Applications are sought for grants (of up to $10,000.00 per year each), for research into the causes, prevention and cure of disease in animals seen in small animal veterinary practice and in particular in the canine, feline and other companion animal species.

- Successful applications will be funded from the following sources: The Hilda Whitton Memorial Fund, The Sue Du Val Memorial Fund, and the ACAHF general account. The source of funding will be notified and should be suitably acknowledged by the recipient in all publications, presentations, etc. resulting from the research.

- Applications for funds must be made using the attached pro forma.

- Applicants from universities or other institutions must ensure that their applications are approved by the relevant institutional ethics committee, for projects involving the use of animals. Applicants who are not associated with such an institution must certify that their experiments will be conducted in accordance with the NHMRC/CSIRO Code of Practice for the use of Animals in Research in Australia.

- Applicants from universities or other institutions must submit their applications through the appropriate designated official.

- Preference will be given to veterinary applicants who are firstly ASAV members and secondly AVA members. Proof of AVA and ASAV membership (e.g. membership number) must accompany the application.

- Applications must be emailed to: asavoffice@ava.com.au
  Subject heading: 2018 ACAHF Grant Application

  Any queries, please call/email: (02) 9431 5090 or asavoffice@ava.com.au

  Please submit all applications via email no later than the closing date of Monday, 5th February 2018.

- A report detailing progress on the project shall be furnished half yearly to the Foundation. Accompanying such report shall be a statement certifying that the money granted to each project has been spent in accordance with the terms of the grant.

- A terminating report shall be submitted to the Foundation within six months of the period for which the project was funded, or such extended time as the Foundation shall permit. This final report shall give details of the aims and objectives of the project and how they have been met.

- Any publications resulting from the work supported by the Foundation should acknowledge the source of such support and the Foundation shall be entitled to receive free of cost a copy of any publications and any theses resulting from the work.

- The Foundation reserves the right to report briefly on the outcome of funded projects in its annual report, in promotional literature and/or in the Australian Veterinary Practitioner. The wording of such reports will be subject to the approval of the senior researchers.
1. Organisation

________________________________________________________________________________________

2. Department

________________________________________________________________________________________

3. Contact phone number/s

________________________________________________________________________________________

4. Contact e-mail address

________________________________________________________________________________________

5. Contact address

________________________________________________________________________________________

6. Project Title

________________________________________________________________________________________

7. Location

________________________________________________________________________________________

8. Staff

NB: Give qualifications and appointment of the Chief Investigator and the person who will be spending the most time on the project. Give an estimate of the number of hours per week likely to be devoted to the project by each of these people.

Chief Investigator: ___________________________________________ Hours Estimate:____________

AVA Member?  Y  N  ASAV Member?  Y  N  AVA Membership Number: ________________

Other research staff: ________________________

_________________________________________ Hours Estimate:________________________

AVA Member?  Y  N  ASAV Member?  Y  N  AVA Membership Number: ________________

9. Critical Dates

Commencement date of project: ________________________________________________

Anticipated completion date: ________________________________________________
10. Summary of funds required

Total salaries: $ ____________________________

Total Maintenance Costs: $ ____________________________

Total Animals & Capital Items: $ ____________________________

GROSS TOTAL COST: $ ____________________________

Estimated Income: (if any): $ ____________________________

11. Is it proposed that any person whose work is supported by this grant will enrol in a higher degree?

Y [ ] N [x]

If yes, please give details: ______________________________________________________

12. Details of funds provided or being sought from other sources for this or related projects

____________________________________________________________________________

13. Description of project (please attach)

This section should include:

- Clearly stated aims, methods and current state of knowledge.
- A timetable for the prosecution of the project.
- A projection of the likely state of knowledge at the end of the project, and the relevance of this to the health of companion animals in Australia.
- Information on how information generated by the project will be disseminated to those able to make use of it.
- Justification of funds requested.
- A list of relevant publications by the Chief Investigator and any other research worker who will be associated with the project.

14. I certify that this project has been approved by the relevant institutional ethics committee.

I certify that this work will be conducted in accordance with the NHMRC/CSIRO Code of Practice for the Care and Use of Animals in Research in Australia.

Name of Chief Investigator: ______________________________________________________

Signature: ___________________________________________ Date: __________

15. Agreement by Head of Department(s) and/or other authorised persons that facilities are available and that he/she is agreeable to the location of this project under his/her jurisdiction.

Name of Department Head: ______________________________________________________

Signature: ___________________________________________ Date: __________

Name of Department Head: ______________________________________________________

Signature: ___________________________________________ Date: __________