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| **Application Form**  For Cancer Council ACT Research Grants  commencing 2024  **Closing Date: 5:00pm 29 February 2024**  Electronic submissions to be made to [reception@actcancer.org](mailto:reception@actcancer.org) |
| **Eligibility**   * Appropriately qualified researchers are eligible for Cancer Council ACT (CCACT) Research Grant funding. Such research will be affiliated with an administering institution located in the ACT. The work to be funded may be into any aspect of cancer. This includes the causes, prevention, diagnosis, treatment, and supportive care and encompasses population health strategies, medical research, clinical and psychosocial care. The majority of the research must be conducted in the ACT and the majority of costs must be incurred in the ACT. * Persons who are applicants for, or in receipt of, tobacco industry funding are not eligible to apply for, or receive funding from, CCACT. Staff of institutions receiving funding from the tobacco industry will also not be eligible to apply for, or receive funding from, CCACT. * Closing date and time of the scheme, formatting length and supporting documentation requirements must be strictly adhered to. Applicants not meeting these requirements will not be eligible for funding. * A Chief Investigator (CI) may only submit one application per Research Grant round. * Chief Investigators on any current CCACT Research Grant are ineligible to apply for another CCACT Research Grant during the term of the Grant. * CCACT will not fund projects that are in receipt of current funding from another source. * Research projects involving human subjects or animal experiments are required to provide appropriate research ethics committee approval. * Several grants, up to a maximum of $75,000 each, may be awarded.   **Assessment Criteria**   * Quality of the research proposal, including feasibility and budget (50%) * Research capacity, including track record and research team (25%)   + Applications with an early career researcher as the lead investigator will receive additional 20% weighting in this category. Please indicate on the form if you are an early career researcher. This includes those who obtained their PhD or highest degree ≤ 5 FTE years ago or who have had no grants as a lead investigator (>$10,000). If you are unsure whether you meet this criterion, please contact CCACT. * Research significance and innovation, including alignment with the strategic direction of CCACT and broader contribution to the field of cancer research (25%).   **Assessment Process**   * Full electronic applications must be submitted to [reception@actcancer.org](mailto:reception@actcancer.org) * Applications will be distributed to the review panel. * Members of the panel will individually assess, score and rank applications. * The reviewers will then meet to moderate and then consolidate scores and rankings and where necessary provide brief comments against the selection criteria. * Ranked applications will then be discussed at a Research Committee meeting to consolidate a score and ranking. * A funding recommendation will then go to the CCACT Board. The final list will also contain a shortlist of applications. * Successful applicants will be informed in late April 2024. * CCACT makes the final decision over which grant it funds. This may include making no award or awarding part of the total funding pool if no or insufficient suitable application(s) is (are) received * Feedback on applications will be available on request. |

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| **Conditions of Grant**   1. The term of each funding round will be 12 months. 2. Grants will provide support for one year and the project is to be completed within this timeframe. 3. Funding will not be provided to cover overhead costs levied by an administrating institution. 4. Research funding must be spent, as outlined in the application, by the project close date. Unspent funds will be reclaimed. 5. Progress reports and a final Report, on the approved template, must be submitted. 6. No part of the funding is to be used for external conference attendance. 7. If a sole CI leaves their current employment, then the grant must be relinquished. 8. Funding cannot be used for CI salaries, or to fund a Research Higher Degree candidate’s stipend or fees. 9. Funding is subject to investigators obtaining relevant ethics committee approvals (if required). 10. Advise CCACT of publications related to the grant research project. |

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| Key Dates | |
| Application Submission due to [reception@actcancer.org](mailto:reception@actcancer.org) | 5pm, 29 February 2024 |
| Assessment by review panel | During March 2024 |
| CCACT Research Committee meeting | 3 April 2024 |
| CCACT Board meeting | 17 April 2024 |
| Funding announcement | Late April 2024 |
| Funding available | June 2024 |
| Interim report due | 13 December 2024 |
| Final report due | 30 August 2025 |

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| Key Contact |
| Mark Ginswick  Chief Operating Officer  Cancer Council ACT  [reception@actcancer.org](mailto:reception@actcancer.org)  Ph: 02 6257 9999 |

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| 1. Chief Investigator A – contact details | | | | | | | |
| Name and Title |  | | | | | | |
| Highest qualification |  | | | | | | |
| Department |  | | | | | | |
| Institution |  | | | | | | |
| Address |  | | | | | | |
| Suburb |  | | | State |  | Postcode |  |
| Telephone |  | Email |  | | | | |
| Early career researcher | Yes No |  |  | | | | |

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| 1. Scientific Title of your project |
| Click here to enter text. |

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| INVESTIGATORS | |
| 1. List of all Investigators   Please list all Chief Investigators and Associate Investigators who will be named on the application, and their Institution. | |
| **Chief Investigator(s)**  (Role, Title, First Name & Surname) | **Institution in which research will be undertaken** |
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*Insert additional rows as required*

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| **Associate Investigator(s)**  (Title, First name & Surname) | **Institution** |
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*Insert additional rows as required*

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| 1. Administering Institution   Please include name and department address of the Institution’s Research Admin Officer (RAO) | | | | | | | |
| Name of RAO |  | | | | | | |
| Department |  | | | | | | |
| Institution |  | | | | | | |
| Address |  | | | | | | |
| Suburb |  | | | State |  | Postcode |  |
| Telephone |  | Email |  | | | | |

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| PROPOSAL |
| 1. Research proposal   Include: Project Title; aims and hypotheses; research plan, including background and methods; timeline, including likely outputs within a 24-month period.  (6 pages maximum including one page for references) |
| Click here to enter text. |

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| 1. Research capacity   Include the following for each Chief Investigator:   * A list of publications and grants (include title of project, investigators, funding body, total amount, years funded) within the last 6 years. * A track record statement for the CI’s team * Description of key research outputs including most significant publications and those that demonstrate collaboration between team members * Contribution to discipline or area, which includes, but is not limited to, invitations to speak at meetings, conferences or contributions to development of policy or clinical guidelines * Other research-related achievements. These could include influence on policy or practice or community engagement   Research capacity is assessed for the last 6 years.  Career interruptions can be detailed separately.  (1 page maximum per Chief Investigator) |
| Click here to enter text. |

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| 7. Budget | | |
|  |  | **Amount** |
| Personnel |  |  |
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|  |  |  |
| Maintenance |  |  |
|  |  |  |
| Equipment |  |  |
| **Total** |  |  |

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| ETHICS AND OTHER APPROVALS | |
| 8. Does the research proposal submitted to Cancer Council require/involve:  A Yes/No response is required for each of the options below | |
|  | Human Ethics |
|  | Animal Ethics |
|  | Organisms being genetically manipulated such that they fall under current guidelines issued by the Office of the Gene Technology Regulator |
|  | The use of carcinogenic or highly toxic chemicals |
|  | The use of human stem cells |
|  | The use of animal stem cells |

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| DATA COLLECTION | | | | | | | | |
| 9. What tumour type of cancer does your project focus on?  Identify a maximum of 3 tumour types where the research will be most relevant. Indicate the degree of relevance (percentage). The total should equal 100%. | | | | | | | | |
| All cancers | |  | Cervical |  | Liver |  | Neuroblastoma |  |
| Anal | |  | Colorectal |  | Lung |  | Ovarian |  |
| Bladder | |  | Endocrine |  | Lymphoma |  | Pancreatic |  |
| Bone | |  | Head & neck |  | Melanoma |  | Prostate |  |
| Brain | |  | Kidney |  | Mesothelioma |  | Stomach |  |
| Breast | |  | Leukaemia |  | Myeloma |  | Thyroid |  |
| Other, please name …. | | | | | | | | |
| 10. Age group  Select the most relevant age group(s) | | | | | | | | |
|  | Children (0-14) | | | | | | | |
|  | Adolescent and Young Adults (15-24) | | | | | | | |
|  | Adults (24+) | | | | | | | |
|  | All ages | | | | | | | |
| 11. Broad Research Area  Select the most relevant research area (select one only) | | | | | | | | |
|  | Basic Science | | | | | | | |
|  | Clinical Medicine and Science | | | | | | | |
|  | Health Services | | | | | | | |
|  | Public Health | | | | | | | |
|  | Preventative Medicine | | | | | | | |
|  | Psychological | | | | | | | |
| 12. Focus  Indicate if your project focuses on the following populations or cancers | | | | | | | | |
|  | Aboriginal and Torres Strait Islander people | | | | | | | |
|  | Culturally and linguistically diverse (CALD) | | | | | | | |
|  | Low SES | | | | | | | |
|  | Low survival cancers | | | | | | | |
|  | Rare Cancers | | | | | | | |
|  | Regional and Rural | | | | | | | |
|  | Other, please name: | | | | | | | |
| 13. Common scientific outline  The NCI Common Scientific Outline (CSO) is an international classification system organised around six broad areas of scientific interest in cancer research to lay the framework for better coordination among research organisations and funding agencies. To view category descriptions in full, click [here](https://www.icrpartnership.org/cso).  Identify a maximum of 3 **sub-categories** that best describes your project. Indicate the degree of relevance (percentage). The total should equal 100%. | | | | | | | | |
|  | **Biology** | | | | | | | |
|  | 1.1 Normal functioning | | | | | | | |
|  | 1.2 Cancer initiation: Alterations in chromosomes | | | | | | | |
|  | 1.3 Cancer initiation: Oncogenes and tumour suppressor genes | | | | | | | |
|  | 1.4 Cancer progression and metastasis | | | | | | | |
|  | 1.5 Resources and infrastructure | | | | | | | |
|  | **Aetiology** | | | | | | | |
|  | 2.1 Exogenous factors in the origin and cause of cancer | | | | | | | |
|  | 2.2 Endogenous factors in the origin and cause of cancer | | | | | | | |
|  | 2.3 Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors | | | | | | | |
|  | 2.4 Resources and infrastructure related to aetiology | | | | | | | |
|  | **Prevention** | | | | | | | |
|  | 3.1 Interventions to prevent cancer: Personal behaviours that affect cancer risk | | | | | | | |
|  | 3.2 Nutritional science in cancer prevention | | | | | | | |
|  | 3.3 Chemoprevention | | | | | | | |
|  | 3.4 Vaccines | | | | | | | |
|  | 3.5 Complementary and alternative prevention approaches | | | | | | | |
|  | 3.6 Resources and infrastructure related to prevention | | | | | | | |
|  | **Early Detection, Diagnosis, and Prognosis** | | | | | | | |
|  | 4.1 Technology development and/or marker discovery | | | | | | | |
|  | 4.2 Technology and/or marker evaluation with respect to fundamental parameters of method | | | | | | | |
|  | 4.3 Technology and/or marker testing in a clinical setting | | | | | | | |
|  | 4.4 Resources and infrastructure related to detection, diagnosis, or prognosis | | | | | | | |
|  | **Treatment** | | | | | | | |
|  | 5.1 Localised therapies – Discovery and development | | | | | | | |
|  | 5.2 Localised therapies – Clinical applications | | | | | | | |
|  | 5.3 Systemic therapies – Discovery and development | | | | | | | |
|  | 5.4 Systemic therapies – Clinical applications | | | | | | | |
|  | 5.5 Combinations of localised and systemic therapies | | | | | | | |
|  | 5.6 Complementary and alternative treatment approaches | | | | | | | |
|  | 5.7 Resources and infrastructure related to treatment and the prevention of recurrence | | | | | | | |
|  | **Cancer Control, Survivorship, and Outcomes Research** | | | | | | | |
|  | 6.1 Patient care and survivorship issues | | | | | | | |
|  | 6.2 Surveillance | | | | | | | |
|  | 6.3 Behaviour | | | | | | | |
|  | 6.4 Cost analyses and healthcare delivery | | | | | | | |
|  | 6.5 Education and communication | | | | | | | |
|  | 6.6 End-of-Life care | | | | | | | |
|  | 6.7 Ethics and confidentiality in cancer research | | | | | | | |
|  | 6.9 Resources and infrastructure related to cancer control, survivorship, and outcomes research | | | | | | | |

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| **CONSUMER REVIEW** |
| **14. Plain language title of your project** |
| Click here to enter text. |

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| 15. Plain language summary  Provide an outline of your research proposal, this should be brief but include key information in a way that can be understood by the general public. Your plain language summary should include:  • An explanation of the type of cancer you are investigating and its impact  • Aims and purpose of the research  • How you will do the research  • What the benefits of the research will be.  (500 words maximum) |
| Click here to enter text. |

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| 16. Relevance to the causes, diagnosis, treatment or prevention of cancer  Please include information on the relevance to cancer in your response, including how you might progress the results of your work and its translation into clinical practice. The application will be considered insufficiently relevant if the relevance and significance to another disease is greater than to cancer, or if the research is of such a fundamental nature that its likely short or medium term impact on cancer control is low.  (500 word maximum) |
| Click here to enter text. |

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| 17. Research outcomes and the extent of potential benefit (impact)  Identify the anticipated direct outcomes of your proposed research. Describe how these outcomes have the potential to have a direct, beneficial impact on either the incidence or impact of cancer on our community. This includes short-, medium- and long-term outcomes.  (500 words maximum) |
| Click here to enter text. |

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| Authorisation  By signing below, you confirm:  1) that this application will achieve the proposed outputs and that the grant can be accommodated in the School/Faculty/Institute, and  2) the institution is not in receipt of tobacco industry funding.  If the lead CI is the Head of School then the Dean of the Faculty must authorise this form. | | | |
| Lead CI |  | Date |  |
| Head of School or Department |  | Date |  |

**FOR OFFICE USE ONLY:**

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| Faculty Assessment: | | |
| Criterion: | **Score (1 to 7):** | **7 = outstanding by international standards**  **6 = excellent**  **5 = very good**  **4 = good**  **3 = marginal**  **2 = unsatisfactory**  **1 = poor** |
| Proposal (50%) |  |
| Capacity (25%) |  |
| Significance (25%) |  |
| Overall |  |

*Cancer Council ACT will endeavour to handle your personal information in accordance with our Privacy Policy and the Australian Privacy Principles. Our full Privacy Policy outlines how we handle your personal information and may be accessed on our website at* [*https://actcancer.org/about-us/privacy-policy/*](https://actcancer.org/about-us/privacy-policy/) *. If you have any queries relating to Cancer Council ACT’s Privacy Policy or the manner in which we handle your personal information, please contact us on 02 6257 9999 or email* [*reception@actcancer.org*](mailto:reception@actcancer.org) *.*