Exploratory Research Grants 2021 Targeted Round

**Priority-driven policy research for healthy eating and physical activity**

Stage 1 – Expression of Interest (EOI) Form

Healthway has a two-stage application process. All applicants must complete an initial EOI using this form and are strongly advised to read the Funding Guidelines, Healthway’s Strategic Plan, *Active Healthy People 2018-2023* and the Frequently Asked Questions before applying.

The closing date for EOIs for the 2021 Exploratory Targeted Round is **Friday 29 January 2021 at 5pm**.

This EOI template is only for the 2021 Exploratory Targeted Round. Please submit the EOI through the applying institution’s Research Grants Office via email to healthway@healthway.wa.gov.au.

The purpose of the EOI is to:

* Demonstrate the research is policy relevant and focused on obesity prevention (increasing healthy eating and physical activity promotion/reducing sedentary behaviour)
* Provide a brief description of the proposed research and describe what new evidence will be developed
* Provide a brief knowledge translation plan to demonstrate the intent and capacity for the research outcomes to influence and inform obesity prevention efforts in WA
* Demonstrate the appropriateness of the research team with the required expertise to undertake the project
* Demonstrate engagement with relevant partners who will support, inform and facilitate translation of the research into policy and practice.

The research proposal does not need to be fully developed at the EOI stage. The research objectives, methods and budget can be draft and indicative. Technical detail on the research design and methodology will not be assessed at this stage. Research partnerships can be unconfirmed in the EOI, however must be established upon submission of the full application.

**Please adhere to the word limits. A reference list may be submitted as an attachment, additional attachments will not be accepted.**

Healthway will acknowledge receipt of EOIs within two (2) working days and complete the initial assessment within approximately four (4) weeks. **Please note that not all EOIs will be shortlisted and invited to progress to a full application.**

Further information on the requirements of the EOI, assessment process, timelines and Healthway’s priorities and approach can be found in the funding guidelines.

It is strongly recommended that you contact Healthway’s Health Promotion Research team on 133 777, or email research@healthway.wa.gov.au prior to making a submission to discuss your proposal.

**Healthway Exploratory Research 2021 Targeted Round**

**Priority-driven policy research for healthy eating and
physical activity**

Expression of Interest Form

1. Administering Institution details

|  |  |
| --- | --- |
| Administering Institution’s Name *(Legal name)* |  |

1. Contact person – Chief Investigator A

|  |  |  |
| --- | --- | --- |
| Title  |  |  |
| Name |  |  |
| Department/School/Faculty/Institution  |  |  |
| Telephone |  |  |
| Email |  |  |

1. Eligibility

Please confirm that the following eligibility criteria will be met:

The research aims to develop evidence that is relevant and important to inform future obesity prevention policies in the WA context

The research centrally focuses on WA, and majority of grant monies will be spent in WA.

At least one (1) Chief Investigator will be based and reside in WA for the duration of the grant

This EOI or a similar version has not been submitted for the 2020 Open Research Round (Intervention or Exploratory)

Projects focusing on Aboriginal health have at least one (1) Chief Investigator appointed who identifies as Aboriginal or Torres Strait Islander.

1. Project title

Nomination of the project title. The title should accurately describe the nature of the project and be understandable to the general community (75 characters including spaces).

|  |
| --- |
|  |

1. Project description

Please give a brief description of the proposed project, specifically:

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| --- |
| 5.1 Rationale/justification for the research. Include appropriate referencing. (maximum 200 words) |

|  |
| --- |
| 5.2 Describe the proposed research project (maximum 150 words) |

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| --- |
| 5.3 List the proposed, specific research objectives (maximum 150 words) |

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| --- |
| 5.4 List and briefly describe the research methods (maximum 150 words) |

|  |
| --- |
| 5.5 Briefly describe how it is envisioned this research will contribute to best practice obesity prevention efforts and lead to improved community health outcomes in WA (maximum 200 words)  |

1. Proposed translation strategies

Please outline the proposed translation plans to demonstrate how the research findings will inform obesity-related policy, and where relevant, other obesity-related health promotion programs and activities, in the WA community. (Maximum 300 words).

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1. Collaboration and partners agencies

Please list all the key partner organisation/s that will contribute to the research project and support translation of the research findings into policy and practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation | Contact person | Expertise | Role in proposed study  | Is the partnership confirmed / unconfirmed  |
|  |  |  |  |  |
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**F AND ASSOCIATE INVESTIGATORS AND RESEARCH TEAM**

1. Chief and Associate Investigators

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name  | Position  | Organisation | Skills and contribution | Chief or Associate Investigator  | Is this person of Aboriginal or Torres Strait Islander origin (Y/N/Unsure) |
| **A** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |
| **E** |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |
| **G** |  |  |  |  |  |  |
| **H** |  |  |  |  |  |  |
| **I** |  |  |  |  |  |  |
| **J** |  |  |  |  |  |  |

1. Indicative budget

Please provide an indicative annual and overall budget for the project:

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| --- | --- |
| Components |  |
| (1) | Personnel:Outline position, level and period of employment***Note that salary on-costs must not exceed 30%*** | SalaryRate pa | $Year 1 | $Year 2 |
|  |  |  |  |  |
|  |  | Sub total |  |  |
| (2) | Equipment:Specify Items to be purchased***Please note Healthway does not fund computers or capital items*** |  |  |  |
|  |  | Sub total |  |  |
| (3) | Maintenance:For example, survey and field expenses, printing and mailing costs.***Please note Healthway does not pay administration or infrastructure***  |  |  |  |
|  |  | Sub total |  |  |
|  | **Do not include GST** | **ANNUAL TOTAL $** |  |  |
|  |  | **OVERALL TOTAL**  |  |
| **Maximum amount is $75,000 (excluding GST) over two years** |

1. Dates

Please outline the proposed start date and finish date of the study. The start date must be on or after 1 October 2021 due to the assessment and approval processes.

|  |  |
| --- | --- |
| Proposed project start date:  |  |
| Proposed project end date: |  |

1. Other funding

(a) Submission of application to other funders

Please note the agencies details below if you are seeking **total** funding support for this research from any other funding agency, e.g. NHMRC, WA Health, NHF, ARC, Ramaciotti Fdn, etc.

(b) Other funding partners

Do you intend to approach other partners, in additional to those already listed in section 7 to jointly fund (in kind and/or financial) this research? Please list details below:

1. Certification by Chief Investigators and Administering Institution

|  |
| --- |
| **Signatures of Chief Investigators** In signing this page, you certify that all details given in this application are correct. Electronic signatures are acceptable.  |
|  |  | DATE |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |
| **E** |  |  |
| **F** |  |  |

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| --- |
| **Certification by the Administering Research Office** I certify that the project is appropriate to the general facilities available and that I am prepared to have the project carried out strictly in accordance with the current Healthway guidelines for Intervention Research Grants. Electronic signature is acceptable.  |
| Use Block Letters |  |  |  |
| SURNAME | TITLE | INITIAL | DEPARTMENT |
|  |  |  |  |
| SIGNATURE | DATE |

**NOTE: Please complete every question to ensure your EOI can be processed.**