

**MEDICAL RESEARCH EQUIPMENT**

**GRANT PROPOSAL**

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| **Specifications for Submission** |
| * Responses must be provided in the text boxes provided.  Font style is **Arial / Size 11** (individual questions may also have page limits) * **1 x hard copy** of the application   + Printed **double-sided**, **stapled** and **hole punched** (2 holes)   + Submit to: St Vincent's Clinic Research Foundation   Level 4 - St Vincent's Clinic  438 Victoria Street, Darlinghurst NSW 2010   * **1 x electronic copy** of the Application in MS Word OR Adobe format   + Email to: [svcresearchfoundation@svha.org.au](mailto:svcresearchfoundation@svha.org.au) (as one document)   **Deadline: Submit by 2.00 pm Tuesday, 24 June 2025** (late applications may not be accepted) |

**SECTION 1: COVER PAGE**

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| **Name(s) of Applicant:** |  |

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| **Applicant Contact Details:** | Email:  Telephone:  Address: |

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| **Name(s) of Investigators:** |  |

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| **Department of St Vincent’s Health Network Sydney:** |  |

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| **Lay Description:**  Max 200 Words | *Briefly describe the overall aims and expected outcomes and also explain how the research equipment might provide benefit and improve our understanding of the research/disease/condition. Proposals that demonstrate collaboration or highlight this equipment could benefit other researchers on the campus as a shared asset will be prioritised.* |

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| **Justification for Funding Support:**  Max 150 Words | *Why will the requested funding support significantly benefit your research?* |

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| **Other Sources of Funding for the Project:** |  |

**SECTION 2: GRANT PROPOSAL**

**General Guidelines**

Proposals must be written in ‘plain English’ and in a way that is understandable to an informed reader who may not have medical or research expertise.

Set out what the research is trying to achieve and how the research will benefit research across at St Vincent’s Healthcare Network:

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Equipment name:

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Explain why the requested piece of equipment/funding is important for your research:

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A quote for the cost of acquisition of any equipment and proposed vendor of the supplier of equipment *the subject of the proposal is helpful in support of this grant and maybe required to be included (contributions to equipment costs greater than this grant will be considered):*

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**Quote Attached: ⬜ Yes** *(Please Tick)*

Please note that grant funds will be paid to an SVHS cost centre only. Applicants must provide an appropriate SVHS cost centre when claiming the grant.