NHRP FUNDING ROUND 2024

Investigative Panel or Research project application submission form

This application submission form is used by the Project Leader to check the content of the Project application, and to authorise the submission of the application for funding. The application submission form must be completed and signed by the Project Leader and submitted with the full application to the Research Centre Director at their university for approval. The Research Centre Director is required to submit the signed application submission form, with the completed application, electronically to AHURI.

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| Please check each box to indicate that the application: | |
|  | Has been completed on the pro forma, following the written instructions precisely. |
|  | Specifies the type of project and the topic relevant to the application. |
|  | Nominates a research title no longer than 13 words. |
|  | Provides a precis (research statement) no longer than 50 words. |
|  | Includes a separate executive summary of 500 words or less. |
|  | Consists of Research proposal of no more than 3,000 clearly written and presented words. |
|  | Has completed Table 1 linking research questions and methods for Investigative Panel or Research projects. |
|  | Will be completed within a timeframe of 12 months or less for an Investigative Panel or Research project. |
|  | Lists an item-by item budget in the application and the total cost of the project cited in that budget is consistent with the budget stated on the application pro forma cover page and is:   * $120,000 or less for an Investigative Panel (This amount excludes GST). * $180,000 or less for a Research project (This amount excludes GST).   Investigative Panel: more than one university in a project valued above $50,000 (Please see *Handbook* and *Guidelines for Applicants*).  Research project: more than one university in a project valued above $70,000 (Please see *Handbook* and *Guidelines for Applicants*). |
|  | Specifies the dates for key milestones and deliverables and the proposed payment schedule. |
|  | Has included 500 word CVs and contact details for every research team member. |

**Project leader authorisation**

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| I *[Click here to insert Project Leader name]* confirm that this *[Click here to insert type of project]* Project application is complete, and authorise its submission by *[Click here to insert Research Director name]* on behalf of the Project team.  **Project leader:** *[Click here to insert Inquiry Leader name]* **Date:** *[Click here to insert date DD/MM/YYYY]* |

# RCD sign off

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| I have reviewed and approved this application. Please consider this application from the AHURI Research Centre – *[Click here to insert Lead University name]*.  **Research Centre Director:** *[Click here to insert Research Centre Director name]* **Date:** *[Click here to insert date DD/MM/YYYY]* |

Queries regarding the Funding Application process or the above checklist can be made to:

**Dr Anne Badenhorst**  
[anne.badenhorst@ahuri.edu.au](mailto:anne.badenhorst@ahuri.edu.au)

**Email the completed Funding Application to:  
 AHURI Research** [**research@ahuri.edu.au**](mailto:research@ahuri.edu.au)