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| **CAHS GRANT APPLICATION COVERSHEET** | | | | | | | | | | | | | | | | | | | | | | | |
| *ALL funding applications where CAHS is listed as at site MUST be submitted with this coversheet and the CAHS Research Costing Tool* | | | | | | | | | | | | | | | | | | | | | | | |
| **General information** | | | | | | | | | | | | | | | | | | | | | | | |
| **Project title:** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Investigators:** | | | | | **#** | **CAHS staff\*** | | | | | **Name** | | | | **CAHS Department** | | | | | | | **Institution if not CAHS** | |
| 1 | Yes No | | | | |  | | | |  | | | | | | |  | |
| 2 | Yes No | | | | |  | | | |  | | | | | | |  | |
| 3 | Yes No | | | | |  | | | |  | | | | | | |  | |
| 4 | Yes No | | | | |  | | | |  | | | | | | |  | |
| 5 | Yes No | | | | |  | | | |  | | | | | | |  | |
| 6 | Yes No | | | | |  | | | |  | | | | | | |  | |
| *\*If you are a CAHS staff but are doing the project primarily as a non-CAHS employee then name the primary institution as your affiliation*  *Please add more boxes as needed* | | | | | | | | | | | | | | | | | | | | | | | |
| **Funding information** | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of funder:** | | | | | |  | | | | | | | | | | | | | No funding agency identified | | | | |
| **Type of grant:** | Research Grant  Research fellowship  EOI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | **Submission Date:** | | | | |  |
| **Plain language summary (<250 words)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Alignment with Strategy and Values** | | | | | | | | | | | | | | | | | | | | | | | |
| **CAHS Strategic Objectives**  *Select all that apply* | | | | | | Care for children, young people and families  Provide high value healthcare  Promote teaching, training and research  Value and respect for our people  Collaborate with our key support partners | | | | | | | | | | | | | | | | | |
| **CAHS Values**  *Select all that apply* | | | | | | | | Compassion  Respect  Collaboration  Excellence  Equity  Accountability | | | | | | | | | | | | | | | |
| **CAHS Research Priorities**  *Select all that apply* | | | | | | | | | | Aboriginal Health  Mental Health  Vulnerable population  Clinical excellence  First 1,000 days  Use of technology enhanced care | | | | | | | | | | | | | |
| **CAHS Approvals** | | | | | | | | | | | | | | | | | | | | | | | |
| **CAHS Department/Directorate** | | | | | | | | | | | | | | | | | | | | | | | |
| **Head of Department or Co-Director:** | | | | | | | Signature:  Date: | | | | | | | | | Comments | | | | | | | |
| Name: | | | | | | | | |
| **Research Office Use** | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget** | | | | | | | | | | | | | | | | | | | | | | | |
| **Administering organisation:** | | | | | | | | | CAHS  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Year** | | **Requested to CAHS (AUD)** | | | | | | | | | | **CAHS in-kind (AUD)** | | | | | | | | | **Total budget (AUD)** | | |
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| **Finance approval** | | Signature:  Date: | | | | | | | | | | | | Comments | | | | | | | | | |
| Name | | | | | | | | | | | |
| **Research Office notes** | | | | | | | | | | | | | | | | | | | | | | | |
| Risk assessment:  Low  Medium  High  Extreme | | | | | | | | | | | | | Internal review required  Standard funding pathway  Letter of support required  Grant success pathway  Externally reviewed  Specific call pathway | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | |
| **Executive Endorsement** | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Comments: | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | Date: | | |  | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | |