Pipeline Accelerator 2023-24 (Round 2)

Proforma for Online Application

[**CTRL-CLICK HERE FOR THE ONLINE FORM**](https://app.smartsheet.com/b/form/efc3926dc71c469f98ea93787f67b76b)

TIA, Phenomics Australia and NDF are committed to protecting the privacy of your personal information. Information that you supply as part of this application will not be published or shared outside of TIA without your consent. Refer to the scheme guidelines at <https://www.therapeuticinnovation.com.au/pipeline-accelerator> or at <https://phenomicsaustralia.org.au/voucher-scheme/> or at <https://www.ansto.gov.au/TIA-pipeline-accelerator> for further details.

***This document is intended as a tool to help you prepare for an online application as the online form cannot be saved.***

***ENSURE YOU HAVE READ THE GUIDELINES!***

**When ready, please simply cut and paste plain text into the online form. Please note that graphics or rich text are not permitted in the text boxes, and all formatting will be removed. Diagrams can be uploaded separately where indicated on the online form. Additional supporting information may be uploaded separately if necessary.**

## Step 1 – Main applicant details

**Complete the following**

|  |  |
| --- | --- |
| Project Title |  |
| Full name of applicant inc. title |  |
| Is the applicant an early-mid career researcher | Tick the box if the applicant is <10 years post-PhD (excluding any career breaks) |
| Contact email |  |
| Applicant affiliation |  |
| Research team and affiliations |  |
| OCRID IDsIf you and your research team have ORCID IDs, please enter them here, separated by commas. For more information on ORCID, [click here](https://orcid.org/). |  |
| Field of Research (FoR) codes, including the Division and Groups (4 digit. Refer to the [ANZSRC 2020 FoR codes](https://www.arc.gov.au/manage-your-grant/classification-codes-rfcd-seo-and-anzsic-codes) |  |

## Step 2 – Provider selection

**Select the Capability/Capabilities and the Provider (i.e. which NCRIS facility or node) you wish to access using the selection boxes.**

***NOTES:***

* ***Select the Capability***
* ***Options will appear based on previous selections.***
* ***Multiple Capabilities and Providers can be selected.***
* ***Multiple Providers in each Capability can be selected.***

## Step 3 – Project description

**Complete the following**

|  |  |
| --- | --- |
| Background | *Please address the unmet medical need and the chosen mechanism and modality to address this need.**You can upload a single A4 JPG or PDF of diagrams to support your answer (upload files at the end of the form).* |
| Please aim for 400 words maximum. We do not guarantee text significantly over this limit will be assessed.This is what 400 words looks likeLorem ipsum dolor sit amet, consectetur adipiscing elit. Donec posuere sagittis justo efficitur scelerisque. Vivamus gravida orci ac lectus auctor varius. Proin tellus metus, cursus non ullamcorper at, dignissim vitae mauris. Nulla pretium, ligula eget scelerisque dignissim, lorem ligula lobortis lacus, non dictum tellus odio quis tellus. Morbi fermentum sit amet ipsum at accumsan. Aenean dictum ante ac nulla fermentum semper. Sed posuere tincidunt varius. Fusce vitae ex mauris. Fusce venenatis lectus eu elit consequat pharetra. Aliquam interdum nulla ut purus elementum, sit amet sodales sem vestibulum. Pellentesque metus neque, commodo eu congue id, sagittis eu justo. Maecenas dui quam, tempor sed pulvinar a, dapibus vitae nulla. Donec eu massa ut nunc varius hendrerit ac sed dolor.Etiam pellentesque tempus justo, a posuere elit. Sed eu purus vel odio condimentum lacinia in ut arcu. Pellentesque egestas malesuada consequat. Duis eget tortor a urna semper semper et nec est. Curabitur at justo at massa tincidunt pharetra. Aliquam feugiat lorem dui, nec congue lectus tincidunt nec. Maecenas laoreet mollis gravida. Cras sem risus, finibus eu consequat ultricies, ultricies nec nisi. Nulla condimentum euismod felis, sit amet tincidunt magna aliquet at. Vivamus euismod metus et erat venenatis commodo. Aliquam ligula lectus, bibendum id molestie eget, vestibulum vitae mauris. Donec nunc nunc, sagittis eu tortor vel, dapibus viverra libero. Etiam at imperdiet magna, at pulvinar libero. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Duis efficitur at enim non fringilla. Curabitur aliquam commodo sem in convallis.Etiam elit sem, eleifend quis lectus quis, placerat blandit libero. Pellentesque odio nibh, cursus a fringilla sit amet, dictum et libero. Aliquam sit amet nibh metus. Morbi consequat rutrum mauris. Sed tincidunt consectetur nulla id fermentum. Maecenas eu laoreet purus. Phasellus at dignissim ante. Phasellus euismod eros pellentesque sodales malesuada. Proin quis nibh porta, sodales enim ac, faucibus diam. Proin sit amet varius lacus. Aliquam facilisis elit nec venenatis suscipit. Integer sagittis lectus vel sollicitudin ultricies. Ut posuere vitae lectus vel scelerisque. Nunc nibh enim, lacinia vitae sem eget, scelerisque posuere libero. Integer et rutrum arcu. Nunc consequat ornare tristique.Sed vitae sollicitudin mi, sit amet sagittis turpis. Suspendisse vel vulputate orci. Praesent finibus placerat velit, vel dictum odio cursus eu. Praesent semper eros eu risus luctus egestas. Curabitur sed congue nulla, et sodales risus. Nunc rhoncus nisl eu aliquet convallis. Curabitur ultricies lorem et tincidunt placerat. Nulla eu libero pulvinar, dictum nisl. |
| Project overview | *Applicants, with the aid of Provider, should briefly outline how the supported activity will contribute to their broader therapeutic or healthcare development project, and in particular, enabling the next development step.* |
| Please aim for 400 words maximum. We do not guarantee text significantly over this limit will be assessed. |
| Details of provider services | *Please describe how the particular expertise, equipment and/or advice (outlined in the quote) at the chosen Provider (i.e the NCRIS facility) will support this application?**Please be specific and speak to the quoted services – do not describe the facility and its standing.* |
| Please aim for 400 words maximum. We do not guarantee text significantly over this limit will be assessed. |
| Expected outcomes and next steps | *Please outline the expected outcomes of the activity and how they will directly enable the next step in the project.* *What is your commercialisation/product development strategy after completion of the project?**That is, do you intend to establish a company, apply for further funding opportunities, either Australian or off-shore, a commercial licence or a research partnership?* |
| Please aim for 400 words maximum. We do not guarantee text significantly over this limit will be assessed.  |

## Step 4 – Voucher level

In this round, applicants are not required to select the voucher level. The voucher applied for is 50% of the total quote (ex GST), up to a maximum of $50,000 (ex GST) and applicants are required to meet the remaining cost of the quote.

**Complete the following :**

Value of quote for services (ex-GST)

Enter the value of the quote \*excluding\* GST. The value must match the quote to be uploaded below.

|  |  |
| --- | --- |
| Total quote for services (ex GST) |  |

**Voucher amount requested**

Please enter 50% of the quote, excluding GST and to the nearest dollar, to a maximum level of $50,000.

|  |  |
| --- | --- |
| Total voucher amount requested (ex GST) |  |

**Source of cash matching fund**

Please outline the source of the matching funding that will meet the remaining balance of the quote minus the voucher value.

If it is linked to a funded grant, the **grant provider and identifier must be provided**.

If it is not linked to a funded grant, an **evidence of funding source must be provided** (eg. a letter from your host organisation).

|  |
| --- |
| Please aim for 200 words maximum. We do not guarantee text significantly over this limit will be assessed. |

**Answer the question: “Will the voucher value be split across several facilities?”**

If the answer is **yes**, the following box will appear.

**Complete the following**

**Indicate any proportional split as actual dollar value.**

e.g. If you apply for $50,000 and wish to split the voucher unevenly, specify (for example) $35,000 of Provider A and $15,000 for Provider B.

|  |  |
| --- | --- |
| Indicate any proportional split as actual dollar value |  |

## Step 5 – Submit supporting documentation

**Upload the supporting documents as a single PDF. Refer to the Guidelines for detailed information on supporting documents**

**Acknowledgement of NCRIS**

***Indicate that the Applicant agrees to acknowledge TIA, Phenomics Australia and/or NDF and NCRIS in publications arising from this work and submit publication details via the following online form:***

***TIA -*** [*http://bit.ly/TIA-pubs*](http://bit.ly/TIA-pubs)

***Phenomics Australia -*** [*https://phenomicsaustralia.org.au/news-media/*](https://phenomicsaustralia.org.au/news-media/)

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

***TIA*** *-* [*https://www.therapeuticinnovation.com.au/access-acknowledgement*](https://www.therapeuticinnovation.com.au/access-acknowledgement)

***Phenomics Australia*** *-* [*https://phenomicsaustralia.org.au/acknowledge-us/*](https://phenomicsaustralia.org.au/acknowledge-us/)

**Acknowledgement that successful applications will be passed to facilities**

TIA will **automatically** send **successful** applications to the facilities. Unsuccessful applications will not be passed to facilities.

***Indicate that the Applicant understands that TIA will send successful applications directly to the relevant facilities***

**Submit the application.**

The form allows you to email a copy to yourself if desired.