# A close up of a logo  Description automatically generated

# Special Purpose Grant Application

##### SECTION 1 - Contact Details and Summaries

##### Contact Details of Principal Applicant

|  |  |
| --- | --- |
| Name |  |
| **Department****Position****Organisation****PO Box/Street number****Suburb****City & Postcode** |  |
| **Telephone** |  |
| **Email** |  |

##### Project Title

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Total Cost of Project (GST exclusive):  | $  |

***Note: for support of invited speakers to conference the maximum is $3,000***

***Other support***

|  |  |
| --- | --- |
| Please give details of any other support sought (or received), for projects in this field and expected date of decision (or amount received) |  |

## For further information please see: “Special Purpose Grant Advice to Applicants.doc”

##### Contact Details of Co-applicants (if applicable)

#####

|  |  |
| --- | --- |
| Name |  |
| **Department****Position****Organisation****PO Box/Street number****Suburb****City & Postcode** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
| --- | --- |
| Name |  |
| **Department****Position****Organisation****PO Box/Street number****Suburb****City** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
| --- | --- |
| Name |  |
| **Department****Position****Organisation****PO Box/Street number****Suburb****City** |  |
| **Telephone** |  |
| **Email** |  |

Copy and paste table if necessary

## Abstract of Project

Title:

Name and address of applicant:

Abstract:

##### Media Summary of Project (100 words maximum) – Explain the project, and its significance to cancer prevention or treatment, in language understandable to the public as a press release.

Delete these words and start typing here.

## Section 2 – Description of Proposed Project (4-page maximum including references)

##### Objectives

Delete these words and start typing here

## Description of how the Funds would be used to achieve the Stated Objectives

Delete these words and start typing here

##### Relevance to Cancer Prevention or Treatment

Delete these words and start typing here

##### Relevant Previous work which is relevant to this project (if applicable)

Delete these words and start typing here

##### References (if applicable)

## Delete these words and start typing here

## Section 3 – Budget

Provide Details of all Costs (GST exclusive). Note, the Trust does not fund overheads.

Delete these words and start typing here.

##### Justification of Budget

##### Delete these words and start typing here.Section 4 – Biographical Sketch

##### (Must be completed by all Named Investigators)

Please use the New Zealand MSI standard Curriculum Vitae Template. The template is available from the Cancer Research Trust NZ web site. All of Part 1 and Part 2a should be completed. Delete this paragraph and copy and paste the completed c.v. here.

## Section 5 – Administrative Agreement (Do not copy. Send with original application only).

We the undersigned have read the administrative agreement below and undertake to abide by the conditions of this agreement if the Cancer Research Trust NZ (“Trust”) awards a grant to the applicant:

1. The Trust may accept any application in full or part, negotiate with one or any number of applicants, re-advertise for applicants and reject or refuse all or any applications.
2. Successful applicants will be required to enter into a separate agreement with the Trust recording the terms on which the grant is made, including the right to use the award of grants for publicity for the benefit of the Trust.
3. The applicant warrants that the information provided by the applicant to the Trust in relation to the application for a grant is true and correct to the best of its knowledge at the date of the application. The applicant will use their best endeavours to communicate any change in the information.
4. The information requested in this application will be used for the purpose of assessing the proposal. Some information will be used in a non-identifiable form for Trust purposes. The Trust undertakes to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.
5. The host institution agrees and undertakes to bear all risks and claims connected with any activity covered by this application and to indemnify and hold harmless the Trust against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or damage to property, or any other losses resulting from or connected with any act or omission performed in the course of the program of the applicant.
6. The host institution agrees and undertakes to support for the duration of the scholarship or research the work described in this application by making available accommodation, facilities for research and the services necessary for its fulfilment.

##### Principal Applicant

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

##### Head of Department (if applicable)

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

##### Head of School, Faculty or Hospital (if applicable)

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

##### Authorised official on behalf of host institution (University/hospital, if applicable))

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

## If the application involves the use of animals or human subjects or in research, please read and sign this section:

## The applicant has read the ‘Guidelines on Ethics in Health Research’, available from the HRC website (http://hrc.govt.nz/) and agrees to abide by the principles outlined in it. The undersigned also agrees to provide written evidence before any research procedures commence, that in any study involving animal or human subjects, animal or human materials or personal information, a properly constituted accredited Ethics committee has examined and agreed to the ethics of the proposal outlined in this proposal. If minor changes in the research design or procedures have been required for ethical reasons, the Cancer Research Trust NZ must be informed of them. The undersigned also undertakes to ensure that all regulatory consents are gained before research commences.

##### Principal Applicant

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

##### Head of Department or Host Institution

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

NOTE: Only one fully signed copy of this page is required by the Trust, this form must be returned to the Trust with original copy of the application form. Applications which do not have a fully completed administrative agreement will not be processed.

## Section 6 – Reminders (Do not copy. Send with original application only).

|  |  |
| --- | --- |
| Be sure you have used the correct font size (Times New Roman 12 point)and have not exceeded page limits, since doing so will result in your proposal being returned and not considered in this funding round. |  |
| Check that all other relevant signatures have been obtained (e.g. Administrative Agreement, etc). |  |
| Check to be sure you have included the confidential pages your original application ONLY, and NOT in the copies submitted with the original. |  |
| Be sure that your ORIGINAL copy is PAPER-CLIPPED together, and that your 12 PHOTOCOPIES are individually STAPLED. Send to:Dr Michelle SullivanGeneral ManagerCancer Research Trust NZ34 Montmere AvenueTe Atatu PeninsulaAuckland 0601 |  |
| Send electronic copy of the application (in MS Word not PDF) to: michelle.sullivan@crtnz.org.nz |  |