|  |
| --- |
|   OzGrav Research & Innovation Grant Application |
| Application process |
| Please fill out the below form to apply for Research & Innovation funding support. Applications can be submitted at any time to **info@ozgrav.org**.  We aim to assess applications and announce the outcome within 2 months of submission. The program has a limited budget and if successful, you may not be offered the full amount requested.  |
| APPLICANT 1 DETAILS |
| Title: |
| **Name:**  |
| Phone #:  | Email:  |
| Home Institution:  | Role in OzGrav (Please circle): Student/ Postdoc |
|  |
| APPLICANT 2 DETAILS |
| Title: |
| **Name:**  |
| Phone #:  | Email:  |
| Home Institution:  | Role in OzGrav (Please circle): Student/ Postdoc |
| APPLICANT 3 DETAILS |
| Title: |
| **Name:**  |
| Phone #:  | Email:  |
| Home Institution:  | Role in OzGrav (Please circle): Student/ Postdoc |
| (copy and paste to add more applicants)  |
| **TITLE OF PROJECT** |
| **EXECUTIVE SUMMARY**  |
| **PROJECT DESCRIPTION** ***Outline the project and activities to be undertaken. Explain how this project is innovative, and the potential significance and impact of the work.***  |
| **SUITABILITY AND FEASABILITY*****Describe the suitability and skills of the applicant/team and feasibility to meet the project goals and deliverables*** |
| **MILESTONES/DELIVERABLES*****Please describe at least 5 milestones/deliverables*.**

|  |  |
| --- | --- |
| **MILESTONE/DELIVERABLE** | **DUE DATE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **BUDGET*****Please list the expected project budget and expenditure breakdown. Add more rows, as required.******Expenditure may include: salaries or stipends, equipment, consumables, services, travel***

|  |  |
| --- | --- |
| **PROJECT EXPENSES** | **COST (AUD)** |
|  | *$* |
|  | *$* |
|  | *$* |
|  | *$* |
|  | *$* |
|  | *$* |
| **Expenditure Total** | *$* |
|  **INCOME/BUDGET** |  |
| **Mini Research and Innovation Grant request** | *$* |
| **Co-funding (e.g. a co-contribution from your node)** | *$* |
| **Budget Total (should equal Expenditure Total)** | ***$*** |

**JUSTIFICATION OF THE PROPOSED EXPENSES:** |
| **APPROVAL FROM:*****Supervisor of applicant 1***Name: Signature: Date: ***Supervisor of applicant 2***Name: Signature: Date: ***Supervisor of applicant 3***Name: Signature: Date:  |