Deakin University

**Research Equipment Support Scheme (RESS)**

**Application Form 2016**

The closing date for the application is **9:00am Monday 9 November 2015**

**SECTION A**

1. Proposal title

Name of the item of equipment to be acquired

|  |
| --- |
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1. Summary of Proposal

Maximum 100 words - focus on the aims, significance and expected outcomes

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1. Lead Chief Investigators (CIs) from each Faculty / SRC / Institute

The first listed CI will be considered the primary contact. Their nominated Faculty or the Institute for Frontier Materials (IFM) will be considered the primary Faculty / Institute. The lead Chief Investigator (CI) must be an employee at Deakin University for at least half-time (i.e. 50 per cent of Full Time Equivalent). Only one CI from each Faculty/SRC/Institute should be listed as a lead CI.

**NB**: Individuals may only be nominated as Lead CIs (ie in this section) on two applications in the 2016 round.

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| --- | --- | --- | --- |
| Title, given name and surname | Position held | Faculty / IFM | SRC (if member) |
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Add rows as necessary

1. Current Access Arrangements

|  |  |
| --- | --- |
| Is this equipment currently accessed outside Deakin? | Yes / No |
| If so, name the location/organisation? |  |
| How much does it cost to use the equipment at this location? |  |
| What are the benefits for purchasing this equipment *vs*. outsourcing? |

1. Proposed location of equipment

Provide details of proposed location for the equipment e.g. campus and building or other organisation name and address (e.g. CSIRO, Portarlington Rd, secure area xxx).

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1. Equipment Dimensions

What are the overall dimensions (footprint) of the equipment? Please provide the dimensions in millimetres.

|  |  |  |
| --- | --- | --- |
| **Height**  | **Width** | **Depth** |
|  |  |  |

**SECTION B**

1. Equipment Requests: List all items of equipment in priority order. All requested amounts must be in AUD and must EXCLUDE GST

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Priority  | Requested Item Name | Supplier | Amount of Preferred quote\* $AUD | Amount requested $AUD | Comments (e.g. best deal quoted, superior model) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| **TOTAL AMOUNT REQUESTED** (add to 4a in table below) | **$xxx** |

 Add rows if necessary \*Preferred quotations must be provided at Attachment D and be exclusive of GST.

1. Installation and Commissioning Costs: Detail any work / testing required and specify whether installation or commissioning cost. All requested amounts must be in AUD and must EXCLUDE GST

|  |  |  |
| --- | --- | --- |
| Type or work required  | Installation or Commissioning cost? | Amount requested $AUD |
|  |  |  |
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| **TOTAL AMOUNT REQUESTED** (add to 4a in table below) | **$xxx** |

 Add rows if necessary

1. Participating Faculties / Institutes / SRCs / External Organisations / Funding Bodies and contributions

The first listed CI is considered the primary contact. Their nominated Faculty/Institute is considered the primary Faculty/Institute.

Authorisation from each contributing Faculty / SRC / Institute or External Organisation is required and must be provided. By signing this application, the authorised officer of each Faculty / SRC / Institute or External Organisation acknowledges that they support the equipment request and that they authorise the listed financial contribution. Where an area or organisation is providing no funding, please specify ‘NIL’.

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty / SRC / Institute or External Organisation/Funding Body Name  | List any Cash Contribution Amount or ‘NIL’ | Specify if Equipment contribution or Operating cost | Printed Name & Signature\* of Authorised Faculty / SRC / Institute Officer |
| *Primary Faculty/Institute MUST be listed first* | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
| **TOTAL** (copy to 4b in table below) | **$xxx** |  |

 Add rows if necessary.

 \* Electronic signatures accepted. Please, do not use Adobe’s ‘Sign’ function.

1. Funding Summary

|  |  |  |
| --- | --- | --- |
| 4a | Funds requested from Deakin Research (Total of # **B1** & # **B2**) | $ |
| 4b | **Total** of funds from participants listed in # **B3** above | $ |
|  | **TOTAL** | **$** |

**SECTION C**

1. ABS Codes

Provide Field of Research (FOR) Classification and Socio-Economic Objective (SEO) (major use only - 20% and above).

The Research Classification codes can be obtained from the following webpage: <http://www.deakin.edu.au/research/grants/resources.php>

List a maximum of **three (3)** **codes** only for each section. Percentages must equal 100%.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR code** | **%** |  | **SEO code** | **%** |
|  |  |  |  |  |
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1. Research Type

Percentages must equal 100%

The research definitions are available on the webpage below: <http://www.deakin.edu.au/research/grants/research-definitions.php>

|  |  |  |  |
| --- | --- | --- | --- |
| Strategic |  % | Basic |  % |
| Experimental |  % | Applied |  % |

1. Attach supporting documentation

[ ]  **Attachment A: Supporting Argument**

**[ ]  Attachment B: Publications and Research Support** for each lead CI as listed at Section 3

**[ ]  Attachment C: Participants**

**[ ]  Attachment D: Copy of preferred quotations**

**[ ]  Attachment E: Statement by Lab / Technical Manager**

Double click check box to tick (x)

# Attachment A: Supporting Argument

The supporting argument must address the criteria below - use the following headings (delete the *instructional text*). 3 page maximum.

1. Significance of the research to be supported (25%)

*Provide a statement of the significance of the research activity to be supported and how the equipment will enhance this activity*

*Provide details as to whether the equipment purchase will be used to leverage further external research funding*

1. Need, use and level of demand for the proposed equipment (25%)

*Detail the need for the equipment*

*Provide details of operating costs of the equipment, including staffing if necessary, and how these costs will be met (NB: continuing costs are not eligible items for funding under this scheme);*

*Provide details as to whether the equipment will replace existing equipment and why*

*Demonstrate whether purchasing the equipment outweighs the benefits of accessing the equipment elsewhere and makes a sound, longer term investment*

1. Alliance and commitment between the named internal and external parties (25%)

*Provide a description of the extent and nature of the collaboration between Faculties, Strategic Research Centres, Institutes, Schools and other institutions*

*Outline the strategy for access to the equipment that will be used to maximise the use of the equipment. Ensure plans are realistic and workable.*

*Cover the cooperative arrangements, including access and resource sharing. Have you investigated whether adequate space exists to house the equipment and that there is no need for further modification to accommodate the equipment eg is the existing power supply appropriate for the equipment or is there a need to provide specific plumbing? Provide a statement to demonstrate these aspects and to show you have the support of the party who will install and house the equipment.*

*List of any external collaborating organisations / institutions and outline their contribution and participation*

1. Track record of lead CI’s and excellence of the listed participants (25%)

*Please Note: Track record of lead CI’s will be determined by the information provided at Attachment B.*

*Provide details of staff and resources involved in the research, demonstrating the quality of the researchers listed as participants at Attachment C.*

# Attachment B: Publications & Research Support (Lead CI’s only)

*Only the lead CI’s listed at Section 3 are required to provide this information. Use the following template and duplicate the template for each CI. Maximum of 5 pages per CI.*

|  |  |
| --- | --- |
| **CI’s Name:** |  |

### PUBLICATIONS: (Since January 2010)

*List the most significant publications over the last five years for each lead CI which are relevant to the Proposal.*

*Include citation and impact factor information for the CI’s top 10 publications*

# Attachment B (continued): Research Support (Lead CI’s only)

*Provide a list of all successful grant applications over the last five years in the table below*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description(list named investigators on any grant / project / fellowship in which a participant is involved. Provide project title, source of support, scheme and round) | Same Research Area(Yes/No) | Proposal/ Project ID(if applicable) | 2010 ($’000) | 2011 ($’000) | 2012 ($’000) | 2013 ($’000) | 2014 ($’000) |
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Add rows as necessary

# Attachment C: Participants

*Provide details of all investigators (including Chief Investigators listed at Section 3) who will be using the facility. List the following:*

* *Name of participants, respective SRC, Faculty and/or Institute*
* *Involvement in the project (average days per month) NB: ensure total days per month do not exceed 21 unless you can demonstrate that the equipment can be used concurrently by a number of researchers.*
* *For the purposes of this scheme, a researcher is considered to be an ECR if their PhD was conferred within 5 years of the date of submission (1 January 2016)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of participating staff members | Name of SRC, Faculty and / or Institute  | Estimated use (days / month) | ECR?(tick) | Signature\* of Researcher |
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\* Electronic signatures accepted. Please do not use Adobe’s ‘Sign’ function.

# Attachment D: Preferred quotations

### (Attach copies of original quotations and any explanatory letters)

* Quotes or covering letters must include, as a minimum, the following information:
	+ Will the equipment be available and ready for installation in 2016?
	+ All costs including purchase, commissioning and installation costs should be detailed and specified
	+ All costs should exclude GST
* Quotes do not have to be provided in Australian Dollars (AUD) but please note that award funds will be provided in AUD

# Attachment E: Lab / Technical Manager Statement

*The following must be completed by the relevant laboratory / technical manager for the applicant’s Faculty/School/IFM and location, or the location’s authorised personnel if the equipment is to be located at CSIRO or Barwon Health (refer p 3 of the Guidelines).*

1. I have considered the complete RESS application and I confirm the following:

|  |  |
| --- | --- |
| [ ] (Double click to x) | The equipment does not already exist  |
| [ ] (Double click to x) | The equipment does exist  |
| If the equipment does exist, why should this request be supported? |

1. Suitability of location

The specified location (refer Section A – Question 5 above) is suitable for installation of the equipment.

[ ]  Yes [ ]  No

If the location is **not** suitable please indicate why. Is there a more suitable location available to house the equipment? If yes, please give details of the location. If no alternate location exists please alert the applicants as this application cannot be considered for funding. .

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1. Additional information

Provide any other additional information associated with the acquisition, installation, commissioning or decommissioning of this equipment. For example, specific installation / modification costs such as plumbing for gas/water, upgrading of power supply, strengthening of floor or other building modification (costs of modifications should be outlined and costed at Table 7 as an installation cost), decommissioning from secure facility.

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1. Confirmed by:

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| --- | --- |
| Name: | Position: |
| Signature: | Date: |

 Electronic signature can be inserted. Please do not use Adobe’s ‘Sign’ function.