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| G:\Research Strategy\3. Templates & Tools\Logo\NEW CCNSW LOGO_2018.JPG**Supplementary Questions**Cancer Council application form for grants commencing 2023**Closing Date: Wednesday, 18 May 2022** |

* Cancer Council NSW Project Grant scheme is national and open to researchers from any Australian state/territory. For more information, click [here](https://www.cancercouncil.com.au/research/for-researchers/cancer-research-grants/project-grant-applications/).
* Researchers in SA are eligible to apply for Cancer Council SA Beat Cancer Project funding AND Cancer Council NSW funding.
* [Click here](https://sahmri.blob.core.windows.net/communications/BCP%20Guidelines_Project%20Grants%202023_Final.pdf) to access The Cancer Council SA Beat Cancer Project Guidelines.

**NOTE: The following form is designed to assist with application preparation.**

**To submit your application, please enter content into the** [**online application form**](https://www.cancercouncil.com.au/research/for-researchers/project-grant-applications/)

**Responses to the supplementary questions are due Wednesday, 18th May 2022.**

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| 1. Which Cancer Council/s are you applying to?
 |
|  | Cancer Council New South Wales |
|  | Cancer Council South Australia (administered by SAHMRI) |

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| 1. Chief Investigator A – contact details
 |
| Name |  |
| Department |  |
| Institution |  |
| Address |  |
| Suburb |  | State |  | Postcode |  |
| Telephone No |  | Email |  |

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| 1. Lay Title and summary of your project
 |
| Click here to enter title |
| Click here to enter summary (150 word limit) |

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| INVESTIGATORS |
| 1. List of all Investigators

Please list all Chief Investigators and Associate Investigators who will be named on the Cancer Council application, and their Institution. There can be NO changes to the list and sequence from the NHMRC listed Chief Investigators.  |
| **Chief Investigator(s)** (Title, First name & Surname) | **Institution** |
|  |  |
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|  |  |
|  |  |

*Insert additional rows as required*

|  |  |
| --- | --- |
| **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 No |  | Email |  |

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| 1. 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 ….  |

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| 1. 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. (2500 characters) |
| Click here to enter text. |

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| 1. Specific SA criteria

Please address the following criteria (5000 characters):* Collaboration: include clear evidence of collaboration in the past five years at a local, national and international level (e.g., as in grant applications, co-authorship of papers and conference presentations). The roles of any collaborating partners in the present proposal should be clearly outlined. Collaborators may include other researchers, policy makers, service providers and/or community representatives.
* Mentoring and capacity building: specify plans for mentoring/capacity building for yourself and any new investigators or other earlier career researchers involved in the project.
* Translation: outline plans for research translation, where applicable, to other value adding research, health service delivery, health gain and/or commercialization.
* Leveraging funding: detail co-funding from external parties or in-kind support for the proposed research (i.e. parties external to Cancer Council SA and SA Health), or the potential for future leveraged funding. Note: It is not enough to provide a statement only that there is or would be leveraged funding. You must provide specific details.
* Consumer and Community Engagement: detail track record relating to Consumer and Community engagement activities associated with health research, practice or policy, and the Consumer and Community engagement strategy associated with this application.

Applicants should demonstrate the following attributes, if applicable:* Health Inequities: detail how this research addresses any health inequities in priority areas in South Australia, including but not limited to; Aboriginal and Torres Strait Islanders, Culturally and Linguistically diverse and rural and remote areas, and also clearly indicate which inequity is being addressed.
 |
| Click here to enter text. |

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| 1. Is your application also being considered for funding by the NHMRC and/or Cancer Australia?
 |
|  | Yes  |
|  | No  |

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| **NOTE: There are two Scope of Research and Budget sections in the online form: one for applicants applying to CCS (section 9)A, and one for applicants applying to CCNSW (section 10). Section 9a-c relate to Cancer Council SA applicants only.**  |

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| SA: cope of research & BUDGET  |
| 9.a ModificationsWhat modifications to your project will be required in order for it to fit with the level of funding being offered by the Beat Cancer Project? If your application is not being considered by NHMRC and/or Cancer Australia, and there will be no modifications to your project, **state N/A.** Otherwise provide details about the aims that will be retained and the aims that will be removed due to the reduced level of funding and/or reduced number of years. **(**2500 characters) |
| Click here to enter text. |
| **9.b Project Timeline**Include a timeline which details the measurable milestones you expect to achieve in each 6-month interval of the 12 month funding term.  To clearly demonstrate the expected progression of your project, please list every milestone you expect to achieve and when you expect to achieve it, including employment of staff, ethics approval, development of study measures, data collection (e.g. expected recruitment numbers within each 6-monthly interval), data analysis, manuscript preparation etc. (2500 characters) |
| Click here to enter text. |

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| 9.c BudgetPlease detail the costs associated with your 12 month adjusted project budget. Budget total should not exceed $100,000.00. All CIAs requesting their own salary must include the date that their PhD (or equivalent) was awarded.  |
|  |  | **Year 1** |  |  |
| Personnel: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Maintenance: |  |  |  |  |
|  |  |  |  |  |
| Equipment: |  |  |  |  |
| **Total** |  |  |  |  |
| **9.d Include explanatory details about the changes to budget from NHMRC application across the duration of your funding term (if applicable) (**2500 characters)  |
| Click here to enter text. |

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|  CCNSW: scope of research & BUDGET |
| **10.a Modifications**What modifications to your project will be required in order for it to fit with the level of funding being offered by CCNSW? If your application is not being considered by NHMRC and/or Cancer Australia, and there will be no modifications to your project, **state N/A.** Otherwise provide details about the aims that will be retained and the aims that will be removed due to the reduced level of funding and/or reduced number of years. (½ page maximum). Should your project require more than $150,000 one year and less than $150,000 another year, but still fall within the $450,000 limit, Cancer Council NSW will fund the project up to a maximum of $450,000 but spread the funding such that the annual allocation does not exceed $150,000. |
| Click here to enter text. |
| **10.b Project Timeline**Include a timeline which details the measurable milestones you expect to achieve in each 6-month interval of your funding term.  To clearly demonstrate the expected progression of your project, please list every milestone you expect to achieve and when you expect to achieve it, including employment of staff, ethics approval, development of study measures, data collection (eg. expected recruitment numbers within each 6-monthly interval), data analysis, manuscript preparation etc. (2500 characters) |
| Click here to enter text. |

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| 10.c Budget * Amounts offered by Cancer Councils vary. Please ensure you adhere to the minimum and maximum funding limits offered by the relevant state Cancer Council to which you are applying.CCNSW Project grants are valued between $300,000 to $450,000 over three years. There is a minimum budget request of $300,000.
* Applicants seeking CIA salary support must provide a justification (at 10.d). It is not the intention of CCNSW to enable institutions to make salary savings. If the application is successful, the applicant will be required to provide written assurance from the administering institution that the duration of the CIA’s employment contract exceeds the duration of Project Grant funding requested.
 |
|  |  | **Year 1** | **Year 2** | **Year 3** |
| Personnel:(NB: CCNSW funding cannot be used for scholarships) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Maintenance: |  |  |  |  |
|  |  |  |  |  |
| Equipment: |  |  |  |  |
| **Total** |  |  |  |  |
| **10.d Justification for salary requests** |
| Click here to enter text. |
| **10.e Include explanatory details about the changes to budget from NHMRC application across the duration of your funding term (if applicable)** (2500 characters) |
| Click here to enter text. |

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| ETHICS AND OTHER APPROVALS |
| 11. 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 |
| 12. Age groupSelect the most relevant age group(s) |
|  | Children (0-14) |
|  | Adolescent and Young Adults (15-24) |
|  | Adults (24+) |
|  | All ages |
| 13. Broad Research AreaSelect the most relevant research area (select one only) |
|  | Basic Science |
|  | Clinical Medicine and Science |
|  | Health Services |
|  | Public Health |
|  | Preventative Medicine  |
|  | Psychological |
| 14. 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:  |
| 15. Common Scientific OutlineThe NCI Common Scientific Outline (CSO) is an international classification system organized around six broad areas of scientific interest in cancer research to lay the framework for better coordination among research organizations 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 |