maximum 150 words)

Sustainability

Describe how the benefits of this project will continue beyond the end of the funding period
(maximum 150 words)

Budget

Expected expenditures	Contribution by Applicant	Contribution from Grant	Justification
Personnel			
Equipment/materials			
Project activities			
Total estimated cost of project			

Ethical Considerations

Most research requires approval by an ethics committee. This includes clinical trials, surveys, interviews and in-vitro research. If you do not have access to an ethics committee, please contact the Chair, ATMS Research Committee for guidance on possible affiliations with higher education institutions. Sandra.Grace@atms.com.au

Does this project have ethics approval? (insert x for correct answer)

Yes	Submitted	No

Yes:

Details of ethics committee: _____

Approval number: _____

Dates of approval period: _____

Submitted:

Details of ethics committee: _____

Date application submitted: _____

No:

Briefly explain why ethics approval is not required:

Signatures

All Team Members must sign to demonstrate agreement with the declaration.

Declaration by Team Members

Each team member makes the following declaration:

1. I agree that the information contained in this document is accurate to the best of my knowledge
2. I am able and willing to undertake the project as described in this document
3. I have consulted with the Head of School/Cost Centre regarding this project where applicable

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Declaration by Applicant

1. I/We declare that:
2. I/We are authorised to enter into and execute this Application on behalf of the Applicant.
3. The information contained in this document, in particular budgetary items, is accurate to the best of my/our knowledge.
4. I/We understand that this application does not create a legal or binding commitment, arrangement or understanding between ATMS and the applicant organisation. Any such commitment, arrangement or understanding will be the subject of further negotiation and documentation, including an Agreement for the Provision of Funding. Additional specific conditions may be included in the Agreement. Grants will not be paid until both parties have executed the Agreement.
5. I/We understand and accept that ATMS Research Grants are a discretionary fund and that decision of ATMS as to whether or not to approve a grant are at its sole and unfettered discretion.
6. I/We understand that the decision of ATMS to approve or reject a grant is final and there is no feedback or appeals process.
7. I/We are satisfied that each team member has consulted with their Head of School/Cost Centre regarding this project where applicable.
8. I/We acknowledge and agree that the Applicant will:
 - a. acknowledge ATMS as the funding body in any publications in respect of any research which is the subject of this Application;
 - b. publish the findings of any research which is the subject of this Application in the Journal of the Australian Traditional Medicine Society; and
 - c. present the findings of any research which is the subject of this Application at an ATMS conference.

Signature of or on behalf of Applicant

Signature of or on behalf of Applicant

Full name of signatory

Full name of signatory

Capacity (eg: director)

Capacity