Pipeline Accelerator COVID-19

Rapid Response

Application Form

TIA is committed to protecting the privacy of your personal information. Information that you supply as part of this application will be treated in confidence. Refer to the scheme guidelines at [www.therapeuticinnovation.com.au/accelerator](http://www.therapeuticinnovation.com.au/accelerator) for further details.

**Please use this document as a template application, removing the guidance text in green. Please send completed application as a .DOC or .DOCX file, together with supporting documentation as PDF files, as a single ZIP compressed archive to:**

info@therapeuticinnovation.com.au

**Applications must be submitted by one of the following deadlines:**

* **Round A - 5pm (AEST) 15th May 2020**
* **Round B - 5pm (AEST) 5th June 2020**

## Section 1 – Applicant details

|  |  |
| --- | --- |
| Organisation\*: |  |
| Address: |  |
| Contact name: |  |
| Research team names and affiliations: |  |
| ORCID number for applicant and/or applicant research team:\*\* |  |
| Phone: |  |
| Email: |  |

*\* The name of the legal entity (full legal name not required)
\*\* These fields are* ***optional****. ORCIDs are collected in order to improve TIA’s internal record keeping and track outputs and outcomes from this project. Applications that do not provide ORCIDs will* ***not*** *be penalised.*

## Section 2 – Provider details

*Note: If more than one Provider (i.e. for collaborative projects):*

* *Please copy and paste the box below, and;*
* *Specify the proportion of voucher benefit to be paid to each Provider*

|  |  |
| --- | --- |
| Facility name\*: |  |

*\* Ensure that Provider is eligible by referring to the Guidelines –* ***Eligibility of Providers****.*

## Section 3 – Project type

**Select voucher value (select one)**

🞎 $5,000\* **Enter whole number of $5,000 vouchers requested for this project (1-4) \_\_\_\_\_**

🞎 $50,000

\* Up to 4 x $5,000 vouchers can be requested

## Section 4 – Project description

**Project title**

*Be brief and use plain English*

**Project description (1 page max for $5-20K, 2 pages max for $50K)**

Describe the overarching project in terms of:

* The chosen mechanism or approach to addressing COVID-19, whether therapeutic, diagnostic, clinical, behavioural or some other approach.
* The scientific basis for the project
* How the Facility (Provider) will support his project in terms of access to expertise, equipment and/or advice.
* The expected outcome and success measures (discuss potential impact below).

**Project timescale (1 paragraph)**

Applications must propose an indicative timescale for the project, which may include a range.

The timescale should align with the award amount and would ordinarily not exceed 12-18 months from commencement.

The supported activity **must** commence within 3 months of award.

**Note**: this timescale applies to the supported activities only, and not the entire overarching project.

**Potential/expected impact on COVID-19 (½ page max for up to $20K, 1 page max for $50K)**

Applicants, with the aid of Providers, should briefly outline a plan for how the supported activity will contribute to efforts to combat COVID-19.

**Description of co-investment and other support (½ page max)**

Briefly describe amount, source and nature of co-investment, as well as amount, source and nature of other funding previously received to support this project

**List relevant publications or patents (if applicable)**

## Section 5 – Acknowledgement declaration

## 🞎 By ticking this box the Applicant agrees to acknowledge TIA and NCRIS in all publications associated with this work and to send publication details to TIA via the following online form:

[**http://bit.ly/ATRAX-DOI**](http://bit.ly/ATRAX-DOI)

Guidance for acknowledging TIA/NCRIS, including use of logos, is available at the following URL:

[**http://www.therapeuticinnovation.com.au/acknowledging-tia**](http://www.therapeuticinnovation.com.au/acknowledging-tia)

## Section 6 – Supporting documentation

*List supporting documents also submitted as PDF files.*

* Original quote or terms sheet for services (quote may be in email form but must include GST)
	+ Quote amount must **not** take into account requested voucher value.
* Brief indication of Provider support for the application (**an** **email is acceptable**) stating that
	+ the quote provided to the Applicant is fairly priced in accordance with NCRIS access principles and is valid for at least 3 months
	+ the Provider consents to being named in the Application
	+ (Access and Pricing information is available here: [www.therapeuticinnovation.com.au/access-pricing](http://www.therapeuticinnovation.com.au/access-pricing) )