

**RESEARCH SUPPORT GRANT PROGRAM**

**Conditions and Reporting Templates**

****

Version 1.4

Aug 2019

Contents

[Conditions of the Research Support Grant Program 3](#_Toc525639917)

[Research Support Grant Program – Amendment Form 5](#_Toc525639918)

[Research Support Grant Program – Progress Report 6](#_Toc525639919)

[Research Support Grant Program – Final Report 8](#_Toc525639920)

Conditions of the Research Support Grant Program

**Administration**

Grant monies awarded for the Research Support Grant Program (RSGP) are to be used only for the purposes described in the Grant application. The research project must begin within three months of the Award Notification date or the award may be withdrawn. The project must be completed within two years of receiving the grant monies. If the project will not be completed within the maximum timeframe, a letter must be submitted to the RSGP via the MNCLHD Research Office.

Any changes in research site or key personnel, or major changes in Grant focus or direction must have prior written approval from the RSGP.

Chief Investigators (CI) must be employees of the MNCLHD. CIs must also manage the budget and use of funds.

The CI is responsible for the research project. This includes but is not limited to:

* Application of ethical approval and local research governance approval as required
* Completion of required reports (see ‘Reporting’)
* Management of grant monies (see ‘Use of Grant Funds’)
* Conduct of the Research Project in accordance with national and state legislation, local and state policies and research guidelines

**Budget**

Six months of funding will be allocated initially with the remaining six months after receipt of the first progress report. MNCResearch will arrange for funding to be transferred as per the budget allocation in the application.

It is the responsibility of the Chief Investigator to ensure that funds are used in accordance with the budget allocation in the application. Note that any unspent funds at the end of the financial year may be absorbed by the LHD. It is the responsibility of the Chief Investigator to liaise with their Business Manager to monitor and manage funds.

Written approval by the RSGP is required prior to any changes to the Grant budget. Failure to obtain prior authorisation may result in suspension of the Grant.

**Use of Grant Funds**

Grant monies are to be used only during the period indicated in the Award Letter. Any deviation from this schedule must have prior approval from the RSGP. A request for extension may be considered but will require prior approval by the RSGP before the scheduled end date.

**Reports**

Progress reports and a Final report is a requirement of acceptance of funds. Templates for Amendments, Progress and Final reports may be found in the Appendices of this document and also available on the MNCLHD Research Internet page under Research Support / Grants and Funding / MNCLHD RSGP Resources (http://mnclhd.health.nsw.gov.au/research/research-capacity/grants-and-funding/). Reports are to be submitted to the RSGP within 14 days of the due date.

The following reporting requirements are a condition of acceptance of funds:

1. Six monthly progress reports at 6, 12 and 18months after grant approval.
2. Final report at 2 years after approval or at the completion of the project, or as otherwise agreed.

The CI is responsible for accuracy and submission of the report.

**Dissemination & Implementation of Findings**

1. Implementation of favourable findings into practice as applicable.
2. On completion of the project, submission of an application to the following MNCLHD Health Innovation Awards – Research category.
3. Submission of an abstract or poster of project and findings at the MNCLHD Research Conference or similar within 12 months of completion of the project.
4. Reasonable efforts to publish the project and findings in a relevant journal
5. Notification of the above to MNCResearch.

Any publications or other dissemination arising from research supported by this Program should acknowledge assistance received and copies or notification should be submitted to MNCResearch.

**Acknowledgement and Approval of Amendments**

Any amendments to the Project must be submitted to the RSGP prior to implementation of the change. Exceptions to this rule include:

* Not changing the Project poses a clinical risk to patients

An acknowledgement and outcome of the Amendment will be returned to the CI within 5 working days of submission.

**Contacts and Further Information**

The RSGP will receive all communication via the MNCLHD Research Office (MNCLHD-Research@health.nsw.gov.au).

Research Support Grant Program – Amendment Form

This form is to be used when an amendment is made to:

1. The administration of the grant monies/budget change
2. Change in key personnel
3. Timelines
4. Project
5. Other (specify)

Instructions:

1. Complete the form (white boxes)
2. Submit to MNCLHD-Research@health.nsw.gov.au

|  |
| --- |
| **Section 1: Project Details** |
| Project Title: |  |
| Chief Investigator: |  |
| Email: |  |
| Site(s) Project is conducted: |  |
| Grant Code: |  |

|  |
| --- |
| **Section 2: Amendment Details** |
| Budget |  | Personnel |  | Timelines |  | Project  |  | Other… |  |
| **Description** of amendment and **explanation**:*(Include details of the original information and the changes)* |
|  |

|  |
| --- |
| **Section 3: Certification** |
| Chief Investigator Name | Date |
|  |  |
| Signature |
|  |

Research Support Grant Program – Progress Report

|  |
| --- |
| **Section 1: Project and Report Details** |
| Project Title: |  |
| Chief Investigator: |  |
| Email: |  |
| Site(s) Project is conducted: |  |
| Grant Code: |  |
| Reporting period: | 6 month |  | 12 month |  | 18 month |  | Other *(specify)* |  |

|  |
| --- |
| **Section 2: Summary of Research Project** |
| Describe any **achievements** for the research project during the reporting period. *(examples: approvals submitted/received from ethics or governance, patient recruitment, funding use, level of collaboration, impact so far, publications/conferences/internal meetings, additional funding)* |
|  |
| Describe any **disappointments or challenges** encountered for the reporting period and what will done to overcome these now and to prevent them happening again in the future.*(examples: difficulties in: obtaining approvals, patient recruitment, budgeting issues, level of collaboration)* |
|  |
| What are the **plans** for the project for the coming reporting period?*(examples: changes to the project plan or budget allocation – NB. Don’t forget to submit an amendment form for any changes made; )* |
|  |
| Provide details of the funding utilised during the reporting period |
|  |
| **Additional** comments or details*(examples: summary of changes to project/administration/key personnel)* |
|  |

|  |
| --- |
| **Section 3: Certification** |
| I certify that this is an accurate Progress Report for the period covered.  |  |
| One copy of any journal or media articles published during the reporting period has been included (in both hard and soft copies) (as applicable)  |  |
| Chief Investigator Name | Date |
|  |  |
| Signature |
|  |

Research Support Grant Program – Final Report

|  |
| --- |
| **Section 1: Project and Report Details** |
| Project Title: |  |
| Chief Investigator: |  |
| Email: |  |
| Site(s) Project is conducted: |  |
| Grant Code: |  |

|  |
| --- |
| **Section 2: Summary of Progress against the Objectives** |
| Please summarise the **purpose** of your research (including background and rationale).  |
|  |
| Summary of project **design**. *(eg: details of intervention, allocation to groups)* |
|  |
| Summary of original **objectives** of the project. Have these changed during the course of the project, if so explain. |
|  |
| What **achievements and disappointments** have been encountered since the last report? |
|  |
| Select the **category(ies)** that best describe the outcomes of this research |
| Increased the capacity to do further research |  | Informed policy or practice |  |
| Production of new knowledge |  | Improved health outcomes |  |
| Improved teamwork/collaboration |  | Improved health service delivery |  |
| Cost benefit |  |  |  |
| Other – please describe below… |  |  |  |
| Other: |  |
| Provide details: |  |
| **Who/what** will the outcomes of this project most directly impact?*(examples: new knowledge, impact on patients/health service delivery, cost saving, efficiency/productivity, teamwork/collaboration, sustainability )* |
| Patients/Families |  | Public/Communities |  |
| Clinicians |  | Other Researchers |  |
| Other – please describe below.. |  | Health Service |  |
| Other: |  |
| Provide details: |  |

|  |
| --- |
| **Section 3: Research Outputs** |
| List all journal articles/conference presentations/reports/books that **have occurred** as a result of this project  |
| Type*(Journal, Conference, Report, Book, Other – give details)* | Full Reference*(Full Journal reference, conference name and location (keynote or presenter))* |
|  |  |
|  |  |
|  |  |
| List all journal articles/conference presentations/reports/books **published or** **planned** as a result of this project  |
| Type*(Journal, Conference, Report, Book, Other – give details)* | Full Reference*(Full Journal reference, conference name and location (keynote or presenter))* |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Section 4: Funding** |
| Detail the use of the funds **awarded** for this project, total amount used and remaining, if applicable  |
|  |
| List any **additional** funding awarded for this project – before commencement or during the project  |
| Funding Body | Grant Title | Amount | Before or During? | Extent to which this Grant assisted in gaining this funding *(rate 1 – 10: 10 = this grant essential, 0 = would have occurred without this grant)* |
|  |  |  |  |  |
|  |  |  |  |  |
| Additional information *(eg. Unsuccessful grants)* |
|  |

|  |
| --- |
| **Section 5: Workforce Capacity Building** |
| Provide a summary of the staff who **contributed** to this project *(add more rows if required)* |
| Name | Current Role *(eg. RN, Dietician)* | Contribution to Project *(eg. Data collection, results analysis, report writing)* |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section 3: Certification** |
| I certify that this is an accurate Progress Report for the period covered.  |  |
| One copy of any journal or media articles published during the reporting period has been included (in both hard and soft copies) (as applicable)  |  |
| Chief Investigator Name | Date |
|  |  |
| Signature |
|  |