|  |
| --- |
| **Northern Adelaide Local Health Network** NALHN_Logo cmyk**CEO Endorsement Grant Submission Template***Please complete this form and checklist if you would like to request a NALHN support letter for grant submission* |
| *Grant Ref No:* | *If applicable* |
| 1. **GRANT PROJECT DETAILS**
 |
| **Grant Title:** | New Grant Title |
| **Funding Body:** | NHMRC | **Scheme Name:** Ideas Grant eg |
| **Grant Value:** | $ 00.00 Total | $ 00.00 NALHN[ ]  budget attached [ ]  Appendix A | $ 00.00 Other Inst. |
| **NALHN Investigator(s):**(add additional Lines as required) | **Name** | **Division / Department** | **Contribution on the Grant** |
|  | Name. | Dept. | Contribution. (eg CIA, AI etc) |
|  | Name. | Dept. | Contribution. |
|  | Name. | Dept. | Contribution. |
| **Other Investigator(s):**(add additional Lines as required) | **Name** | **Department** | **Contribution on the Grant** |
|  | Name. | Employing Institution. | Eg CIA, AI etc |
|  | Name. | Employing Institution. |  |
|  | Name. | Employing Institution. | Contribution. |
| **Project Summary** | **Brief summary of project proposal clearly stating NALHN’s involvement / contribution (no more than 250 words)**Click here to enter text.  |
| 1. **BUDGET DETAILS**
 |
| **Please include any additional details relevant to the grant funding, including description of how funding will be spent if allocated to NALHN: It is important that applicants outline the extent of NALHN’s contribution, even if it is in-kind only. e.g. staff time FTE, space / facility and equipment use etc).**Can be attached |
|

|  |
| --- |
| 1. **ADDITIONAL INFORMATION (OPTIONAL)**
 |
| **Please include any additional details to support this request**Can be attached |

 |
| 1. **HEAD OF DIVISION ENDORSEMENT**
 |
| [ ]  Support Email and/or Letter from Divisional Director attachedORI certify that the appropriate space and general facilities etc. will be available to the applicant if successful and that I am prepared to have the research carried out strictly in accordance with the funding source’s conditions governing the Research Grant. The project is viable in terms of the Division’s resources and the funds requested from grant and / or in-kind contributions |
| Name:  | Signature: |  Date: *Date*  |
|  |

|  |
| --- |
| **APPENDIX A: PROJECT BUDGET (NALHN)** |
|  | Yr 1 | Yr 2 | Yr 3 | Yr 4 | TOTAL |
| **Grant Value Requested** | $       | $       | $       | $       | $       |
| **Allocation to NALHN** | $       | $       | $       | $       | $       |
| **Allocation to other parties**(specify):       | $       | $       | $       | $       | $       |
| **IN-KIND SUPPORT:***Please indicate what in-kind salary (time/FTE) will be spent on the project which is not externally funded by this grant.*  | $       |  | $       | $       | $       |
| *Annual Total:* | $       | $       | $       | $       | $       |

|  |
| --- |
| **APPENDIX B: CHECKLIST** |
| [ ]  Copy of Support Letter to be reviewed and signed **Complete CEO Grant Endorsement Template which includes:** [ ]  Summary of project proposal (no more than 250 words) clearly stating NALHN’s involvement / contribution[ ]  Budget outlining both funds requested from grant and in-kind contribution from NALHN. Please allocate costings and timeframe to in-kind support (e.g. staff time FTE, space / facility and equipment use etc). Will there be any funds coming to NALHN?[ ]  Certification from Divisional Director, that they are in support that project is viable in terms of the Division’s resources and the funds requested from grant or in-kind contributions *(can be in the form of an email)* Please return all requested information to the NALHN Research Grants Officer at Health.NALHNGrantsOfficer@sa.gov.au at least 2 weeks prior to grant deadline to allow enough time to be processed by EDMS and the office of the CEO. |
| **Email** **Health.NALHNGrantsOfficer@sa.gov.au** **for questions and support in completing this form** |