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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[x]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Year** | **Requested to CAHS (AUD)** | **CAHS in-kind (AUD)** | **Total budget (AUD)** |
| 2 0 \_ \_ | $ | $ | $ |
| 2 0 \_ \_ | $ | $ | $ |
| 2 0 \_ \_ | $ | $ | $ |
| **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 |  |