

GAMBLING-RELATED RESEARCH GRANT APPLICATION FORM

How to apply:

- Please complete this form after having read the guidelines for the submission of a Community Benefit Fund Gambling-related Research Grant application. This will help you to understand what selection criteria need to be met by your project and what documents are required for your application to be complete.
- We encourage potential applicants to contact the Community Benefit Secretariat and discuss points needing clarification before filling out the application form.
- Ensure that your written proposal is clear and concise.
- Make sure that all the questions are answered and ensure that all relevant supporting information is attached. Failing to do so will delay the assessment process and may even disqualify your application.
- Please make a copy of your submission (application and supporting documents) for your own records.
- Do not send important original documents with your application. Copies are sufficient.
- Submit your application to the address provided before the cut off date of 31 July 2008.
- Contact details can be found at the end of the Guidelines.

1. Project title (provide a short descriptive title):

Proposal addresses a priority topic nominated by the CBF Committee: Yes No

If yes, please specify which one:

2. Applicant details

Responsible Organisation:	
Street Address:	
Postal Address:	
Telephone:	Fax:
Contact Email Address:	

4. Ethical Approval

Depending on the nature of the project, endorsement from a recognised ethics committee may be required before funding can be considered. Please indicate whether ethical approval has been sought:

- Approval is not appropriate for this project
- Approval has not been sought
- Approval is being sought from: (insert name of committee) _____
- Approval has been obtained from: (insert name of committee) _____

5. Researcher Details

Chief Investigator

Title, Initial, Surname	
Current Appointment	
Organisation (if applicable)	
Current Mail Address	
Phone Number	
Fax Number	
Email Address	
Formal Qualifications	

Other Investigators:

Title, Initial, Surname	
Current Appointment	
Organisation (if applicable)	
Current Mail Address	
Phone Number	
Fax Number	
Email Address	
Formal Qualifications	

Title, Initial, Surname	
Current Appointment	
Organisation (if applicable)	
Current Mail Address	
Phone Number	
Fax Number	
Email Address	
Formal Qualifications	

6. Referees

Nominate two people with relevant expertise who are willing to vouch for the integrity of the proposal and be contacted by the assessment committee if necessary. It is the responsibility of the applicant to forward copies of the application to referees and inform them that comment may be sought by the CBF committee at a future date.

Referee 1

Name			
Address			
Telephone		Fax	
Email		Mobile	

Referee 2

Name			
Address			
Telephone		Fax	
Email		Mobile	

7. Budget Overview

Full cost of project:

Amount requested from CBF:
(Excluding GST)

Budget Item	Amount		
Personnel		Salary Rate	On Costs
Administration			
Fixed assets			
Other assets			
Other Costs			
Total Expenditure:	\$		

Note: Please state if GST is included or excluded from your calculations

Expected Duration of the project:

If more than one year, estimated cash flow requirements:

Year	One	Two	Three
Cash flow for project:	\$	\$	\$
Cash flow wanted from CBF	\$	\$	\$

I note that the Community Benefit Fund Committee:

- reserves the right to request additional information from applicants for the consideration of a research grant.
- reserves the right to use intellectual property of the project to further its objectives.
- has the right to retain the ownership of any items of capital expenditure purchased as the result of research conducted under a Community Benefit Fund Gambling-related Research Grant.

Name: _____ Signature: _____

Position: _____ Date: _____

11. Other Applicant Details

Please state the organisation's legal status (such as incorporated, educational institution, association etc) and date of establishment.

Legal status: _____

Date established: _____

If incorporated or another legally constituted organisation, please provide:

- Copy of current Certificate of Incorporation, and:
- latest annual report; **or**
- most recent audited financial statements of the organisation (if more up to date than the one appearing in your annual report): **or**
- copies of two most recent bank statements

Does your organisation receive any revenue or other benefits from gambling (eg sponsorship, donations, scholarships)?

Yes No

If yes, please describe:

12. Agreement by Chief Investigator

I acknowledge:

- I have read and understood the guidelines which describes the Community Benefit Fund Gambling-related Research Grant;
- If a grant is awarded, the funds will be used only for the purposes described in the application;
- All funds shall be fully accounted for and audited on conclusion of the project and any funds not expended shall be returned to the Community Benefit Secretariat (Receiver of Territory Monies);
- I will comply with and provide the outcomes stipulated in those guidelines.

I note that the Community Benefit Fund Committee:

- reserves the right to request additional information from applicants for the consideration of a research grant.
- reserves the right to use intellectual property of the project to further its objectives.
- has the right to retain the ownership of any items of capital expenditure purchased as the result of research conducted under a Community Benefit Fund Gambling-related Research Grant.

Name: _____ Signature: _____

Position: _____ Date: _____

CHECK LIST

Information to accompany this application:

Question 4	Letters of support for the project	Yes / No
Question 4	Copy of Project Statement	Yes / No
Question 12	Certificate of Incorporation and a copy of either latest Annual Report, audited financial statement or two recent bank statements.	Yes / No

OFFICE USE ONLY

Please rate this application for the Community Benefit Fund Gambling-related Research Grant against each of the criterion below. A rating of 1 to 5 can be made, with 5 indicating highest level of endorsement.

CRITERION	RATING
Overall merit of proposed study	
Articulation of aims and objectives	
Clarity and appropriateness of research design	
Reasonableness of budget	
Consistency with ethical research standards	
Appropriateness of contributions made by applicant	
Capacity of applicant to undertake project	
Previous performance of research team	
Other Comments:	