## Partnership Projects 2019 Guidelines

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<th><strong>Opening date:</strong></th>
<th>16 January 2019</th>
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<tr>
<td><strong>Closing date and time:</strong></td>
<td>17.00 AEDT on 04 December 2019</td>
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<tr>
<td><strong>Commonwealth policy entity:</strong></td>
<td>National Health and Medical Research Council (NHMRC)</td>
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<td><strong>Co-sponsoring entity</strong></td>
<td>Department of Health (DoH)</td>
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<tr>
<td><strong>Enquiries:</strong></td>
<td>Applicants requiring further assistance should direct enquiries to their Administering Institution’s Research Administration Officer. Research Administration Officers can contact NHMRC’s Research Help Centre for further advice:</td>
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<tr>
<td><strong>Phone:</strong></td>
<td>1800 500 983 (+61 2 6217 9451 for international callers)</td>
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<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:help@nhmrc.gov.au">help@nhmrc.gov.au</a></td>
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<tr>
<td><strong>NHMRC will not respond to any enquiries submitted after 17.00 AEDT on 04 December 2019.</strong></td>
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<td><strong>Note:</strong></td>
<td>NHMRC's Research Help Centre aims to provide a reply to all requests for general assistance within two working days. This timeframe may be delayed during peak periods or for more detailed requests for assistance.</td>
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<tr>
<td><strong>Date guidelines released:</strong></td>
<td>16 January 2019</td>
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<td><strong>Type of grant opportunity:</strong></td>
<td>Targeted competitive</td>
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1 Partnership Projects 2019 processes

**NHMRC’s Partnership Projects is designed to achieve Australian Government objectives**

The Partnership Projects scheme is a component of the Portfolio Budget Statements Program 1.1: Health and Medical Research, which contributes to Outcome 1: Improved health and medical knowledge.

↓

**The grant opportunity opens**

NHMRC publishes the grant guidelines on GrantConnect

↓

**Applicants complete and submit a grant application**

Applicants must complete the application form and address all of the eligibility criteria to be considered for a grant.

↓

**Applications verified and assessed**

Applications are assessed against eligibility criteria and applicants are notified if not eligible. Peer reviewers assess applications against the assessment criteria including an overall consideration of value with money.

↓

**Grant decisions are made**

NHMRC’s CEO seeks approval of funding recommendations from the Minister for Health.

↓

**NHMRC notifies applicants of the outcome**

↓

**Applicant’s Administering Institution enters into a grant agreement with NHMRC**

↓

**Delivery of grant**

Grant awardees undertake the grant activity as set out in the schedule to the grant funding agreement. NHMRC manages the grant through the relevant Administering Institution.

↓

**Evaluation of the Partnership Projects scheme**

NHMRC undertakes periodic evaluations of the performance and administration of its funding programs to determine strengths and to identify where improvements can be made.
1.1 Introduction

These guidelines contain information for the Partnership Projects 2019 grant opportunity. Applicants must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant program/grant opportunity
- the eligibility and assessment criteria
- how grant applications are considered and selected
- how grantees are notified and receive grant payments
- how grantees will be monitored and evaluated
- responsibilities and expectations in relation to the opportunity.

GrantConnect (www.grants.gov.au) is the authoritative source of information on this grant opportunity. Any alterations or addenda to these Guidelines will be published on GrantConnect.

The Partnership Projects 2019 grant opportunity will be undertaken according to the Commonwealth Grants Rules and Guidelines 2017 (CGRGs), available from the Department of Finance website.

1.1.1 About NHMRC

NHMRC is the Australian Government’s key entity for managing investment in, and integrity of, health and medical research. The Partnership Projects scheme is a component of the Portfolio Budget Statement Program 1.1: Health and Medical Research, which contributes to Outcome 1: Improved health and medical knowledge. NHMRC works with stakeholders to plan and design the grant program according to the National Health and Medical Research Council Act 1992 (NHMRC Act) and the CGRGs.

NHMRC awards grants through several research funding schemes to advance health and medical knowledge and to improve the health status of all Australians. NHMRC invests in the highest quality research and researchers, as determined through peer review, across the four pillars of health and medical research: biomedical, clinical, public health and health services research.

2 About the grant program

Partnership Projects will support connections, within the Australian context, that translate research evidence into health policy and health practice, to improve health services and processes.

The Partnership Projects grant program aims to support the work of healthcare policy and service delivery implementation agencies by supporting the translation of research outcomes into policy and practice and the evaluation of current policy and practice to identify gaps in knowledge.

This type of research is normally conducted outside of Universities and Medical Research Institutes. It is for this reason that Universities and Medical Research Institutes are generally not eligible to partner with researchers through the grant program. Universities and Medical Research Institutes can continue to participate as an Administering or Participating Institution.

Partnership Projects will address the delivery, organisation, funding and access to services and programs that affect the health of Australians. Research may involve preventative programs, primary and community health care, hospitals, community services, the health workforce and infrastructure. This will include but not be limited to:
In relation to translating research outcomes into policy and practice:

- studies of mechanisms of knowledge transfer and exchange which will lead to improved Australian health outcomes through improved health services
- research involving preventative programs, primary and community health care, hospitals, access to services, workforce, infrastructure and funding
- utilise/apply existing evidence to develop advice
- increase reach and knowledge of how to implement through partnerships.

In relation to evaluating current policy and practice and identifying gaps in knowledge:

- identifying opportunities to improve the performance of programs or services
- the evaluation of new approaches to services and programs, their dissemination and uptake
- monitoring and reviewing current policy and practice to gauge its impact and determine whether change is necessary.

The objectives of the Partnership Projects 2019 grant opportunity:

- meet the need for a more effective integration of research evidence into health policy and service delivery
- create partnerships among policy makers, managers, service providers and researchers
- provide support to answer often complex and difficult questions that policy makers, managers and service providers face when making decisions and implementing policies that affect Australians health and health care
- be highly responsive to the priorities of government, the community and health professionals
- enable applicants to apply for funding at any time during the year to allow researchers and Partner Organisations to develop timely collaborations.

NHMRC Partnership Projects will not fund the evaluation of clinical interventions on individual patients e.g. new treatments, diagnostic techniques, pharmaceuticals or surgical procedures. Such research is supported through other NHMRC grant programs.

Projects which are concerned with investigating the impact of systemic features of health service delivery (e.g. funding, planning, organisation, regulation and performance management) on health outcomes are encouraged.

Applications which address health services and programs to improve health outcomes for Aboriginal and/or Torres Strait Islander people, NHMRC strategic priorities for investment, are also encouraged.

2.1 Partnership Projects structure

Applications for Partnership Projects open on 16 January 2019 and can be submitted at any time during the year, up until 4 December 2019. This is to allow researchers and Partner Organisations to develop timely collaborations.

Peer review of applications will occur in three distinct Peer Review Cycles (PRC):

- Peer Review Cycle 1 - July 2019
- Peer Review Cycle 2 - November 2019
• Peer Review Cycle 3 - March 2020.

For further details regarding key dates of each PRC refer to section 7.

2.2 Key changes

Applicants should note the following changes for the Partnership Projects 2019:

• This document incorporates those previously referred to as the NHMRC Funding Rules and the Partnership Projects scheme-specific Funding Rules.

• Additional funding may be available to support research to improve the diagnosis and treatment of patients with mental health issues through the Medical Research Future Fund (MRFF) Million Minds Mission.

2.3 NHMRC structural priorities, Partnership Projects 2019 priorities and funding with other organisations

NHMRC’s Corporate Plan (the Plan) outlines strategic priorities and major health issues for the period covered by the Plan, including how NHMRC will address these issues, and a national strategy for medical research and public health research. Each year, NHMRC identifies structural priorities for funding to deliver against its strategic priorities.

Information on NHMRC’s structural priorities, Partnership Projects priorities and Partnership Projects funding with other organisations is outlined in Appendix A.

MRFF Million Minds Mission

Applicants to this grant opportunity may be used to determine recipients under the MRFF Million Minds Mission. This Mission will support research to improve the diagnosis and treatment of patients with mental health issues. Further information on the program, including funding and any additional assessment considerations, is available on the Department of Health website. If you would like your application to be considered for funding through the Million Minds Mission – you will need to authorise the NHMRC to share the application details and its assessment results with the Department of Health if this is requested. You will be notified if your application is so considered.

Aboriginal and Torres Strait Islander Fetal Alcohol Spectrum Disorder (FASD) and Obesity Prevention Research Special Initiative.

From 2018 a Special Initiative in Aboriginal and Torres Strait Islander health is being offered through support from the Department of Health. This Special Initiative will support collaboration between policy makers, program managers, service providers and researchers with experience or interest in Aboriginal and Torres Strait Islander Health.

The Special Initiative provides the opportunity for community organisations that are contributing to health outcomes for Aboriginal and Torres Strait Islander People to develop a relationship with a researcher, to strengthen the evidence in Fetal Alcohol Spectrum Disorder (FASD) and obesity research.

Successful applications will design and conduct research to augment evidence for prevention and appropriate responses to FASD and Obesity Prevention in Aboriginal and Torres Strait Islander communities and families. Grants awarded under the Special Initiative will focus on integrating research evidence into health policy and health practice to improve health services and processes in one or more of the following key gaps identified in FASD or obesity research within Aboriginal and Torres Strait Islander communities:
1. Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.

2. Implementation of programs in a range of settings for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.

3. Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.

4. Delivery of holistic FASD or obesity-reduction support services within health systems and communities.

5. Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people.

6. Development of a National Nutrition Risk Scheme for Aboriginal and Torres Strait Islander people.

As part of building and sharing evidence, and where appropriate, researchers should use the research process itself to be an active agent of change, for example, by utilising the principles of implementation research and through use of participatory action research, developmental, formative or realist evaluation approaches to support learning and adaptation at the organisational, community or broader system level.

Research proposals that have been developed through the Lowitja Institute partnership model, but not funded by the Lowitja Institute, may be eligible to apply.

Applicants will have the opportunity to indicate whether their application addresses this Special Initiative. Such applications will undergo an additional assessment to determine whether they address the requirements as stipulated in Appendix A. This assessment will be taken into consideration when NHMRC determines funding recommendations.

All applications for Partnership Projects support, regardless of whether an application is confirmed by NHMRC as addressing a Special Initiative, are peer reviewed in the same manner.

The number of grants awarded through the Aboriginal and Torres Strait Islander Health Research Special Initiative is limited by the total funding available and is subject to receipt of a competitive application. The maximum amount of NHMRC funding that may be requested for a single application under this Special Initiative is $1.5 million. For further information see Appendix A.

Applications addressing the Special Initiative in Aboriginal and Torres Strait Islander health are required to upload the completed Supplementary Questions form which can be downloaded from the GrantConnect website.

### 3 Grant amount and grant period

#### 3.1 Grants available

The provisional funding allocation for the Partnership Projects 2019 is estimated to be $31.6 million. NHMRC’s Research Committee annually reviews and recommends indicative budget amounts to be awarded across individual funding schemes.

Applications must be joint submissions from an Administering Institution and one or more Partner Organisations. Partner Organisations are able to contribute at least 50% of the total value of the research project in cash and/or in kind. The level of funding requested from NHMRC must not
exceed the total contribution from the Partner Organizations. The maximum amount of funding that can be requested from NHMRC for a Partnership Projects grant is $1.5 million.

The amount of funding for a Partnership Projects grant will be based on assessments of the requested budget. Applications must clearly justify the requested duration and budget and how they will support the proposed outcomes of the research. Peer Reviewers will consider this information and may reduce the duration and/or budget to ensure the research aims and objectives can be achieved while ensuring value with money.

3.2 Grant period

A Partnership Projects grant can be requested for between one and five years.

4 Eligibility criteria

Applications will only be accepted from NHMRC-approved Administering Institutions. A list of NHMRC approved Administering Institutions and NHMRC’s Administering Institution policy are available on NHMRC’s website.

The Chief Investigator A (CIA) and Administering Institution must ensure applications meet all eligibility requirements, as set out in these guidelines, at the time of submission and for the duration of peer review. Applications that do not meet these eligibility requirements may be ruled ineligible and may be excluded from further consideration.

An eligibility ruling may be made by NHMRC at any stage following the close of applications, including during peer review. Where an eligibility ruling is being considered, NHMRC may request further information in order to assess whether the eligibility requirement has been met.

Administering Institutions will be notified in writing of ineligible applications and are responsible for advising applicants.

Grant offers may be withdrawn and action taken over the life of a grant, if eligibility criteria to accept and/or continue holding a grant are not met.

NHMRC staff will not make eligibility rulings before an application is submitted.

4.1 Who is eligible to apply for a grant?

4.1.1 Chief Investigators and Associate Investigators

The maximum number of CIs allowed on a Partnership Projects 2019 application is 10.

Chief Investigator ‘A’ (CIA)

At the time of acceptance and for the duration of a grant the CIA must be an Australian or New Zealand citizen, or a permanent resident of Australia or have an appropriate work visa in place. The CIA must also be based in Australia for at least 80% of the funding period.

Chief Investigators (CI)

The role and contribution of each CI must be described in the grant application. PhD students may be named as CIs in exceptional circumstances where the PhD student is critical for the successful completion of the proposed research. CIs are expected to remain active on the Research Activity as outlined in the application for the duration of the grant.
Associate Investigators (AI)

An AI is defined as an investigator who provides some intellectual and/or practical input into the research and whose participation may warrant inclusion of their name on any outputs (e.g. publications).

There is no restriction on who may be named as an AI on an application. However, a maximum number of 10 applies.

Partner Investigator

The inclusion of at least one named Partner Investigator from the policy and/or practice Partner Organisation is mandatory.

4.2 Multiple applications/grants

Limits apply to the number of NHMRC grants that a CI may concurrently hold and/or apply for.

- Applicants applying as a CI may apply for, and hold other NHMRC grants (subject to any limits set for holding grants in other NHMRC grant programs).
- The amount of time committed by the CIs on the proposed Partnership Project and their other grants held (or to be held) will be considered in the review of the application.
- Applicants are not allowed to submit the same or a substantially similar application in the same or another PRC until the outcome of their application is known (including outcomes under embargo). Any such application will be deemed ineligible and excluded from consideration. Applicants may apply concurrently with significantly different project plans in the same or following PRCs. Letters of support from Partner Organisations must reflect the new project plan (i.e. not that in the previous application).

4.3 Funding limits

Applications must be joint submissions from an Administering Institution and one or more Partner Organisations. Partner Organisations are able to contribute at least 50% of the total value of the research project in cash and/or in kind. The level of funding requested from NHMRC must not exceed the total contribution from the Partner Organisations. The maximum amount of funding that can be requested from NHMRC for a Partnership Projects grant is $1.5 million.

4.4 Who can be a Partner Organisation?

NHMRC invites applications involving Partner Organisations whose decisions and actions affect Australians’ health, health policy and health care delivery in ways that improve the health of Australians. Organisations that are capable of implementing policy and service delivery and would normally not be able to access funding through most NHMRC funding mechanisms are highly valued as partners. They include organisations such as:

- those working in federal, state, territory or local government – in the health portfolio or in other areas affecting health, such as economic policy, urban planning, education or transport
- those working in the private sector such as employers, private health insurance providers or private hospitals
- non-government organisations and charities
- community organisations such as consumer groups
• healthcare providers
• professional groups.

Partnerships with an overseas Partner Organisation are acceptable provided the objectives of the Partnership Projects grant program are fully met.

Each Partner Organisation must demonstrate, through the application and Partner support letter, how they will function as a policy/practice partner for the purpose of the particular application.

There is scope for investigators from the policy and/or practice Partner Organisation to be included in the application as members of the applicant team. The assessment of Partner Organisations will be on the basis of their relevant experience that could support the partnership and facilitate the translation of the research findings.

Consistent with the description and objectives of the scheme, which aims to create partnerships among decision makers, policy makers, managers, clinicians and researchers to improve the translation of research evidence into health policy and health practice, NHMRC Approved Administering Institutions (Administering Institutions) cannot be named as a Partner Organisation on a Partnership Project application. Applications that name Administering Institutions as Partner Organisations may be deemed ineligible.

However, Administering Institutions that are primarily involved in delivering health policy and/or health services are permitted to be named as a Partner Organisation, provided they obtain a waiver from NHMRC.

Requests for waivers need to be made through the Research Administration Office of the Administering Institution and must be emailed to help@nhmrc.gov.au by the relevant date. The waiver request must clearly outline why the Administering Institution should be considered as a Partner Organisation. NHMRC will determine whether a waiver has been granted and will provide written advice concerning the decision.

Administering Institutions that do not obtain a waiver may be listed as a Participating Institution, if appropriate. However, any contributions will not be considered ‘partner funding’ and therefore matched funding will not be provided by NHMRC.

Any entity that falls under the “umbrella” of an Administering Institution that has not obtained a waiver is considered to be part of that Administering Institution and cannot be named as a Partner Organisation. Such entities include those:

• with the same Australian Business Number/Australian Company Number as an Administering Institution
• under the governance of an Administering Institution
• that are not a legal entity of their own and fall under the auspices of an Administering Institution.

An Administering Institution cannot partner with themselves (including their own entities), regardless of whether a waiver has been obtained.

It is for each applicant to consider the most appropriate Partner Organisation(s) for their particular project. The Partnership Projects Peer Review Panel (PRP) will assess the appropriateness and value of proposed partnerships. There is no limitation on the number of Partner Organisations named on a Partnership Projects application.
4.5 Exclusion of applications

An application may be excluded from further consideration if:

- it contravenes an eligibility rule or other requirement as set out in the Grant Guidelines
- it, or any CI named on the application, contravenes an applicable law or code
- it is inconsistent with the objectives of the NHMRC Act and/or the purposes of the Medical Research Endowment Account (MREA), and
- any CI named on the application is the subject of a decision by NHMRC’s CEO or Delegate that any application they make to NHMRC, for specified funding schemes, will be excluded from consideration for a period of time, whether or not they otherwise meet the eligibility requirements. Such decisions will generally reflect consequential action taken by NHMRC in response to a finding of research misconduct or a breach of the Australian Code for the Responsible Conduct of Research (the Code), or a Probity Event. See the Code for a definition of ‘research misconduct’ and the NHMRC Policy on Misconduct related to NHMRC Funding available from NHMRC’s website.

Such exclusion may take place at any time following CIA and Administering Institution certification.

If a decision to exclude an application from further consideration is made, NHMRC will provide its decision and the reason(s) for the decision to the Administering Institution’s Research Administration Officer (RAO) in writing. The Administering Institution’s RAO is responsible for advising applicants of the decision in writing. Decisions to exclude an application may be reviewable by NHMRC’s Commissioner of Complaints.

5 What the grant money can be used for

5.1 Eligible grant activities and expenditure

Funding provided by NHMRC for a Research Activity must be spent on costs directly incurred in relation to that Research Activity. Further guidance on the expenditure of funding for a Research Activity is provided in the Direct Research Cost Guidelines on the NHMRC website.

The Administering Institution must agree to provide basic facilities, where relevant to the project, which will not be funded under Partnership Projects.

Partnership Projects funds may be expended on salaries, Direct Research Costs (DRCs) and equipment. Further guidance can be found in the NHMRC Direct Research Costs Guidelines and Budget mechanism for funding for funding commencing in 2019, on the NHMRC website.

5.1.1 Salary support

Salary support is not offered for CI or AI through this scheme. These salaries could be sought from a Partner Organisation(s) or Participating Institutions. Salary support contributions made by a Partner Organisation(s) or Participating Institutions will not be matched by NHMRC, with the exception of Partner Investigator salaries.

5.1.2 Funding for PhD students

Partnership Projects applicants may include PhD students as employees on Partnership Projects grants in exceptional circumstances where the PhD student is critical for the successful completion of the proposed research. Expenditure must be consistent with the Direct Research Costs Guidelines.
5.2 Funding to support overseas grant activities and researchers

The CIA may request funding to support specific grant activities to be undertaken overseas. In doing so, they must clearly demonstrate that the overseas grant activity is critical to the successful completion of the project, and the equipment/resources required for the grant activity are not available in Australia.

Funding for research support staff based overseas can be considered where this is important to achieving the aims of the research.

See Direct Research Cost Guidelines on the NHMRC website for further guidance on the expenditure of funding for a Research Activity.

5.3 Funding of the Partnership

Under the Partnership Projects grant opportunity, NHMRC will provide funding to an equal or lesser value of the funding committed by the policy/practice Partner Organisation(s) identified in the application, provided that it is justified and is consistent with the Partnership Projects grant opportunity. The funding requested from NHMRC should cover research expenses not already paid for by the Partner Organisation(s), and not exceed $1.5 million. NHMRC reserves the right to adjust budgets and to not match partner support where it would be inappropriate or is not justified. Partner funding can be provided as cash and/or in-kind. While there is no mandated ratio of cash vs. in-kind contribution, cash contributions provide strong evidence of the Partner Organisation’s commitment to the research and its eventual outcomes and are strongly encouraged.

Partner Organisations must make a combined total contribution of at least the same value (in cash and/or in-kind) as is sought from NHMRC. Detailed explanation of the purpose of the cash contribution and justification of in-kind contributions will be required. Funding committed by the Partner Organisation must be declared and confirmed in a letter of support to be provided as part of the application. A value must be placed on each contribution, for either cash or in-kind. Where no value of support is stated, NHMRC will not list the organisation as a Partner Organisation in the event that the application is successful. Partner Organisations should not offer funding from sources yet to be confirmed, funding that has already been provided prior to the application being submitted and from funding provided by NHMRC under other grant opportunities.

What can be claimed as a cash contribution?

- The salary costs of new staff employed and dedicated to work on the research.
- Funds provided as salary support to the Administering Institution.
- Funds to pay for proposed travel.
- Funds to purchase new equipment.
- Cash to fund direct research costs for the project.

What can be claimed as in-kind contributions?

- Salaries or proportions of salaries of established staff who will be released to work on the research.
- Use of existing equipment owned by the Partner Organisation for the project.
- Use of facilities and materials owned by the Partner Organisation in conducting the research.
Further information regarding cash contributions and how the Partner Organisation’s in-kind contribution can be valued is included in the Partner Contribution Guidelines at Appendix B.

5.4 Duplicate funding

NHMRC may compare the research proposed in grant applications with grants previously funded, currently funded, and funded by other agencies (e.g. Australian Research Council or Department of Health) and published research. NHMRC will not fund research that it considers duplicates research previously or currently being funded.

Where NHMRC believes that an applicant has submitted similar research proposals to NHMRC and has been successful with more than one application, the applicant may be required to provide NHMRC with a written report clearly identifying the difference between the research aims of the research activities. If NHMRC subsequently does not consider the research activities to be sufficiently different, the applicant will be required to decline or relinquish one of the grants.

NHMRC may disclose applicants’ personal information to overseas entities, Australian, State/Territory or local government agencies, organisations or individuals where necessary to assess an application or to administer a grant. See NHMRC’s Privacy Policy and the Privacy: confidentiality and protection of personal information section of these guidelines for further information.

For FASD and Obesity Prevention Research Special Initiative applications only, funding support may be offered for salary support or support for a Masters, PhD or post-doctoral study as part of the particular project, provided the position is justified in the application. However, this will not be a requirement of applications. Please note that support for study is only available through this Special Initiative. If an application is unsuccessful through the Special Initiative but is successful as a standard Partnership Project, study support cannot be provided.

6 The assessment criteria

Applications for Partnership Projects 2019 are assessed by peers on the extent to which the application meets the program objectives. Applications will be assessed against the Assessment Criteria listed below and the category descriptors at Appendix C.

- Track Records of the Chief Investigators, Partner Organisations and Partner Investigators, relative to opportunity (25%)
- Scientific Quality of the Proposal and Methodology (25%)
- Relevance and likelihood to influence health policy and practice (25%)
- Strength of Partnership (25%)

It is recognised that Aboriginal and Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical/public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will be considered when assessing research output and track record.

In addressing the Assessment Criteria, applicants should consider how the proposal addresses the associated points described below.

Criterion One

Track Records of the Chief Investigators, Partner Organisations and Partner Investigators, Relative to Opportunity (25%)

Chief Investigators
It is expected that researchers named as Chief Investigators will have an excellent record of achievement and encompass a broad spectrum of achievements, including but not limited to:

- a record of having worked successfully with policy and/or practice organisations
- demonstrable effects of previous research on healthcare practices and policy
- other related service achievements (such as research development, health or clinical policy or practice and influential advice to health care authorities)
- books and other relevant forms such as government reports
- publications in peer-reviewed journals
- invitations to present work nationally or internationally
- previous funding relative to opportunity (e.g. from NHMRC, other Australian peer-reviewed sources, other Australian funding, international peer-reviewed funding and private sector funding).

A maximum of 10 Chief Investigators (CIA to CIJ) may be included in your application.

**Partner Organisations and Partner Investigators**

Partner Organisations and named Partner Investigators will be assessed by the PRP. Up to half of the criterion weighting will be determined by the experience and relevance of the Partner Organisation and Partner Investigators to the research proposal.

Partner Organisations will be assessed for relevance to the research proposal. It is expected that Partner Organisations named on an application have:

- the capacity to use the findings to influence policy decision making and health system performance. This will be assessed by reference to, for example, the roles and/or areas of responsibility of the organisation or the Partner Organisation’s demonstrated record of achievement in effecting such changes
- experience and success in drafting health policy or delivering a health program or health service
- expectations that align with the goals of the Chief Investigator team.

The inclusion of at least one named Partner Investigator from the policy and/or practice Partner Organisation is mandatory.

The assessment of these Partner Investigators will be on the basis of:

- relevant experience and authority to support the partnership
- demonstrated evidence of leadership in the relevant field
- experience of translating research findings into policy and/or practice
- demonstrated evidence of successfully implementing change in a field relevant to the proposal.

Partner Investigators can also be included as Chief Investigators at the discretion of the CIA. In these situations the individual will be assessed against both the Chief Investigator and Partner Investigator criteria.
**Criterion Two**

**Scientific Quality of the Proposal and Methodology (25%)**

Assessment of scientific quality will include the following considerations:

- the clarity of hypotheses and objectives
- strengths and weaknesses of the experimental design and/or the appropriateness and the robustness of the proposed methodology
- feasibility
- demonstrated commitment to service delivery
- must be research focused on translating evidence into policy and practice or evaluating current policy and practice or evaluating current policy and practice and identifying gaps in knowledge.

**Criterion Three**

**Relevance¹ and likelihood to influence health policy and practice (25%)**

Assessment will focus on the extent to which the findings from the research are likely to make a significant contribution to influencing health and wellbeing through changes in the delivery, organisation and funding of services that affect health. This will include consideration of factors such as the extent to which:

- the aims and concepts of the project are innovative
- the project is likely to yield new methods and techniques for addressing issues
- the project has the potential to contribute significantly to health policy and decision making
- the capacity of the Partner Organisation(s) to use the findings to influence policy decision making and health system performance. This will be assessed by reference to, for example, the roles and/or areas of responsibility of the organisation or the Partner Organisation’s demonstrated record of achievement in effecting such changes
- the application addresses issues which are of national or regional significance in improving health or health care.

**Criterion Four**

**Strength of Partnership (25%)**

Assessment will focus on the extent to which the application demonstrates the capacity to develop and/or sustain a strong partnership. Factors such as the following will be considered:

- evidence of co-development of the proposal
- the cash and/or in-kind commitment of the partner(s)

---

¹ Relevance is the extent to which the application addresses the needs of the healthcare system or an affected population.
• the roles of staff in the Partner Organisation(s) or agencies in the research process
• previous evidence of effective working relationships with Partner Organisations
• the proposed governance or partnership arrangements
• shared decision making/leadership.

Applications should show how the team will foster and maintain a collaborative approach between the researchers and decision makers, over the course of the initiative.

In evaluating the strength of the partnership, applications will be assessed on the extent to which the proposal is achievable through the provision of skills, linkages, infrastructure and milestones. NHMRC will also take into account value for money in terms of justification for equipment and facilities and other items of expenditure to sustain the partnership.

Guidance on characteristics of a strong Partnership Project application is provided at Appendix E.

### 6.1 Health research involving Aboriginal and Torres Strait Islander People

To qualify as Aboriginal and Torres Strait Islander health research, at least 20% of the research effort and/or capacity-building must relate to Aboriginal and Torres Strait Islander health.

Qualifying applications must address NHMRC’s *Indigenous Research Excellence Criteria* as follows:

- **Community engagement** - the proposal demonstrates how the research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities with relevant community engagement by individuals, communities and/or organisations in conceptualisation, development and approval, data collection and management, analysis, report writing and dissemination of results.

- **Benefit** - the potential health benefit of the project is demonstrated by addressing an important health issue for Aboriginal and Torres Strait Islander people. This benefit can have a single focus or affect several areas, such as knowledge, finance and policy or quality of life. The benefit may be direct and immediate, or it can be indirect, gradual and considered.

- **Sustainability and transferability** - the proposal demonstrates how the results of the project have the potential to lead to achievable and effective contributions to health gain for Aboriginal and Torres Strait Islander people, beyond the life of the project. This may be through sustainability in the project setting and/or transferability to other settings such as evidence-based practice and/or policy. In considering this issue the proposal should address the relationship between costs and benefits.

- **Building capability** - the proposal demonstrates how Aboriginal and Torres Strait Islander people, communities and researchers will develop relevant capabilities through partnerships and participation in the project.

These applications will be assigned to peer reviewers with specific expertise in Indigenous health research. The peer reviewer(s) will consider how well the application addresses the *Indigenous Research Excellence Criteria*. 
Applications that have applied to be considered for relating to Aboriginal and/or Torres Strait Islander health which do not meet the 20% research effort and/or capacity building qualification will be assessed as a standard Partnership Projects application.

7 How to apply

7.1 Overview and timing of grant opportunity processes

<table>
<thead>
<tr>
<th></th>
<th>PRC1</th>
<th>PRC2</th>
<th>PRC3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHMRC Approved</td>
<td>13 March 2019</td>
<td>17 July 2019</td>
<td>6 November 2019</td>
</tr>
<tr>
<td>Administering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutions waiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>due date</td>
<td>16 January 2019</td>
<td>28 March 2019</td>
<td>1 August 2019</td>
</tr>
<tr>
<td>Applications open</td>
<td>27 March 2019 (5pm AEDT)</td>
<td>31 July 2019 (5pm AEST)</td>
<td>20 November 2019 (5pm AEDT)</td>
</tr>
<tr>
<td>Minimum data due</td>
<td>10 April 2019 (5pm AEST)</td>
<td>14 August 2019 (5pm AEST)</td>
<td>4 December 2019 (5pm AEDT)</td>
</tr>
<tr>
<td>Anticipated peer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>review</td>
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</tbody>
</table>

Applications must be submitted electronically using NHMRC’s granting system unless otherwise advised by NHMRC.

Electronic submission requires Administering Institutions and all CIs on an application to register for an account in NHMRC's granting system. Applicants who are not registered can submit a new user request via the login page of NHMRC’s granting system.

Applicants should refer to NHMRC’s granting system Training Program on NHMRC’s website for detailed user instructions, or contact their RAO or NHMRC’s Research Help Centre for further assistance.

Late applications will not be accepted.

7.2 Minimum data requirements

Minimum data must be entered in NHMRC’s granting system by the specified due date to allow NHMRC to start identifying suitable peer reviewers. Applications that fail to satisfy this requirement will not be accepted. Applicants must complete the required fields with correct information. Using placeholder text such as “text”, “synopsis” or “xx” etc. is not acceptable as minimum data.

Minimum data for Partnership Projects consists of the following:

- **Application Properties** (specifically the Administering Institution, Application Title, Aboriginal and Torres Strait Islander Research and Synopsis)
- **Research Classification**
• **Research Team and Commitment** including the names of team members if known (note: team members may be added or deleted after the minimum data deadline until the close of applications).

**Failure to meet this deadline will result in the application not proceeding.**

RAOs are not required to certify applications for the purpose of minimum data. Applications should only be certified once complete and ready for submission.

### 7.3 Application requirements

The application should contain all information necessary for assessment without the need for further written or oral explanation or reference to additional documentation. All details included must be current at the time of submission, as this information is relied on during assessment.

Applications must comply with all content and formatting requirements. Incomplete or non-compliant applications may be assessed as ineligible.

Additional requirements and guidance in relation to each component of the application are outlined in the *Partnership Projects 2019 Guidance to Applicants*.

### 7.4 Attachments to the application

NHMRC requires the following documents with your application:

- Grant proposal
- Letter(s) of support

You must attach supporting documentation to the application in line with the instructions provided in NHMRC’s granting system or in the *Partnership Projects 2019 Guidance to Applicants*. You should only attach requested documents. NHMRC will not consider information in attachments that it does not request.

### 7.5 Consumer and community participation

The *Statement on Consumer and Community Involvement in Health and Medical Research* (the Statement) has been developed because of the important contribution consumers make to health and medical research. The Consumers Health Forum of Australia Ltd and NHMRC worked in partnership with consumers and researchers to develop the Statement.

Researchers are encouraged to consider the benefits of actively engaging consumers in their proposed research. Further information on the Consumer Health Forum and the Statement on Participation is available on NHMRC’s website.

### 7.6 Certification and submission

Once complete, applications must be electronically certified and then submitted to NHMRC through the RAO of an NHMRC-approved Administering Institution using NHMRC’s granting system.

Certification is required firstly by the CIA and then by the Administering Institution RAO by the specified due date or the application will be ruled ineligible and excluded from further consideration.

**Once submitted to NHMRC, the application is considered final and no changes can be made.**
7.6.1 CIA certification

The CIA must provide the RAO with evidence that the application is complete and that all CIs have agreed to it, i.e. through written evidence such as email. Such written evidence should be retained by the Administering Institution and must be provided to NHMRC if requested.

The following assurances, acknowledgements and undertakings are required of the CIA prior to submitting an application:

- All required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met.

- All personnel contributing to the Research Activity have familiarised themselves with the Australian Code for the Responsible Conduct of Research (the Code), the National Statement on Ethical Conduct in Human Research, the Australian Code for the Care and Use of Animals for Scientific Purposes and other relevant NHMRC policies concerning the conduct of research, and agree to conduct themselves in accordance with those policies.

- All CIs have provided written agreement to be named on the application, to participate in the manner described in the application and to the use of their personal information as described in the NHMRC Privacy Policy.

- All CIs have provided written agreement for the final application to be certified.

- The application may be excluded from consideration if found to be in breach of any requirements.

And if funded,

- The research will be carried out in strict accordance with the conditions governing NHMRC grants at the time of award. Conditions may change during the course of the grant, for example, reporting obligations may change. CIs will need to meet new/changed conditions.

- The reported outcomes of the research may be used for internal NHMRC quality evaluations/reviews.

- Grant offers may be withdrawn and action taken over the life of the grant, if eligibility criteria to accept and/or continue holding a grant are not met.

7.6.2 Administering Institution certification

The following assurances, acknowledgements and undertakings are required of the Administering Institution prior to submitting an application:

- Reasonable efforts have been made to ensure the application is complete and correct and complies with all eligibility and other application requirements.

- Where the CIA is not an Australian or New Zealand citizen or permanent resident, they will have the requisite work visa in place at the time of accepting the successful grant and will be based in Australia for at least 80% of the Funding Period.

- The appropriate facilities and salary support will be available for the Funding Period.

- Approval of the Research Activity by relevant institutional committees and approval bodies, particularly for ethics and biosafety, will be sought and obtained prior to the commencement of the research, or the parts of the research that require their approval.
• Arrangements for the management of the grant have been agreed between all institutions associated with the application.

• The application is being submitted with the full authority of, and on behalf of, the Administering Institution, noting that under section 136.1 of the Commonwealth Criminal Code Act 1995, it is an offence to provide false or misleading information to a Commonwealth body in an application for a benefit. This includes submission of an application by those not authorised by the Institution to submit applications for funding to NHMRC.

• Written evidence of consent has been obtained from all CIs and AIs and provided to the RAO.

Administering Institutions must ensure that the RAO role is authorised to certify and submit applications.

7.7 Retracted publications

If a publication relevant to an application is retracted after the application has been submitted, the applicant must promptly notify their RAO. The RAO must advise NHMRC at the earliest opportunity of the retraction by email (help@nhmrc.gov.au) with an explanation of the reasons for the retraction.

In addition, where the publication forms part of the applicant's track record, the applicant must immediately record that information in their Profile & CV in NHMRC’s granting system.

If an application is largely dependent on the results of a retracted publication, the applicant should also consider withdrawing the application. If, under these circumstances, an applicant chooses not to withdraw the application, the RAO must advise NHMRC in writing (to help@nhmrc.gov.au), clearly outlining the reasons for not withdrawing the application.

7.8 Withdrawal of applications

Applications may be withdrawn at any time by written notice from the Administering Institution’s RAO to NHMRC.

An application may be 'marked for deletion' by the applicant in NHMRC’s granting system before the close of the round. This authorises NHMRC to delete the application once the round has closed. The application will not be deleted while the funding round remains open for application submission.

7.9 Questions during the application process

Applicants requiring further assistance should direct enquiries to their Administering Institution’s RAO. RAOs can contact NHMRC’s Research Help Centre for further advice.

NHMRC’s Research Help Centre

P: 1800 500 983 (+61 2 6217 9451 for international callers)

E: help@nhmrc.gov.au.

Refer to the Research Help Centre webpage for opening hours.
8 The grant selection process

8.1 Assessment of grant applications

NHMRC considers applications through a targeted competitive grant process. Applications are required to meet eligibility requirements (see Section 4) and are assessed against the assessment criteria (see Section 6) using peer reviewers.

8.2 Who will assess applications?

NHMRC’s peer review process is designed to provide a rigorous, fair, transparent and consistent assessment of the merits of each application to ensure that only the highest quality, value with money research is recommended for funding.

NHMRC will conduct peer review for this funding round in accordance with the NHMRC’s Principles of Peer Review, available from NHMRC’s website. Applicants must not make contact about their application with anyone who is directly engaged with its peer review. Doing so may constitute a breach of the Code and result in the application being excluded from consideration.

8.2.1 Partnership Projects assessment process

Peer reviewers will independently undertake an initial assessment of applications using the assessment criteria (see Section 6).

The outcome of this review will be used to create a shortlist of applications that are then assessed against the assessment criteria by a panel of peer reviewers. The overall scores from the panel assessment will be used to produce a rank ordered list of applications, on which funding recommendations will be based.

Further information on the assessment process is on the NHMRC website.

8.3 Who will approve grants?

In accordance with paragraph 7(1)(c) of the NHMRC Act, NHMRC’s CEO makes recommendations on expenditure from the Medical Research Endowment Account (MREA) to the Minister with portfolio responsibility for NHMRC.

9 Notification of application outcomes

Application outcomes are announced as peer review processes are finalised and ministerial approvals are obtained.

NHMRC may advise applicants of their outcome under embargo. An embargo is the prohibition of publicising information or news provided by NHMRC until a certain date or until certain conditions have been met. NHMRC’s website provides further information on what can and cannot happen where information on a grant is released under embargo.

10 Successful grant applications

CIAs whose applications are approved will have access to a letter of offer through NHMRC’s granting system. Administering Institutions responsible for administering approved applications will also have access to the letter of offer. In addition, the Administering Institution will have access, through NHMRC’s granting system, to the Schedule to the Funding Agreement. The Administering
Institution is responsible for accepting the Schedule through the online signing/acceptance process within NHMRC’s granting system.

NHMRC’s CEO or delegate may withdraw or vary an offer of a grant if they consider that it is reasonably necessary to protect Commonwealth revenue.

10.1 Information required from awardees

Awardees may be required to supply additional information about their Research Activity before payments commence. This will be stated in the letter of offer.

10.2 Approvals and licences

Where relevant, particularly in relation to ethics and biosafety, NHMRC-funded Research Activities must be referred for approval to the relevant institutional committees and approval bodies. For further information see NHMRC’s website.

10.3 NHMRC Funding Agreement

All grants are offered in accordance with the Funding Agreement (with any conditions specified in Schedules and these Grant Guidelines), which is a legal agreement between NHMRC and the Administering Institution. In accepting the Schedules, the Administering Institution is agreeing to the conditions contained in the Funding Agreement and the Schedule.

Details of the Funding Agreement can be found on NHMRC’s website under Funding Agreement and Deeds of Agreement. A grant will not commence, nor grant funds be paid, until:

- the Funding Agreement between NHMRC and the Administering Institution is in place, and
- the appropriate Schedule to the Funding Agreement is accepted by the Responsible Officer or their delegate and is accepted and executed by NHMRC.

10.3.1 Responsible conduct of research

NHMRC expects the highest levels of research conduct and integrity to be observed in the research that it funds. Administering Institutions and CIAs are bound by the conditions of the Funding Agreement. NHMRC funded research must be conducted in accordance with the Code.

10.4 NHMRC policies

Administering Institutions and CIAs are bound by the conditions of the Funding Agreement. It is the responsibility of Administering Institutions and CIAs to be aware of, and be compliant with, all relevant legislation and policies relating to the conduct of the Research Activity.

For further information on the expectations of Administering Institutions and CIAs, see NHMRC’s website.

10.5 Payments

Payments will commence once all outstanding obligations (e.g. conditions, eligibility rules or data requirements specified in the Schedule to the Funding Agreement, relevant grant guidelines (or letter of offer) have been met by the CIA and the Administering Institution.
10.6  Suspension of grants
NHMRC funding may be suspended for a variety of reasons including, but not limited to, requests made by the CIA. Variations will generally only be granted if allowed in the grant guidelines and the NHMRC Grantee Variation Policy available on the NHMRC website.

Funding may also be suspended by NHMRC when it is reasonable to consider there has been a failure to comply with a Policy or Guideline, or on the basis of a Probity Event or an investigation of alleged research misconduct, as set out in the Funding Agreement.

10.7  Tax implications
All amounts referred to in these Grant Guidelines are exclusive of GST, unless stated otherwise. Administering Institutions are responsible for all financial and taxation matters associated with the grant.

11  Announcement of grants
Grant outcomes are publicly listed on the GrantConnect website 21 calendar days after the date of effect as required by the Commonwealth Grants Rules and Guidelines 2017 (CGRGs).

12  How NHMRC monitors grant activity

12.1  Variations
A variation is a change (including a delay) to a grant. There are limited circumstances where it is appropriate to vary an NHMRC grant (including the Research Activity) relative to the peer reviewed application. Requests must comply with the grant guidelines and the NHMRC Grantee Variation Policy. Requests to vary the terms of a grant should be made to NHMRC via the Grantee Variation portal in NHMRC’s granting system. For information on grant variations see NHMRC’s Grantee Variation Policy available on the NHMRC website.

Grant variations cannot be used as a means to meet NHMRC eligibility requirements.

12.2  Reporting
Administering Institutions are required to report to NHMRC on the progress of the grant and the use of grant funds. Where an institution fails to submit reports (financial or otherwise) as required, NHMRC may take action under the provisions of the Funding Agreement. Failure to report within timeframes may affect eligibility to receive future funding.

12.2.1  Financial reports
Annual financial reports are required in a form prescribed by NHMRC. At the completion of the grant or upon transfer to a new Administering Institution, a financial acquittal is also required. Refer to NHMRC’s website for details of format and timing.

12.2.2  Non-financial reports
The Funding Agreement requires the CIA to prepare reports for each Research Activity. Scientific reporting requirements can be found on NHMRC’s website. It is a condition of funding that outstanding obligations from previous NHMRC grants, including submission of a Final Report, have been met prior to acceptance of a new grant.
Information included in the Final Report may be publicly released. Use of this information may include publication on NHMRC’s website, publicity (including release to the media) and the promotion of research achievements.

All information provided to NHMRC in reports may be used for internal reporting and reporting to government. This information may also be used by NHMRC when reviewing or evaluating funded research projects, funding schemes, or designing future schemes.

12.2.3 NHMRC National Institute for Dementia Research

Grantees undertaking research related to dementia must contribute their expertise to the NHMRC National Institute for Dementia Research, which is responsible for strategically expanding, coordinating and translating the national dementia research effort. The NHMRC National Institute for Dementia Research is drawing on the expertise of researchers and other dementia stakeholders via a membership model to drive Australia’s dementia research and translation effort, and work together to maximise the impact of research.

Additional reporting on NHMRC funded dementia research will also be sought from Administering Institutions as required to inform the Institute’s work plan and subsequent research activities.

12.3 Evaluation of the Partnership Projects grant program

NHMRC undertakes periodic evaluations of the performance and administration of its funding schemes to determine their effectiveness and to identify where improvements can be made.

12.4 Open Access Policy

NHMRC supports the sharing of outputs from NHMRC funded research including publications and data. The aims of NHMRC’s Open Access Policy are to mandate the open access sharing of publications and encourage innovative open access to research data. This policy also requires that patents resulting from NHMRC funding be made findable through listing in SourceIP. NHMRC’s Open Access Policy is available on NHMRC’s website.

Combined, these approaches will help to increase reuse of data, improve research integrity and contribute to a stronger knowledge economy. Open access will also assist with reporting, demonstration of research achievement, improve track record assessment processes for the long term and contribute to better collaborations.

All recipients of NHMRC grants must comply with all elements of NHMRC’s Open Access Policy.

13 Probit

13.1 Complaints process

Applicants or grantees seeking to lodge a formal complaint about an NHMRC process related to funding should do so via the Administering Institution’s RAO, in writing, within 28 days of the relevant NHMRC decision or action.

Each complaint should be directed to the Complaints Team at: complaints@nhmrc.gov.au.

NHMRC will provide a written response to all complaints.

Refer to NHMRC’s Complaints Policy and the Commissioner of Complaints webpage for further information.
Applicants or grantees may complain to the Commonwealth Ombudsman if they do not agree with the way NHMRC has handled their complaint. The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with NHMRC.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072
Email: ombudsman@ombudsman.gov.au
Website: www.ombudsman.gov.au

13.2 Privacy: confidentiality and protection of personal information

NHMRC treats applicants’ personal information according to the 13 Australian Privacy Principles set out in the Privacy Act 1988. This includes identifying:

- what personal information NHMRC collects
- why NHMRC collects applicants’ personal information, and
- who NHMRC gives applicants’ personal information to.

Applicants are required as part of their application to declare their ability to comply with the Privacy Act 1988, including the Australian Privacy Principles, and impose the same privacy obligations on any subcontractors engaged by the applicant to assist with the activity.

Personal information can only be disclosed to someone else if applicants are given reasonable notice of the disclosure; if the disclosure is related to the purpose for which it was collected; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person’s life or health; or if the applicant has consented to the disclosure.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this funding scheme in any other Australian Government business or function. This includes giving information to the Australian Taxation Office for compliance purposes.

NHMRC may reveal confidential information to:

- the peer review committee and other Commonwealth employees and contractors to help NHMRC manage the scheme effectively
- employees and contractors of NHMRC to research, assess, monitor and analyse schemes and activities
- employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery
- other Commonwealth, State, Territory or local government agencies in reports and consultations
- NHMRC approved Administering Institutions’ Research Administration Offices
- the Auditor-General, Ombudsman or Privacy Commissioner
- the responsible Minister or Parliamentary Secretary, and
- a House or a Committee of the Australian Parliament.
Applicants or grantees must ask for the Australian Government’s consent in writing before disclosing confidential information.

NHMRC may share information provided to it by applicants with other Commonwealth agencies for any purposes including government administration, research or service delivery and according to Australian laws, including the:

- *Public Service Act 1999*
- *Public Service Regulations 1999*
- *Public Governance, Performance and Accountability Act 2013*
- *Crimes Act 1914, and*

13.3 Freedom of information

NHMRC is subject to the *Freedom of Information Act 1982* and is committed to meeting the Australian Government’s transparency and accountability requirements.

14 Consultation

The Department of Health may use this grant opportunity to determine funding recipients under the MRFF Million Minds Mission. This Mission will support research to improve the diagnosis and treatment of patients with mental health issues. Further information on the program, including funding and any additional assessment considerations, is available on the [Department of Health website](http://www.health.gov.au).

The Special Initiative in Aboriginal and Torres Strait Islander health has been developed in partnership with the Department of Health. It will provide the opportunity for community organisations that are contributing to health outcomes for Aboriginal and Torres Strait Islander People to develop a relationship with a researcher, to strengthen the evidence in Fetal Alcohol Spectrum Disorder (FASD) and obesity research (see Appendix A).
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Criteria</td>
<td>The specified principles or standards against which applications will be judged. These criteria are used to assess the merits of proposals and, in the case of a competitive granting activity, to determine applicant rankings.</td>
</tr>
<tr>
<td><strong>Commonwealth Grants Rules and Guidelines 2017 (CGRGs)</strong></td>
<td>The CGRGs establish the overarching Commonwealth grants policy framework and the expectations for all non-corporate Commonwealth entities in relation to grants administration.</td>
</tr>
<tr>
<td>co-sponsoring entity</td>
<td>When two or more Commonwealth entities are responsible for the policy and the appropriation for outcomes associated with it.</td>
</tr>
<tr>
<td>date of effect</td>
<td>This will depend on the particular grant. It can be the date the schedule to a grant agreement is executed or the announcement of the grant, whichever is later.</td>
</tr>
<tr>
<td>eligibility criteria</td>
<td>The principles, standards or rules that a grant applicant must meet to qualify for consideration of a grant.</td>
</tr>
<tr>
<td>Funds</td>
<td>Means the amount payable under the Funding Agreement by NHMRC for the Research Activities specified in the Schedules, being the Grants and any co-funding administered though the MREA for those Research Activities.</td>
</tr>
<tr>
<td>final year</td>
<td>Is the final 12 calendar months of a grant.</td>
</tr>
<tr>
<td>Funds</td>
<td>Means the amount payable under the Funding Agreement by NHMRC for the Research Activities specified in the Schedules, being the Grants and any co-funding administered though the MREA for those Research Activities.</td>
</tr>
<tr>
<td>Funding Agreement</td>
<td>For NHMRC MREA grants, the grant agreement is the NHMRC Funding Agreement and the Schedule to the Funding Agreement.</td>
</tr>
<tr>
<td>Funding Period</td>
<td>Means, in respect of a Research Activity, the time period set out in the relevant Schedule for the performance of that Research Activity.</td>
</tr>
<tr>
<td>funding round</td>
<td>Collectively refers to the grant program opportunities commencing funding in the same year.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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| grant                              | A grant is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:  
   a) under which relevant money, or other consolidated revenue funds, is to be paid to a recipient other than the Commonwealth  
   b) which is intended to assist the recipient achieve its goals  
   c) which is intended to help address one or more of the Australian Government’s policy objectives.  
   under which the recipient may be required to act in accordance with specified terms or conditions.                                                                                                              |
| grant activity                     | Is the project /tasks /services that the grantee is required to undertake with the grant money. It is described in the schedule to the NHMRC Funding Agreement.                                                                                                                   |
| GrantConnect                       | GrantConnect is the Australian Government’s whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs. It is available at www.grants.gov.au.  
   Non-corporate Commonwealth entities must publish on GrantConnect to meet the grant publishing requirements under the CGRGs.  
   Where information is published in more than one location, and there are inconsistencies, GrantConnect is the authoritative, auditable information source.                                                                 |
<p>| grant opportunity                  | A notice published on GrantConnect advertising the availability of Commonwealth grants.                                                                                                                                                                                                                                                   |
| grant program                      | Is a group of one or more grant opportunities under a single entity Portfolio Budget Statement Program. This is referred to as a scheme in this document.                                                                                                                                                                                          |
| Grantee                            | An individual/organisation that has been awarded a grant.                                                                                                                                                                                                                                                                                  |
| Medical Research Endowment Account (MREA) | The purpose of the MREA is to provide assistance to Federal and State Government Departments, institutions, universities and/or persons engaged in medical research.                                                                                                                                       |
| NHMRC’s granting system           | NHMRC’s electronic grants management solution for grant application, assessment and administration.                                                                                                                                                                                                                                    |</p>
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<tbody>
<tr>
<td>peer reviewers</td>
<td>Individuals (peers) with knowledge and expertise appropriate for the applications they are reviewing.</td>
</tr>
<tr>
<td>Portfolio Budget Statement (PBS) Program</td>
<td>Described within the entity’s PBS, PBS programs each link to a single outcome and provide transparency for funding decisions. These high level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs (schemes). A PBS Program may have more than one Grant Program (scheme) associated with it, and each of these may have one or more grant opportunities.</td>
</tr>
<tr>
<td>Probity Event</td>
<td>Probity Event means any event or occurrence which:</td>
</tr>
<tr>
<td></td>
<td>a) has a material adverse effect on the integrity, character or honesty of the Administering Institution, a Participating Institution or Personnel involved in a Research Activity; or</td>
</tr>
<tr>
<td></td>
<td>b) relates to the Administering Institution, a Participating Institution or Personnel involved in a Research Activity and has a material adverse effect on the public interest or public confidence in the Administering Institution, Participating Institution or Research Activity.</td>
</tr>
<tr>
<td>Research Activity</td>
<td>Means an activity that is Funded under a funding program and which is specified in a Schedule to the Funding Agreement.</td>
</tr>
<tr>
<td>Research Administration Officer (RAO)</td>
<td>Research Administration Officer means the officer nominated by the Administering Institution as its contact person.</td>
</tr>
<tr>
<td>Schedule</td>
<td>Means the contract template used by NHMRC to form part of the Funding Agreement. The schedule sets out the research activity and is signed by NHMRC and the CIA’s Administering Institution.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| value with money            | Value with money in this document refers to ‘value with relevant money’ which is a term used in the CGRGs and is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources and determined from a variety of considerations. When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:  
  • the quality of the project proposal and activities  
  • fitness for purpose of the proposal in contributing to government objectives  
  • that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved  
  • the potential grantee’s relevant experience and performance history. |
Appendix A. NHMRC structural priorities, Partnership Projects 2019 priorities and funding organisations

A1  NHMRC key structural priorities

Each year, NHMRC identifies key structural priorities for funding to deliver against strategic priorities. NHMRC’s current key structural priorities are:

- Aboriginal and Torres Strait Islander health research and researchers
- health services research
- gender equality.

Aboriginal and Torres Strait Islander Health research and researchers

NHMRC is committed to improving the health outcomes of Aboriginal and Torres Strait Islander people and encourages applications that address Aboriginal and Torres Strait Islander health. Support for health and medical research and research translation is central to achieving improvements in this area. It is also important to increase the number of Aboriginal and Torres Strait Islander researchers and recognise the diversity of Aboriginal and Torres Strait Islander people and communities, and how this diversity relates to health issues in these communities.

As part of NHMRC’s stated commitment to advancing Aboriginal and Torres Strait Islander health research, NHMRC has established certain requirements and processes designed to ensure that research into Aboriginal and Torres Strait Islander health is of the highest scientific merit and is beneficial and acceptable to Aboriginal and Torres Strait Islander people and communities.

Applicants proposing to undertake research that specifically relates to the health of Aboriginal and Torres Strait Islander people, or which includes distinct Aboriginal and Torres Strait Islander populations, biological samples or data should be aware of, and must refer to, the following documents in formulating their proposal:

- NHMRC Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research
- Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, and
- Keeping research on track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics

Health Services Research

Increasing the number of health services research grants is a strategic priority. Of the total 1035 competitive grants awarded in 2017, only 6.9% of these grants were for Health Services Research, which is significantly lower than Basic Science at 47.3%, Clinical Medicine and Science at 31.2% and Public Health at 14.6%.

Gender Equality

Funding outcomes have highlighted the underrepresentation of female chief investigators across many of NHMRC’s funding schemes. This supports the need for a robust and sustainable approach to improving success rates for female researchers and to encourage more female researchers to apply to NHMRC funding schemes.
A2 Partnership Projects 2019 priority areas

In addition to these key priorities, NHMRC may award Partnership Projects that:

- address other defined structural priorities
- acknowledge prominent Australians’ contributions to health and medical research (Special Awards)
- are funded with partner organisations.

Note: Other defined strategic priorities and Special Awards have not been identified for this grant opportunity.

Partnership Projects funded by other organisations

Partnership Projects may be funded by or in conjunction with other organisations. These grants offer opportunities to researchers whose work is particularly relevant to the priorities and research interests of the partner organisations.

Some funding partners may require a separate application to be provided to them, or may have specific criteria and requirements, in addition to NHMRC. Applicants may contact the funding partner to identify any additional requirements.

For the purposes of the Privacy Act 1988, applicants and other persons whose details appear in grant applications (e.g. other investigators) should be aware that NHMRC may provide their personal information, including all pertinent application documentation and peer review outcomes to the funding organisation(s) nominated by the applicant. The purpose of providing this information is to enable potential funding partners to assess the application’s eligibility for funding under the funding organisation’s policies.

In the event that a funding partner is unable to fulfil their obligation to a co-funded grant, NHMRC will continue to support the Partnership Projects recipient under the conditions that would have been awarded by NHMRC.

Any additional benefits that may have been provided by the funding partner, Partnership Projects grants that may have been fully funded by the funding partner, will not be supported by NHMRC.

Further information on Partnership Project funded by other organisations is available on the NHMRC website.

The following organisations are expected to partner NHMRC in funding grants under this grant opportunity:

MRFF funded Partnership Projects grants

Eligibility assessment for MRFF funded Partnership Projects grants is undertaken by NHMRC. As the same Assessment Criteria will apply to both NHMRC funded, and MRFF funded grants, a single assessment process will be used to produce a single ranked list. MRFF funded Partnership Projects grants will be awarded in merit order to applicants whose research aligns with MRFF priorities.

MRFF Million Minds Mission

Applicants to this grant opportunity may be used to determine recipients under the MRFF Million Minds Mission. This Mission will support research to improve the diagnosis and treatment of patients with mental health issues. Further information on the program, including funding and any additional assessment considerations, is available on the Department of Health website. If you would like your application to be considered for funding through the Million Minds Mission – you will
need to authorise the NHMRC to share the application details and its assessment results with the Department of Health if this is requested. You will be notified if your application is so considered.

**Promoting health outcomes for Aboriginal and Torres Strait Islander People in Partnership with the Department of Health**

The Fetal Alcohol Spectrum Disorder (FASD) and Obesity Prevention Research Special Initiative (Special Initiative) will be available to researchers applying to peer review cycles from 2018 until 2019, unless the allocated funding is exhausted in earlier cycles.

Special Initiative research grants will support collaboration between policy makers, program managers, service providers and researchers with experience or interest in Aboriginal and Torres Strait Islander Health.

The Special Initiative provides the opportunity for community organisations that are contributing to health outcomes for Aboriginal and Torres Strait Islander People to develop a relationship with a researcher, to strengthen the evidence in FASD and obesity research.

**Background/Context**

As part of the Indigenous Australians' Health Programme, the Department of Health (the Department) is providing support for research aiming to reduce the impact of FASD and obesity for Aboriginal and Torres Strait Islander people through the NHMRC's Partnerships for Better Health – Partnership Projects Scheme.

Further information about the policy parameters underpinning this Special Initiative is available at:


**Research Focus**

The research will inform policy and practice and through this, contribute to improving health outcomes through increasing health system capacity and capability to prevent and reduce FASD and obesity through a range of settings in Aboriginal and Torres Strait Islander communities and families. These may include but are not limited to the following:

*Health system and policy focus*

Using research to improve system capability to:
- better understand how policies interact at the local level and the implications for policy and practice
- better support active learning across the health system and in connecting with the needs and aspirations of Aboriginal and Torres Strait Islander communities
- improve the provision of integrated, patient centred care across the care continuum using primary health care organisations as home points of co-ordination
- develop effective systems to support the provision of culturally competent care in mainstream settings including sharing good practice examples
• help support the development of organisational capacity and competence
• embed quality practice in service systems
• implement effective models of comprehensive primary health care service delivery that build linkages with multiple sectors including early childhood, education and justice
• improve health literacy and disease prevention including sharing lessons from what has been learnt in the past
• assess the comparative value of various health interventions and return on investment
• identify what types of interventions are most appropriate to scale up and why including how this can best be achieved
• develop and share new and innovative methods of building evidence that are embracive of different world views.

Key health challenges
Using research to improve system capability to:
• address specific health challenges faced by Aboriginal and Torres Strait Islander people
• identify specific types of FASD and obesity prevention interventions in Aboriginal and Torres Strait Islander communities that work, for whom and in what types of circumstances
• identify specific responses required from non-health settings to enhance ‘upstream’ prevention efforts for FASD and obesity
• translate knowledge about what works in the prevention and reduction of FASD and obesity in Aboriginal and Torres Strait Islander communities and families so that it has a positive impact in terms of how frontline services are delivered across a range of settings.

Research Priority Areas
Successful applications will design and conduct research to augment evidence for prevention and appropriate responses to FASD and Obesity Prevention in Aboriginal and Torres Strait Islander communities and families. Grants awarded under the Special Initiative will focus on integrating research evidence into health policy and health practice to improve health services and processes in one or more of the following key gaps identified in FASD or obesity research within Aboriginal and Torres Strait Islander communities:

Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.

Health workers and clinicians have access to a screening tool to support the early identification of Aboriginal and Torres Strait Islander people at risk of FASD in health, education and justice settings.

Implementation of programs for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.

Programs are available in Aboriginal and Torres Strait Islander communities that provide culturally appropriate health promotion responses to prevent FASD or obesity in Aboriginal and Torres Strait Islander communities, and to build understanding on the types of programs that are most effective in preventing/reducing the incidence of FASD or obesity.

Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.
Analysing the association between the social and cultural determinants of health and the prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.

**Delivery of holistic FASD or obesity support services within health systems and communities.**

Health systems and Aboriginal and Torres Strait Islander communities are provided holistic support services to prevent and reduce FASD or obesity, alongside early support services to manage early diagnosis and treatment services. Research into the advantages and disadvantages of screening Aboriginal and Torres Strait Islander children for overweight and obesity, taking into account Aboriginal and Torres Strait Islander cultural perspectives, and any issues specific to screening in this population group.

**Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people**

Research into key topics such as the barriers and facilitators for healthy eating and physical activity among Aboriginal and Torres Strait Islander people (including sub-groups such as different genders and age groups), and the factors placing some Indigenous Australians at greater risk than others of becoming overweight or obese, to inform the nutrition framework gap analysis for Aboriginal and Torres Strait Islander people outlined in domain one of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

**Development of a National Nutrition Risk Scheme**

Exploration of the feasibility of developing a National Nutrition Risk Scheme for at-risk mothers, infants and children, as identified in domain one of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

As part of building and sharing evidence, and, where appropriate, researchers should use the research process itself to be an active agent of change, for example, by utilising the principles of implementation research and through use of participatory action research, developmental, formative or realist evaluation approaches to support learning and adaptation at the organisational, community or broader system level.

Research proposals that have been developed through the Lowitja Institute partnership model, but not funded by the Lowitja Institute may be eligible to apply.

**Research Teams**

Research teams with experience or an interest in Aboriginal and Torres Strait Islander health are the intended recipients of this funding. Research teams that include researchers, health professionals or people working in the health system who identify as Aboriginal and Torres Strait Islanders are strongly encouraged to apply. Research teams that partner with community organisations, healthcare providers and professional groups who wish to strengthen the evidence in FASD and obesity prevention research relating to key gaps listed under Research Priority Areas are also encouraged to apply. The research team may include personnel that have not previously undertaken formal studies in research and/or evaluation, however they should have knowledge or skills relevant to the research proposal and/or are seeking an opportunity to build their research and/or evaluation capability in order to strengthen how evidence can be used to inform policy and practice.

The Special Initiative may be used to implement research collaborations between policy makers, program managers, service providers and researchers to evaluate the effectiveness of interventions and to use the process to facilitate implementation success in localised settings.

Funding support may be offered for salary support or support for a Masters, PhD or post-doctoral study as part of the particular project, provided the position is justified in the application. However,
this will not be a requirement of applications. Please note that support for study is only available through this Special Initiative. If an application is unsuccessful through the Special Initiative but is successful as a standard Partnership Project, study support cannot be provided.

**Intellectual Property**

Under the Partnership Project Scheme for the Special Initiative each Party shall inform the other Party of any materials (documents, records, software (including source code and object code), goods, images, information and data stored by any means including all copies and extracts of the same) in which third parties hold the copyright and of any conditions attaching to the use of that material because of that copyright. The Parties shall use that material only in accordance with those conditions.

**Privacy**

Subject to the provisions in the *Privacy Act 1988* (Cth) (Privacy Act), the Department may request further information on a specific application as it requires.

**Assessment Procedure**

The call for Special Initiative proposals (applications) and subsequent awarding of grant funding will be managed and administered by NHMRC through the relevant grant programs. NHMRC will communicate the availability of the Special Initiative and receive applications which will be provided to the Department. The Department will review the applications and advise NHMRC of applications which meet the requirements of the Special Initiative policy parameters. NHMRC will then conduct a peer review of successful applications and provide the Department with a list of applications deemed fundable by NHMRC. The Department will advise NHMRC of its recommended list of applications to be awarded funding under the Special Initiative. The Department may choose not to fund research projects deemed inconsistent with the objectives of the Special Initiative.
### Supplementary Questions

**IMPORTANT NOTE TO APPLICANTS:**

- Partnership Project Special Initiative applications comprise of:
  - The NHMRC application, which is to be submitted to the NHMRC in accordance with their guidelines, and
  - The Supplementary Questions document, which is to be uploaded into the NHMRC grant management system under ‘Special Initiative’ of the application form.
- The same application ID must be used on both the NHMRC application and the Supplementary Questions document.
  Please name your document APP[application ID]_SuppQs_[CIA Surname]
  eg APP191919_SuppQs_Smith
- **Closing Date:**
  - *PRC No. 1: 10 April 2019*
  - *PRC No. 2: 14 August 2019*
  - *PRC No. 3: 4 December 2019*
- Please insert application ID and CIA surname in the header
- Please use Times New Roman 12 font for all responses

#### 1. Chief Investigator A – contact details (for correspondence)

<table>
<thead>
<tr>
<th>Application ID</th>
<th>Name</th>
<th>Department</th>
<th>Institution</th>
<th>Address</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Telephone No</th>
<th>Email</th>
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</tbody>
</table>

#### 2. Administering Institution

Please include name and department address of Research Administration Officer (RAO)

<table>
<thead>
<tr>
<th>Name of RAO</th>
<th>Department</th>
<th>Institution</th>
<th>Address</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
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<th>Email</th>
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</table>
3. Scientific Title of your project (20 word limit)

4. Does your research proposal address a Fetal Alcohol Spectrum Disorder (FASD) or Obesity Prevention health policy / health system issue or key health challenge? (please check the appropriate box)

☐ FASD Health Policy / Health System Issue  ☐ Obesity Prevention Health Policy / Health System Issue  ☐ Key Health Challenge

5. How does your research proposal build on existing knowledge and how will it fill the gaps in the evidence base or assist in applying evidence into practice? (500 word limit)

6. What is your research question (or questions)? (150 word limit)

7. How does the research align with Aboriginal and Torres Strait Islander community priorities and expectations? (500 word limit)

8. How will your research improve health system capacity around FASD or Obesity Prevention in Aboriginal and Torres Strait Islander peoples and/or inform policy and program development in this area? (500 word limit)

9. Which of the following priority areas does your research address? (please check at least one of the following)

☐ Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.

☐ Implementation of programs in a range of settings for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.

☐ Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.

☐ Delivery of holistic FASD or obesity-reduction support services within health systems and communities.
☐ Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people.
☐ Development of a National Nutrition Risk Scheme for Aboriginal and Torres Strait Islander people.

10. Please explain how your research addresses the priority area indicated in Q9 above. (500 word limit)

11. Does your research team include any researchers or health professionals that identify as Aboriginal or Torres Strait Islander Australians?
☐ Yes  ☐ No

12. Will the project help build the research capability of Aboriginal and Torres Strait Islander Australians? If yes, please explain how. (500 word limit)

13. Describe your organisation’s experience in working with Aboriginal and Torres Strait Islander Australians to undertake health research (500 word limit)

14. Are you seeking study support?
☐ Yes  ☐ No

15. If yes, please provide further information on the study position. Please indicate the study level (Master, PhD etc), the amount of support being sought to support this position ($) and outline the roles and responsibilities of the student filling this position including how their work will contribute to the success of the research project. (500 word limit)

Study Level: 

Total Amount of support being sought AUD: 
Appendix B. Partner Contribution Guidelines

Partner Organisation contributions can be either cash or in-kind.

The Partner Organisation(s) named on the application must provide at least 50% of the research costs. NHMRC will only fund an amount equal to that of the Partner Organisation’s contribution.

These guidelines are to be used in determining the value and adequacy of cash or in-kind contributions from Partner Organisations.

- The onus is on the NHMRC approved Administering Institution to establish the merit and value of the in-kind contribution which should reflect current market values.
- In-kind contributions that are shown to be essential to the project will be given full recognition in evaluating the total value of the contribution.
- In-kind contributions may include scientific liaison and management, direct technical support, access to equipment, salaries, software, involvement of a consumer representative in research projects, travel and use of facilities.
- Cash and/or in-kind contributions will only be recognised if they are essential for the project.

This list is not all-inclusive.

### Cash Contributions

<table>
<thead>
<tr>
<th>Category</th>
<th>Accepted</th>
<th>Not Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funding may be matched by NHMRC</td>
<td>Funding will not be matched by NHMRC</td>
</tr>
<tr>
<td>Payments for new staff</td>
<td>Payment from the Partner Organisation to employ new staff to work directly on the project.</td>
<td>Payments from partners that are not functioning as a Partner Organisation for the purpose of the application.</td>
</tr>
<tr>
<td>Salary support (non CI/AI) to Administering Institutions</td>
<td>Funds provided as salary support to the Administering Institution by Partner Organisations.</td>
<td>Funds from partners that are not functioning as a Partner Organisation for the purpose of the application.</td>
</tr>
<tr>
<td>Payments for research costs</td>
<td>Payment from the Partner Organisation to fund the direct costs of the research and equipment. These payments must be essential for the project.</td>
<td>Payments for research and equipment that is not required for the project.</td>
</tr>
<tr>
<td>Partner Investigators</td>
<td>Payments from Partner Organisations concerning Partner Investigators.</td>
<td>Payments from Partner Organisations concerning Chief Investigators / Associate Investigators.</td>
</tr>
</tbody>
</table>
## In-Kind Contributions

<table>
<thead>
<tr>
<th>Category</th>
<th>Accepted</th>
<th>Not Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Funding may be matched by NHMRC</strong></td>
<td><strong>Funding will not be matched by NHMRC</strong></td>
</tr>
<tr>
<td>Partner Investigators</td>
<td>Salary costs concerning Partner Investigators named as CIs and AIs.</td>
<td></td>
</tr>
<tr>
<td>Access to databases not in the public domain</td>
<td>Internal costs of access.</td>
<td>Costs of collecting the database.</td>
</tr>
<tr>
<td>Analytical and other services</td>
<td>Internal rates.</td>
<td>Commercial rates.</td>
</tr>
<tr>
<td>Equipment / materials</td>
<td>Contributed – Used &lt;br&gt;- fair market value.</td>
<td>List price or discounted list price.</td>
</tr>
<tr>
<td></td>
<td>Contributed – New &lt;br&gt;- selling price to most favoured customer, if stock item.</td>
<td>Development costs.</td>
</tr>
<tr>
<td></td>
<td>Cost of manufacture if one of a kind.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unit cost of production for commercial products.</td>
<td></td>
</tr>
<tr>
<td>Patents and Licenses</td>
<td>Licenses acquired from third parties for use by the research team in the project.</td>
<td>Patents. &lt;br&gt;Licensing acquired from the university.</td>
</tr>
<tr>
<td>Salaries (non Chief Investigators/Associate Investigators)</td>
<td>Typical salary costs (including on-costs) at internal rates for established staff to work on the project.</td>
<td>External charge out or consultant rates. &lt;br&gt;Costs relating to administrative support where overheads have been included in salary costs.</td>
</tr>
<tr>
<td>Contributed software</td>
<td>Copying costs. &lt;br&gt;Licensing costs. &lt;br&gt;Documentation costs. &lt;br&gt;Cost of training and support software.</td>
<td>Development costs.</td>
</tr>
<tr>
<td>Travel</td>
<td>Travel costs associated with field work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel costs to meet with Partner Organisation(s).</td>
<td></td>
</tr>
<tr>
<td>Use of facilities</td>
<td>Internal rates.</td>
<td>Commercial rates.</td>
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</tbody>
</table>
Appendix C. NHMRC Partnership Projects Category Descriptors

The following table displays the category descriptors used to score an application against each of the four Assessment Criter ia. Note that all criteria are of equal weighting. PRP members will provide a score (1-7, whole numbers only), for each of the four criteria listed below, for each grant application.

It is recognised that Aboriginal and/or Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical/public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will be considered when assessing research output and track record.

<table>
<thead>
<tr>
<th>Category</th>
<th>Track records of the CIs, Partner Organisations and PIs, relative to opportunity (25%)</th>
<th>Scientific quality of the proposal and methodology (25%)</th>
<th>Relevance and likelihood to influence health policy and practice (25%)</th>
<th>Strength of the partnership (25%)</th>
</tr>
</thead>
</table>
| **7** Outstanding by International Standards | **The CI team:**  
- has a record of achievement that places them in the top 10% of peers/cohort  
- demonstrate extensive experience and success in collaborative research, evaluation and implementation of evidence into health policy, health practice and/or service delivery  
- demonstrate extensive experience working in partnership with health service providers or health policy agencies  
- have been stellar, in terms of publications, grants and other awards/recognition  
- have strong national and international reputations  
- hold leadership positions in highly regarded scientific or professional societies  
- have track records that are highly relevant to the proposed research | **The Research proposal:**  
- objectives are well-defined, highly coherent and strongly developed  
- builds on knowledge gained through previous research  
- is a near flawless design  
- is without question highly feasible  
- introduces major advances in concept of translational research  
- includes rigorous translational research design  
- uses best practice in implementation science methods including: the use of theoretical frameworks, justifiable, robust measures for monitoring and evaluation; best practice models for changing practice and behaviour modification; rigorous engagement plans and identified champions; policy change and | **The proposed outcomes:**  
- address one (or more) health issue(s) of national or regional significance  
- translate demonstrated knowledge  
- will translate into fundamental outcomes in the knowledge-base, policy and/or practice of clinical medicine, public health or fundamental changes in health policy  
- will be the subject of invited plenary presentations at national meetings  
- will almost certainly result in highly influential publications  
- most likely become highly integrated into a health system or clinical practice, with minimal ongoing follow-up  
- have a high likelihood of | **The proposed partnership:**  
- demonstrates that a strong relationship between the researchers and Partner Organisation(s) already exists or will be developed  
- demonstrates existing shared governance and decision making capability.  
- can be used as an exemplar for what successful partnerships could achieve in terms of creating leaders, leverage, networking and delivering policy and practice developments in health  
- contributes to a high degree of team integration and cohesiveness  
- shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas, |
<table>
<thead>
<tr>
<th>6 Excellent</th>
<th>has a record of achievement that places them in the top 10-20% of peers/cohort</th>
<th>has objectives that have clear intent and logic</th>
<th>addresses a health issue of major importance of national or regional significance</th>
<th>demonstrates that a relationship between the researchers and Partner Organisation(s) already exists or will be developed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>are recognised for their experiences and successes in collaborative projects focussed on the design, research, evaluation and implementation of evidence into health policy, health practice and/or service delivery</td>
<td>is appropriate for the experience level of the applicant and team</td>
<td>is likely to be integrated into a health system or clinical practice, with some level of follow-up, and is integrated into current practice behaviours</td>
<td>demonstrates shared governance and decision making capability</td>
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<tr>
<td></td>
<td>demonstrate experience working in partnership with health service</td>
<td>is excellent in design</td>
<td>will be the subject of invited plenary presentations at national</td>
<td>is evident from the conceptual stages of the proposal to the final application, as the involvement of</td>
</tr>
<tr>
<td></td>
<td>• The Partner Organisation(s):</td>
<td>• has objectives that have clear intent and logic</td>
<td>• addresses a health issue of major importance of national or regional significance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• is highly relevant to the proposed research</td>
<td>• is appropriate for the experience level of the applicant and team</td>
<td>• is likely to be integrated into a health system or clinical practice, with some level of follow-up, and is integrated into current practice behaviours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• demonstrates extensive experience and success in drafting health policy or delivering a health program or health service</td>
<td>• is excellent in design</td>
<td>• will be the subject of invited plenary presentations at national</td>
<td></td>
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<td></td>
<td>• has strong national and international reputations</td>
<td>• is highly feasible</td>
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<td></td>
<td>• has clear expectations that align with the goals of the CI team</td>
<td>• is innovative with respect to the question being addressed and the approach to it</td>
<td>• includes most aspects of</td>
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<td></td>
<td>• is highly likely to integrate outcomes into a health system or clinical practice, with minimal ongoing follow-up.</td>
<td>• is evident from the conceptual stages of the proposal to the final application, as the partners are highly integrated into the proposal.</td>
<td>• is demonstrated that a relationship between the researchers and Partner Organisation(s) already exists or will be developed</td>
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<td></td>
<td>• is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake at all levels.</td>
<td>• would see the partners involved at all stages of development in the proposal</td>
<td>demonstrates shared governance and decision making capability</td>
<td></td>
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<tr>
<td>PI(s):</td>
<td>demonstrates extensive experience and success in drafting health policy or delivering a health program or health service</td>
<td>demonstrates previous strong successful relationships with researchers.</td>
<td>is shown by shared policy/practice goals and significant cash and in-kind resource contributions</td>
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<td></td>
<td>Demonstrates previous strong successful relationships with researchers.</td>
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<td>illustrates capacity building, networking and infrastructure building activities that will extend beyond the life of the project.</td>
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<tr>
<td>Providers or Health Policy Agencies</td>
<td>Research Translation that will Assist the Project</td>
<td>Meetings</td>
<td>The Partners Are Mostly Integrated into the Proposal</td>
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<tr>
<td>have track records that are very relevant to the proposed research</td>
<td>These aspects may include: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies.</td>
<td>likely to result in highly influential publications</td>
<td>This proposal is therefore co-developed</td>
<td></td>
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<tr>
<td>are well recognized for their contribution to their field of research</td>
<td></td>
<td>have a likelihood of becoming a highly effective, generalisable model that will prove to be beneficial to the health system</td>
<td>shows that the project plan was developed by a collaborative process between the researchers and their decision making partners</td>
<td></td>
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<tr>
<td>have established national and growing international reputations</td>
<td></td>
<td>have high levels of engagement and support from stakeholders</td>
<td>is reflected in the likelihood that the project will build capacity to do or use research within the partner or the target decision making organisations</td>
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<tr>
<td>have established positions of leadership, or are emerging leaders in their field</td>
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<td>have uptake at all levels and receive high-profile coverage from media and the public in general</td>
<td>clearly illustrates how the systems established will contribute to a high probability of being sustainable</td>
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<tr>
<td>hold leadership positions in well regarded scientific or professional societies.</td>
<td></td>
<td>contribute to a high degree of involvement of end-users and the wider community</td>
<td>shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas and Australia.</td>
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<tr>
<td>The Partner Organisation(s):</td>
<td></td>
<td>generate new researcher capability, mentoring and career development</td>
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<tr>
<td>is highly relevant to the proposed research</td>
<td></td>
<td>contribute to translating knowledge and research output into practice in at least one area of health</td>
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<tr>
<td>demonstrates experience and success in drafting health policy or delivering a health program or health service</td>
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<td>will receive some accolades and recognition.</td>
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<tr>
<td>has strong national reputations.</td>
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<td>has clear expectations that align with the goals of the CI team</td>
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<tr>
<td>is highly likely to integrate outcomes into a health system or clinical practice</td>
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<tr>
<td>is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake.</td>
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<td>PI(s):</td>
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<tr>
<td>demonstrates experience and success in drafting health policy or delivering a health program or health service</td>
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<td>Demonstrates previous successful relationships with researchers.</td>
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<td>Very Good</td>
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<tr>
<td>• shows a record of achievement that places them well above average of their peers/cohort</td>
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<td>• are populated with some expertise in research translation in policy/practice/implementation, health systems and service delivery</td>
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<tr>
<td>• have track records that are relevant to the proposed research</td>
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<tr>
<td>• are recognized for their contribution to their field of research</td>
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<td>• members have growing national reputations and their research appears frequently at national meetings.</td>
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<td>The Partner Organisation(s):</td>
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<td>• is relevant to the proposed research</td>
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<tr>
<td>• demonstrates experience and success in drafting health policy or delivering a health program or health service</td>
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<tr>
<td>• has national and regional reputations</td>
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<td>• has expectations that align with the goals of the CI team</td>
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<td>• is likely to integrate outcomes into a health system or clinical practice</td>
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<td>• will have capacity to engage support from stakeholders including end-users and the wider community, and facilitate uptake.</td>
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<td>PI(s):</td>
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<tr>
<td>• demonstrates experience and some success in drafting health policy or delivering a health program or health service</td>
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<tr>
<td>• Demonstrates previous relationships with researchers.</td>
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<td>• has clear objectives</td>
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<td>• raises only minor concerns regarding study design</td>
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<td>• will likely be successfully achieved</td>
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<td>• contains at least one innovative idea</td>
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<td>• includes several aspects of research translation that will assist the project. These aspects may range from: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies.</td>
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<td>• addresses a health issue of considerable significance</td>
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<td>• will most likely be integrated into clinical practice, at least in localised areas</td>
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<td>• could be the subject of invited plenary presentations at national specialty meetings</td>
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<td>• may result in influential publications</td>
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<td>• may become a highly effective, generalisable model that will prove to be beneficial to the localised health arenas</td>
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<td>• will be feasible, although ongoing support from stakeholders will be required to ensure sustainability</td>
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<tr>
<td>• will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively</td>
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<td>• will contribute to translating knowledge and research output into practice in at least one area of health.</td>
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<td>• demonstrates that some relationship between the researchers and Partner Organisation(s) exists or will be developed</td>
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<td>• demonstrates potential shared governance and decision making capability</td>
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<tr>
<td>• is evident in the final application, as the partners are involved in some key areas of the proposal, showing some co-development</td>
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<tr>
<td>• shows good team integration and cohesiveness in terms of skills and experiences</td>
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<tr>
<td>• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations</td>
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<tr>
<td>• shows some elements of shared policy/practice goals and resource contributions with an appropriate cash and/or in-kind balance will grow and become sustainable if further resource commitments are found to embed the outcomes of the research for the long term</td>
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<tr>
<td>• has articulated measures for integrating new researchers into teams</td>
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<tr>
<td>• shows high probability for good collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia.</td>
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</tbody>
</table>
| 4 Good | • do show some expertise in research translation in policy/practice/implementation, health systems and service delivery  
• have a solid record of achievement  
• have track records that are relevant to the proposed research  
• have made contributions to the field of the proposal  
• have emerging national reputation albeit in a niche area.  
The Partner Organisation(s):  
• is somewhat relevant to the proposed research  
• demonstrates some experience and success in drafting health policy or delivering a health program or health service  
• has a regional reputation  
• has some expectations that align with the goals of the CI team  
• may integrate outcomes into a health system or clinical practice will have some capacity to engage support from stakeholders including end-users and the wider community, and potentially facilitate uptake.  
PI(s):  
• demonstrates experience in drafting health policy or delivering a health program or health service  
• Demonstrates previous relationships with researchers. | • is sound in terms of its objectives  
• contains several areas of concern in the study design  
• raises some concerns about successful completion/feasibility  
• includes a brief mention of at least one aspect of research translation that will assist the project. These aspects may include: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies.  
• address a health issue of some importance  
• may have some novel aspects while others underpin or extend existing knowledge  
• may result in some strong publications  
• will most likely form a pilot study for implementation in the future  
• will require significant support for its implementation  
• will need regular relationship management of the stakeholders to ensure that the momentum of the project is kept up  
• will involve end-users and the wider community, although it may not be highly generalisable  
• will contribute to the knowledge base of the topic area. | • demonstrates the potential of a relationship between the researchers and Partner Organisation(s) will exist  
• Demonstrates some shared governance and decision making capability  
• shows some team integration and cohesiveness in terms of skills and experiences  
• would be reasonably effective in promoting working collaborations and intellectual exchanges  
• is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations  
• shows limited contributions in terms of cash/in-kind support  
• may become sustainable if further resource commitments are found to embed the outcomes of the research for the long term  
• has articulated measures for integrating new researchers into teams  
• shows probability for some collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia. |
| 3 | Marginal | • members have published a number of works in a field relevant to this application in the last five years, but is less productive than might reasonably be expected  
• show limited expertise in research translation in policy/practice/implementation, health systems and service delivery  
• is deficient in some areas of expertise that will be required to successfully complete the proposed research  
• members have limited track records in the field of the proposed research. | • is satisfactory in terms of its objectives but may not be successful with all of them  
• contains several areas of significant concern in the study design  
• raises several concerns about successful completion/feasibility  
• is not particularly innovative or novel  
• did not include any considerations into research translation strategies. | • addresses an issue of some importance to health  
• may extend existing knowledge  
• may result in some influential published research  
• will most likely form a pilot study for implementation in the future  
• will require significant work to engage stakeholders and ensure that the project is successful  
• will require significant modifications to the framework to ensure that its aims are generalizable other areas of health  
• has little involvement of end-users and the wider community. | • shows minimal team integration and cohesiveness in terms of skills and experiences  
• shows limited prospects for promoting working collaborations and intellectual exchanges  
• will provide limited capacity building/career development opportunities  
• shows limited contributions in terms of cash/in-kind support  
• is most likely unsuitable to achieve the goals of this project  
• shows minimal collaborative gains in terms of skills and benefits to health. |
|---|---|---|---|---|
| 2 | Unsatisfactory | • have a weak record of achievement  
• have not published more than a few works in relevant fields of research  
• are heavily underpowered in terms of relevant expertise required to successfully complete the research program  
• do not relate well to the proposed research. | • shows several unsatisfactory objectives and is likely to only achieve a few of the objectives  
• contains many areas of significant concern in the study design  
• contains a research plan which does not seem to be feasible in several areas  
• only follows behind previously well documented and studied concepts or previously well used approaches  
• does not include any considerations into research translation strategies. | • addresses an issue of only marginal concern to health  
• provides a program of research which will at best, only incrementally advances current knowledge  
• may result in published research that is unlikely to be influential  
• may form a pilot study for a larger study in the future  
• significant work will be required to engage stakeholders and to ensure that the project achieves some of its goals  
• has virtually no involvement of end-users and the wider community. | • is weak in terms of complementary of skills and experiences, and how it would contribute to the success of the project  
• shows very limited prospects for promoting working collaborations and intellectual exchanges  
• will provide virtually no capacity building/career development opportunities  
• shows minimal contributions in terms of cash/in-kind support  
• is most likely unsuitable to achieve the goals of this project  
• shows minimal collaborative gains in terms of skills and benefits to health. |
1

**Poor**

- is not productive to any significant extent in relevant fields
- does not have the expertise or capacity to successfully complete more than a small fraction of the program of research
- members do not have relevant track records in the field of the proposed research.

- shows weak objectives and the methodology is unlikely to achieve them
- contains a study design which is inadequate in a number of areas
- raises major concerns about the feasibility of the research plan
- is not innovative or significant
- did not include any considerations into research translation strategies.

- does not address an issue of concern to health
- will not advance current knowledge in the field
- is unlikely to result in any publications
- has no involvement of end-users and the wider community.

- does not show complementarity of skills and experiences, and how it would contribute to the success of the project
- does not show prospects for promoting working collaborations and intellectual exchanges
- will not provide capacity building/career development opportunities
- shows limited contributions in terms of cash/in-kind support
- will not achieve the goals of this project
- shows no collaborative gains in terms of skills and benefits to health.

**Rating** - The final rating will be determined by calculating the average of each voting member’s score for each of the four equally weighted Assessment Criteria. The final rating, as calculated arithmetically to three decimal places, will then be used to give the deemed category.

**Category** - this will be deemed, based on the calculated rating, as follows:

<table>
<thead>
<tr>
<th>Rating Range</th>
<th>Category</th>
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<tbody>
<tr>
<td>6.501 – 7.000</td>
<td>Category 7</td>
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<tr>
<td>5.501 – 6.500</td>
<td>Category 6</td>
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<td>4.501 – 5.500</td>
<td>Category 5</td>
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<tr>
<td>3.501 – 4.500</td>
<td>Category 4</td>
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<td>2.501 – 3.500</td>
<td>Category 3</td>
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<tr>
<td>1.501 – 2.500</td>
<td>Category 2</td>
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<tr>
<td>1.001 – 1.500</td>
<td>Category 1</td>
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</tbody>
</table>
Appendix D. NHMRC Relative to Opportunity policy

Purpose
The purpose of this document is to outline NHMRC’s Relative to Opportunity Policy with respect to:

• NHMRC peer review, and
• eligibility to apply for Emerging Leadership Investigator Grants.

The audience is applicants and peer reviewers.

NHMRC’s objective is to support the best Australian health and medical research and the best researchers, at all career stages. NHMRC seeks to ensure that researchers with a variety of career experiences and those who have experienced pregnancy or a major illness/injury or have caring responsibilities, are not disadvantaged in applying for NHMRC grants.

Policy approach

NHMRC considers Relative to Opportunity to mean that assessment processes should accurately assess an applicant’s track record and associated productivity relative to stage of career, including considering whether productivity and contribution are commensurate with the opportunities available to the applicant. It also means that applicants with career disruptions should not be disadvantaged (in terms of years since they received their PhD) when determining their eligibility for Emerging Leadership Investigator Grants and that their Career Disruptions should be considered when their applications are being peer reviewed.

In alignment with NHMRC’s Principles of Peer Review, particularly the principles of fairness and transparency, the following additional principles further support this objective:

• **Research opportunity**: Researchers’ outputs and outcomes should reflect their opportunities to advance their career and the research they conduct.

• **Fair access**: Researchers should have access to funding support available through NHMRC grant programs consistent with their experience and career stage.

• **Career diversity**: Researchers with career paths that include time spent outside of academia should not be disadvantaged. NHMRC recognises that time spent in sectors such as industry, may enhance research outcomes for both individuals and teams.

The above principles frame NHMRC’s approach to the assessment of a researcher’s track record during expert review of grant applications and eligibility of applicants applying for Emerging Leadership Investigator Grants. NHMRC expects that those who provide expert assessment during peer review will give clear and explicit attention to these principles to identify the highest quality research and researchers to be funded. NHMRC recognises that life circumstances can be very varied and therefore it is not possible to implement a formulaic approach to applying Relative to Opportunity and Career Disruption considerations during peer review.

Relative to Opportunity considerations during peer review of applications for funding

During peer review of applications, circumstances considered under the Relative to Opportunity Policy are:

• amount of time spent as an active researcher
• available resources, including situations where research is being conducted in remote or isolated communities
• building relationships of trust with Aboriginal and Torres Strait Islander communities over long periods that can impact on track record and productivity
• clinical, administrative or teaching workload
• relocation of an applicant and his/her research laboratory or clinical practice setting or other similar circumstances that impact on research productivity
• for Aboriginal and Torres Strait Islander applicants, community obligations including ‘sorry business’
• the typical performance of researchers in the research field in question
• research outputs and productivity noting time employed in other sectors. For example there might be a reduction in publications when employed in sectors such as industry
• carer responsibilities (that do not come under the Career Disruption policy below).

Career Disruption considerations during peer review and eligibility to apply for Emerging Leadership Investigator Grants

A Career Disruption is defined as a prolonged interruption to an applicant’s capacity to work, due to:

• pregnancy
• major illness/injury
• carer responsibilities.

The period of career disruption may be used:

• to determine an applicant’s eligibility for an Emerging Leadership Investigator Grant
• to allow for the inclusion of additional track record information for assessment of an application
• for consideration by peer reviewers.

To be considered for the purposes of eligibility and peer review, a period of Career Disruption is defined as:

• a continuous absence from work for 90 calendar days or more, and/or
• continuous, long-term, part-time employment (with defined %FTE) due to circumstances classified as Career Disruption, with the absence amounting to a total of 90 calendar days or more

Career Disruption and eligibility to apply for Investigator Grants

A Career Disruption can affect an applicant’s eligibility to apply for an Emerging Leadership Investigator Grant. For such grants, the 10-year time limit on the number of years post-PhD may be extended commensurate with the period of the Career Disruption.

1 For example, an applicant who is employed at 0.8 FTE due to childcare responsibilities would need to continue this for at least 450 calendar days to achieve a Career Disruption of 90 calendar days.
Implementation

Information on how applicants can demonstrate their track record, Relative to Opportunity, for the purposes of peer review is available in NHMRC’s granting system and in NHMRC’s *Guide to Peer Review*.

Information on how applicants can demonstrate that a Career Disruption(s) affects their eligibility to apply for an Emerging Leadership Investigator Grant is also available in NHMRC’s granting system and in the Investigator Grant Guidelines.
Appendix E. Characteristics of strong applications

Applicants must ensure they address the Assessment Criteria described at section 6. The research question or problem that the Partner Organisation(s) need answered or solved must be clearly stated in the application and in the letters of support from partner(s). This is required to aid in the assessment of the application.

Successful applications will demonstrate that an effective partnership between the Administering Institution and the Partner Organisation(s) has been or will be established or maintained.

Strong applications will demonstrate many of the following characteristics:

- be of a high scientific quality
- demonstrate that strong relations between researchers and Partner Organisations exist or will be developed
- address issues which are of national or regional significance (rather than local-only significance)
- demonstrate that researchers and Partner Organisations will come together to identify research projects, conduct research, interpret its findings and promote the use of those findings to influence policy and practice for health
- have cash contribution commensurate with the Partner Organisation's commitment
- be led by researchers with strong established records of achievement
- have a demonstrated successful pilot if appropriate
- be of sufficient scope to achieve significant outcomes
- be led by researchers who have a history of attending health policy and/or practice orientated events and are familiar with the environment in which the Partner Organisation(s) operate
- evidence of collaboration with policy and/or practice agencies in the health sector
- long term professional relationships with policy and/or practice agencies in the health sector
- have a demonstrably high chance of success
- that the Partner Organisation(s) will have access to highly skilled research personnel
- an understanding of the needs of the health sector
- that the partnership promotes regular interactions and encourages feedback
- engagement strategies with stakeholders/communities
- examples of time spent with Partner Organisations
- propose original research likely to generate knowledge that will have an impact on relevant management and/or policy decision-making: impacts can include:
  - improved primary care, hospital care, aged care, management systems and better preventative strategies
o new or improved health diagnostics, technology, products, health service delivery, processes or applications by end users

o development of health advice, guidelines and reports targeted at clinicians and end users

o improved end user accessibility to health services or clinical practice

o research informed health policy advice to government on public health or health service delivery matters

o collaboration outcomes such as end user involvement in activities (e.g. establishment of expert committees to provide advice to government)

o increased evidence-informed educational outputs

o more effective and safer care

o the elimination of inadequate and ineffective procedures and treatments

o better or earlier diagnoses, treatment or cures of diseases

o enhanced health through relevant capacity building measures (e.g. increased community engagement, increased data linkage measures etc)

o reduced health risks or enhanced skills base.