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| 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: | |