

MS Research Australia application number:



RESEARCH
AUSTRALIA

Applicant and Research Overview

Click "Save & Continue to Edit", to ensure your responses are saved before you leave this page. Questions for this task are spread over 2 pages, please ensure you complete both pages.

1. CIA INFORMATION

Chief Investigator details

Title

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

Yes

No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

2. CO-APPLICANT INFORMATION

To enable co-applicants the ability to edit this application, you will need to add them to the team on top right of the the application home page. Team membership is not automatically derived from just completing this form.

How many co-applicants do you have?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Co-applicant 1

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

Title

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or

- Yes
- No

will you at the time of grant commencement date)

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 2

Title

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
- No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 3

Title

- Professor
- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
 No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 4

Title

- Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
 No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 5

Title

- Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
 No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 6

Title

- Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

- Yes
 No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 7

Title

- Professor
 Associate Professor
 Dr
 Mr
 Mrs
 Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

Yes

No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Co-applicant 8

Title

Professor

Associate Professor

Dr

Mr

Mrs

Ms

First Name

Last Name

Institution

Address Line 1

Address Line 2

Suburb

State

Postcode

Country

Telephone-Office

Telephone-Mobile

Email Address

Are you an Australian or New Zealand citizen or hold Australian Permanent Residency? (or will you at the time of grant commencement date)

Yes
 No

Working time (%) to be devoted to this project. (please enter only numerals and whole numbers)

Expertise, role and responsibilities (brief description, limit 100 words)

Use this space to list any other Associate Investigators

Use this space to list the associate investigators who will also support the project. Supply Title/name and the service/role they provide. You will have an opportunity to add these colleagues in the Team organisation chart later in the application. LIMIT 400 words.

GRANT OFFICE INFORMATION

Grant office details

Title Professor

- Associate Professor
- Dr
- Mr
- Mrs
- Ms

First Name

Last Name

Institution

Telephone - Office

Email Address

3. RESEARCH OVERVIEW

This section will be repeated in the uploaded research plan.

Application Scientific Title

Application Lay Title

Lay Summary

Describe, in lay terms, the aims of your research. Please note: The information in this section will be used to write up lay summaries on the MS Research Australia website and be read by the general public. Please make sure this section is written in lay terms.

Application Research Keywords. THIS IS A HIDDEN FIELD

Up to 7 keywords or phrases in descending order of importance, please separate each key word by a comma.

Research Keywords

List 7 keywords in descending order of importance to describe your research emphasis.

1.

2.

3.

4.

5.

6.

7.

Research Synopsis

Provide an overview of your research proposal. Please note: The information in this section will be used to send to potential reviewers. Only enter information in this section that you would want a potential reviewer to read.

Research Innovation

Explain what is innovative about the proposed project and how it will further our understanding of the disease, i.e. pathology, finding a cure for MS or improving disease management.

Relevance to Multiple Sclerosis

Explain in detail how your project contributes to advancing the understanding, treatment or management of MS.

Hidden Value

Selection Criteria

Please outline below how your application addresses the selection criteria: 1. Applications must meet the funding rules of the MS Research Australia grant rounds. 2. Applications will need to include at least one collaborator with a strong track record in MS research and/or the clinical management of MS, and the collaborative team will need to demonstrate the required multi-disciplinary expertise to complete all elements of the study. 3. Applications involving commercial partners, where relevant, are encouraged. 4. Applications involving investigators from other disease fields are encouraged. 5. Project Grants must demonstrate direct relevance for the prevention and/or reversal of disability in MS and demonstrate a clear, feasible pathway for clinical implementation.

Duration of proposed project

Please indicate the length of the proposed project (up to three years)

- 1 year
- 2 years
- 3 years

Budget Guidelines

FORMATTING GUIDELINES

Do not include dollar signs (\$) or decimal places, cents or % signs. Where a value is required by the form, but you do not have a value to enter, please just enter 0. Not all columns self-total but must be totalled.

Personnel Costs

Include all salaries required, including new recruitments. Also include CIA salary component if appropriate.

	Name & grade. OR Position & grade	Recruited ?	% FTE	Actual salary & on costs	2020 (\$)	2021 (\$)	2022 (\$)
1	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Research Expenses and Consumables

Please describe the major categories of expenses and consumables, if required, without GST. Round the budget to the nearest \$100. Do not include decimal spaces cents or \$ signs.

Description	2020 (\$)	2021 (\$)	2022 (\$)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grand Total Budget

Formatting: Replicate the Grand Totals from the above sections here.

	2020	2021	2022	Total
Grand total salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand total research expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use this section to add comments explaining your budget if appropriate. Limit 150 words.

List your (will continue after 2019) funding below for investigators dedicating more than 20% of their time to this project.

Name, Start, End year, amount (\$K), and grantee.

	Name	Start Year	End Year	Granting agency and brief research title	Total \$ value rounded to \$000's
1					
2					
3					
4					
5					
6					
7					

Expired funding for the period between 2012-2019 for investigators spending more than 20% of their time on this research.

Name, Start, End year, amount (\$K), and grantee.

--

Detailed Applicant and Other Funding Details

TASK. Administrative Details, Other funding sought and peer reviewer nominations This section will NOT be provided to the peer reviewers.

Participating Research Institutions

List the actual institution(s), % research effort and departments where the research will be conducted (150 character limit including spaces for each institution)

	Institution (s)	% research effort	Department
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please advise if you or any co-applicants are also submitting an application for this same research to the NHMRC irrespective of the grant type. Note. If your NHMRC or NMSS application is successful, MS Research Australia will be unable to also fund this application.

NHMRC Number	<input type="text"/>
CI name	<input type="text"/>
Percentage overlap with NHMRC and this application	<input type="text"/>
NHMRC application type.	<input type="text"/>

Other funding sought and previous applications for this research

2. If you are NOT applying to the NHMRC for a project grant please indicate the reason. The NHMRC and MS Research Australia peer reviewers are separate bodies and automatic routing does not occur. You will increase your opportunity for funding if you apply to both bodies

3. Please indicate if you or any other researcher are also submitting this research as a Postdoctoral Fellowship or Postgraduate application in this round. Please advise the applicant name and grant type. If you have the MS Research Australia number, please enter this here.

PREVIOUS APPLICATIONS FOR THIS RESEARCH TO MS RESEARCH AUSTRALIA.

Have you applied to MS Research Australia for this research direction before?

Yes

No

1. Previous MS Research Australia application number

2. Percentage (%) that this application overlaps with your previous application

3. What is different about this application? Describe the differences succinctly in bullet form.

NOMINATION OF POSSIBLE PEER REVIEWERS

Please nominate reviewers **ONLY** who have recently published as first authors

Please provide: 7 researchers who you consider, qualified to review this grant proposal and with whom you have NOT collaborated with, co-published with or who are resident at your institution. At least 3+ possible reviewers must be international researchers or located outside Australia. Please do not include members of the Research Management Council. A full list of members is available at www.msra.org.au/research-management-council.

	Name	Email address
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>

Please nominate any reviewer who you do NOT want approached as a possible peer reviewer and the reason for this.

	Name	Email address	Brief reason
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

GRANT OFFICE APPROVAL TO SUBMIT

This task must be completed by the institutional Grant Office team to indicate that the application has reached the necessary standard for submission and has the institution's support. If you have any questions please don't hesitate to contact MS Research Australia, Grants Coordinator, grants@msra.org.au

Grant Officer details and approval.

Name	<input type="text"/>
Role	<input type="text"/>
Institute	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

Do you approve?

- Yes
- No

TASK: GRANT OFFICE APPROVAL TO SUBMIT.

This section is to be completed by the institutional Grant Office team to indicate that the application has reached the necessary standard for submission and has the institution's support. If you have any questions please don't hesitate to contact MS Research Australia, Grants Coordinator grants@msra.org.au or 02 8413 7950.

Grant Officer details and approval.

Name

Role

Institute

Phone number

Email address

Do you approve?

- Yes
- No