



# NZ Dental Research Foundation Grant

## Template

Use this template to assist you in drafting your application offline.

Fields in this template mimic those in the Submittable application. Grant specific questions in each template are relevant to the application type you are submitting. This will be selected by you in Section 2 of the online application (e.g., Project Grant, Equipment Grant, Travel Grant, or Other).

**ONLY** complete the grant specific questions that are relevant to the grant you wish to apply for (e.g., **ONLY** the sections for Project Grant, Equipment Grant, Travel Grant, or Other).

**DO NOT** attempt to upload this template to Submittable, doing so will **invalidate** your grant application.

<b>Project Title:</b>	
<b>Principal Investigator:</b>	
<b>FTE devoted to the role:</b> (e.g. 0.5 FTE)	
<b>Total funding requested:</b>	



**Section 1: Applicant Details** *(complete this section for all grant applications)*

DETAILS FOR PRINCIPAL INVESTIGATOR								
First Name:								
Last Name:								
Title:	Dr	A/Prof	Prof	Mr	Miss	Ms	Mrs	Other

Qualification	Year	Institution

Institution or Practice:	
Position:	
Email:	
Phone:	

Honours/Prizes: <i>(list)</i>

Total number of publications: <i>(list total number/s and type)</i>

Most important recent publications (max 5): <i>(list)</i>



<b>Previous academic and/or research experience (including any relevant to the project):</b>	
<b>Your role in this project:</b>	
<b>Working time devoted to this project (FTE equivalent):</b>	
<b>If the proposed research is part of a degree, please advise what degree and the year you are in:</b>	



Max 5 Co-Applicants

DETAILS FOR CO-APPLICANT 1	
First Name:	
Last Name:	
Title:	Dr    A/Prof    Prof    Mr    Miss    Ms    Mrs    Other

Qualification	Year	Institution

Institution or Practice:	
Position:	
Email:	
Phone:	

Honours/Prizes: <i>(list)</i>

Total number of publications: <i>(list total number/s and type)</i>

Most important recent publications (max 5): <i>(list)</i>

Previous academic and/or research experience (including any relevant to the project):

Role of co-applicant in this project:	
Working time devoted to this project (FTE equivalent):	
If the proposed research is part of a degree, please advise what degree and the year the co-applicant is in:	



**DETAILS FOR CO-APPLICANT 2**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Title:</b>	Dr    A/Prof    Prof    Mr    Miss    Ms    Mrs    Other

Qualification	Year	Institution

<b>Institution or Practice:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Honours/Prizes:</b> <i>(list)</i>	

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<b>Total number of publications:</b> <i>(list total number/s and type)</i>

<b>Most important recent publications (max 5):</b> <i>(list)</i>

<b>Previous academic and/or research experience (including any relevant to the project):</b>

<b>Role of co-applicant in this project:</b>	
<b>Working time devoted to this project (FTE equivalent):</b>	
<b>If the proposed research is part of a degree, please advise what degree and the year the co-applicant is in:</b>	



**DETAILS FOR CO-APPLICANT 3**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Title:</b>	Dr    A/Prof    Prof    Mr    Miss    Ms    Mrs    Other

Qualification	Year	Institution

<b>Institution or Practice:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Honours/Prizes:</b> <i>(list)</i>	
<b>Total number of publications:</b> <i>(list total number/s and type)</i>	
<b>Most important recent publications (max 5):</b> <i>(list)</i>	
<b>Previous academic and/or research experience (including any relevant to the project):</b>	
<b>Role of co-applicant in this project:</b>	
<b>Working time devoted to this project (FTE equivalent):</b>	
<b>If the proposed research is part of a degree, please advise what degree and the year the co-applicant is in:</b>	



**DETAILS FOR CO-APPLICANT 4**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Title:</b>	Dr    A/Prof    Prof    Mr    Miss    Ms    Mrs    Other

Qualification	Year	Institution

<b>Institution or Practice:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Honours/Prizes:</b> <i>(list)</i>	

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<b>Total number of publications:</b> <i>(list total number/s and type)</i>

<b>Most important recent publications (max 5):</b> <i>(list)</i>

<b>Previous academic and/or research experience (including any relevant to the project):</b>

<b>Role of co-applicant in this project:</b>	
<b>Working time devoted to this project (FTE equivalent):</b>	
<b>If the proposed research is part of a degree, please advise what degree and the year the co-applicant is in:</b>	



**DETAILS FOR CO-APPLICANT 5**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Title:</b>	Dr    A/Prof    Prof    Mr    Miss    Ms    Mrs    Other

Qualification	Year	Institution

<b>Institution or Practice:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Honours/Prizes:</b> <i>(list)</i>	

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<b>Total number of publications:</b> <i>(list total number/s and type)</i>

<b>Most important recent publications (max 5):</b> <i>(list)</i>

<b>Previous academic and/or research experience (including any relevant to the project):</b>

<b>Role of co-applicant in this project:</b>	
<b>Working time devoted to this project (FTE equivalent):</b>	
<b>If the proposed research is part of a degree, please advise what degree and the year the co-applicant is in:</b>	





**Only complete this section if you are applying for a Project Grant**

## Project Grant

### Section 2: Proposed Investigation

<b>Project Title:</b>	
<b>Summary of research:</b> <i>(written in plain English, no more than 300 words)</i>	
<b>Project start date:</b>	
<b>Project end date:</b>	
<b>Timeline for project:</b> <i>(to be uploaded via submittable) Acceptable file types: .csv, .doc, .docx, .pdf</i>	
<b>Aims of investigation:</b> <i>(Note – as a guide, Aims of investigation, Background, Literature review and Research design {including Specific objectives, Research hypotheses, Experimental approach, Methodological detail, Statistical analysis and Significance of this research} inclusive, should be no more than four (4) A4-sized pages equivalent)</i>	
<b>Background to project:</b>	
<b>Literature review:</b>	



RESEARCH DESIGN	
<i>Please enter N/A for any fields that are not applicable to your application</i>	
<b>Specific objectives:</b>	
<b>Research hypotheses:</b>	
<b>Experimental approach:</b>	
<b>Methodological detail:</b> <i>(be clear and succinct e.g. consider using a flow chart)</i>	
<b>Statistical analysis:</b>	
<b>Significance of this research:</b>	



<b>Questionnaires for your research:</b> <i>(to be uploaded via submittable) Select up to 5 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf</i>				
<b>Other supporting documentation:</b> <i>(to be uploaded via submittable) Select up to 10 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv</i>				
<b>Facilities available for your project:</b>				
<b>Details of grant requested:</b> <i>Itemise and justify each proposed item of expenditure; for example, laboratory expenses must be itemised.</i>				
<b>Total salaries for each year:</b>				
	Salary	ACC Levy	Superannuation/Kiwisaver	Total
Year 1				
Year 2				
<b>Equipment:</b> <i>Include details for the expected rate of use</i>				



<p><b>Quotations for equipment over \$500:</b> <i>(to be uploaded via submittable) Select up to 10 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png</i></p>
<p><b>Details of your working expenses:</b> <i>(to be uploaded via submittable) List each item of expenditure under the following headings: Materials and consumables, Computer charges, Technical services, ACC levies, Travel and Other costs (specify). Select up to 2 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf</i></p>
<p><b>Justification of budget items:</b></p>
<p><b>Details of financial support already obtained for this project and/or other applications in progress:</b></p>
<p><b>Further details of grant requested:</b> <i>Upload a file detailing any further information you wish to submit. Acceptable file types: .csv, .doc, .docx, .pdf</i></p>
<p><b>Literature references:</b> <i>(list)</i></p>



**Only complete this section if you are applying for an Equipment Grant**

## Equipment Grant

### Section 2: Proposed Equipment

<b>Type of equipment required:</b>	
<b>Summary of research in which equipment will be used:</b> <i>(written in plain English, no more than 300 words)</i>	
<b>Expected rate of use by the applicant and other research workers:</b>	
<b>Total funding requested:</b>	
<b>Full description of equipment:</b> <i>(including model number etc.)</i>	
<b>Is an integrated system required?</b> <i>If so, please detail the following</i>	
<i>Supplier details:</i>	
<i>Details of each major component:</i>	
<i>Are these components provided by different manufacturers?</i>	
<i>(If yes to previous) Give evidence that they will operate satisfactorily together:</i>	



<b>Delivery arrangement:</b>
<b>Consumables necessary for operation of equipment: <i>Please list</i></b>
<b>Alternative equipment available:</b>
<b>Reasons why alternative equipment is not selected:</b>
<b>Where will the equipment be located:</b>
<b>How will it be used:</b>
<b>Frequency of use:</b>



<b>Anticipated life of the equipment:</b>	
<b>How will it be disposed of at the end of life:</b>	
<b>Details of financial support already obtained for this equipment:</b>	
<b>Full cost of the equipment:</b> <i>(including GST, if relevant)</i>	
<b>Cost of consumables:</b>	
<b>Cost of service contracts:</b>	
<b>Quotations:</b> <i>(to be uploaded via Submittable) Select up to 5 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png</i>	
<b>Supporting documentation:</b> <i>(to be uploaded via Submittable) Select up to 10 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv</i>	



**Only complete this section if you are applying for a Travel Grant**

## Travel Grant

### Section 2: Proposed Travel and Justification

<b>Full description of proposed travel:</b>	
<b>Reason/justification for this travel:</b>	
<b>Departure date:</b>	
<b>Return date:</b>	
<b>Details of full itinerary:</b> <i>Alternatively, place N/A in this box and use Submittable to upload your itinerary. Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff</i>	
<b>Provide evidence that your employer will grant leave to allow this travel?</b> <i>Alternatively, place N/A in this box and use Submittable to upload evidence. Acceptable file types: .csv, .doc, .docx, .pdf, .wpd, .jpg, .jpeg, .png</i>	
<b>Details of financial support already obtained for this travel:</b>	





Total cost of travel:	
<b>Quotations for travel costs:</b> <i>(to be uploaded via Submittable). Select up to 10 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png</i>	

**Only complete this section if you are applying for an Other Grant**

## Other Grant

### Section 2: Proposed Activity

<b>Full description of the activity to be funded:</b>	
<b>Project start date:</b>	
<b>Project end date:</b>	
<b>Timeline for project:</b> <i>(to be uploaded via submittable). Acceptable file types: .csv, .doc, .docx, .pdf</i>	
<b>Detail the benefits of this project:</b>	
<b>Describe how oral health research in NZ will benefit generally from this activity:</b>	
<b>Details of financial support already obtained for this project and/or other applications in progress:</b>	



<b>Details of grant requested:</b> <i>Itemise and justify each proposed item of expenditure</i>
<b>Details of anticipated expenses:</b> <i>Provide relevant totals. These may be uploaded to Submittable as a file. Acceptable file types: .csv, .doc, .docx, .pdf</i>
<b>Justification of budget items:</b>
<b>Total funding requested:</b>
<b>Supporting documentation:</b> <i>(to be uploaded via submittable). Select up to 10 files to attach. Acceptable file types: .csv, .doc, .docx, .pdf, .jpg, .jpeg, .png, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv</i>
<b>Literature references:</b> <i>Please list.</i>



### Section 3: Reviewers *(complete this section for all grant applications)*

Please provide details of **four** (**two** for a Travel Grant) researchers who are experts in your area of study but **are not involved in your project, with whom you have no research connection and should ideally be located outside of the organisation within which the study will be undertaken**. Ensure you have the reviewer's **consent** to include their details in the application. Include a brief statement of their contributions to the field.

DETAILS FOR REVIEWER 1	
First Name:	
Last Name:	
Email:	
Contribution to the field:	

DETAILS FOR REVIEWER 2	
First Name:	
Last Name:	
Email:	
Contribution to the field:	

DETAILS FOR REVIEWER 3	
First Name:	
Last Name:	
Email:	
Contribution to the field:	

DETAILS FOR REVIEWER 4	
First Name:	
Last Name:	
Email:	
Contribution to the field:	



## Section 4: Required Forms *(complete this section for all grant applications)*

You will be required to upload signed copies of the applicable documentation for your project. **ALL projects are required to upload a signed Administrative Agreement.** Acceptable file types: .pdf

### ADMINISTRATIVE AGREEMENT

1. It is understood and agreed by the undersigned that any grant received from the NZDRF will not be expended for any other purpose than that described in this application without the prior consent of the NZDRF.
2. The host institution agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless the NZDRF against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
3. The host institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfilment.

We the undersigned have read the administrative agreement above and undertake to abide by the conditions of this agreement in respect of any grant made by the NZDRF.

**Applicant name:** ..... **Signed:** ..... **Date:** .....

Co-applicant name: ..... Signed: ..... Date: .....

Co-applicant name: ..... Signed: ..... Date: .....

Co-applicant name: ..... Signed: ..... Date: .....

Co-applicant name: ..... Signed: ..... Date: .....

Name: ..... Signed: ..... Date:.....  
(Head of Department)

Name: ..... Signed: ..... Date:.....  
(Head of School, Faculty or Institution)

Name: ..... Signed: ..... Date:.....  
(Authorised official on behalf of host Institution, University or District Health Board)



**Ethical Agreement:** Ethical Agreement will be available in the Project Grant form.  
*If your project does not require an ethical agreement, please state why. Acceptable file types: .pdf*

ETHICAL AGREEMENT

Title of Project:

You are *not* required to apply for Ethics Committee approval *prior* to submitting this grant application. However, the undersigned affirm that in any research project involving experimentation with animal or human participants (or material), will subject the proposal to a properly constituted University or other recognised Ethics Committee for consideration by that group to ensure that it meets with appropriate ethical standards for such experimentation.

The undersigned also acknowledge that if a grant is awarded prior to ethics approval, the award is conditional on the NZDRF **receiving** evidence that ethical approval **has been approved** before the grant is activated.

Applicant name: ..... Signed: ..... Date: .....

Applicant name: ..... Signed: ..... Date: .....  
(Head of School, Faculty or Institution)

**Privacy Agreement:** A Privacy Agreement will be available in the Project Grant form. *Required if your project includes private health information or patient records. Acceptable file types: .pdf*

**PRIVACY OF HEALTH INFORMATION AGREEMENT**

The Privacy Act 2020 imposes certain obligations on researchers. For example, if individuals can be identified in a report, permission must be obtained from each person; records concerning human participants must be kept safe and secure; records collected for one purpose may not be used for another; and all personal research information must be destroyed when a project is complete.

The undersigned signify that all relevant requirements of the Privacy Act 2020 and Health Information Privacy Code 2020 will be complied with in this research.

Applicant name: ..... Signed: ..... Date:.....

