



AUSTRALIAN COMPANION ANIMAL HEALTH FOUNDATION GRANT APPLICATION 2020

Applications are sought for grants (usually up to \$10,000) for research into the causes, prevention and cure of diseases in animals seen in small animal veterinary practice (canine, feline and other companion animal species).

Grants will be for one year only, however, successful applicants may apply for further funding the following year. Such applications will need to demonstrate satisfactory achievement of the project's initial goals and will compete with all other applications submitted for funding in that year.

- Successful applications will be funded from the following sources: **The Estate of the Late Elizabeth Ruth French, The Estate of Patricia Williams, The Hilda Whitton Memorial Fund, The Sue Du Val Memorial Fund, the Ottie Testa Memorial Fund and the ACAHF general account.** The source of funding will be notified and should be suitably acknowledged by the recipient in all publications, presentations, etc. resulting from the research.
- Applications for funds must be made using the attached pro forma.
- Applicants from universities or other institutions must ensure that their applications are approved by the relevant institutional ethics committee, for projects involving the use of animals, before the project commences. Applicants who are not associated with such an institution must certify that their experiments will be conducted in accordance with the NHMRC/CSIRO Code of Practice for the use of Animals in Research in Australia.
- Applicants from universities or other institutions must submit their applications through the appropriate designated official.
- Preference will be given to veterinary applicants who are firstly ASAV members and secondly AVA members. Proof of AVA and ASAV membership (e.g. membership number) must accompany the application.
- Applications must be emailed to: **ellen.simpson@ava.com.au**
Subject heading: 2020 ACAHF Grant Application

Any queries, please call/email: **(02) 9431 5090 or ellen.simpson@ava.com.au**

Please submit all applications via email no later than the closing date of Monday, 3rd February 2020.

- A report detailing progress on the project shall be furnished half yearly to the Foundation. Accompanying such report shall be a statement certifying that the money granted to each project has been spent in accordance with the terms of the grant.
- A terminating report shall be submitted to the Foundation within six months of the period for which the project was funded, or such extended time as the Foundation shall permit. This final report shall give details of the aims and objectives of the project and how they have been met.
- Any publications resulting from the work supported by the Foundation should acknowledge the source of such support and the Foundation shall be entitled to receive free of cost a copy of any publications and any theses resulting from the work.
- The Foundation reserves the right to report briefly on the outcome of funded projects in its annual report, in promotional literature and/or in the Australian Veterinary Practitioner. The wording of such reports will be subject to the approval of the senior researchers.



The Australian Companion Animal Health Foundation (ACAHF) is a non profit, tax exempt Trust of the Australian Veterinary Association Limited (AVA).

**AUSTRALIAN COMPANION ANIMAL HEALTH FOUNDATION (ACAHF)
Application for Funds 2020**

1. Organisation

2. Department

3. Contact phone number/s

4. Contact e-mail address

5. Contact address

6. Project Title

7. Location

8. Staff

NB: Give qualifications and appointment of the Chief Investigator and the person who will be spending the most time on the project. Give an estimate of the number of hours per week likely to be devoted to the project by each of these people.

Chief Investigator: _____ Hours Estimate: _____

AVA Member? Y N ASAV Member? Y N AVA Membership Number: _____

Other research staff: _____

_____ Hours Estimate: _____

AVA Member? Y N ASAV Member? Y N AVA Membership Number: _____

9. Critical Dates

Commencement date of project: _____

Anticipated completion date: _____

10. Summary of funds required

NB: ACAHF grants fund the direct costs of research, but not overheads. We expect the organisations we fund to cover overhead costs.

Total salaries: \$ _____

Total Maintenance Costs: \$ _____

Total Animals & Capital Items: \$ _____

GROSS TOTAL COST: \$ _____

Estimated Income: (if any): \$ _____

11. Is it proposed that any person whose work is supported by this grant will enrol in a higher degree?

Y N

If yes, please give details:

12. Details of funds provided or being sought from other sources for this or related projects

13. Description of project (please attach)

This section should include:

- Clearly stated aims, methods and current state of knowledge.
- A timetable for the prosecution of the project.
- A projection of the likely state of knowledge at the end of the project, and the relevance of this to the health of companion animals in Australia.
- Information on how information generated by the project will be disseminated to those able to make use of it.
- Justification of funds requested.
- A list of relevant publications by the Chief Investigator and any other research worker who will be associated with the project.

14. I certify that this project has already been approved by the relevant institutional ethics committee, or

I acknowledge that this project will need an application approved by the relevant institutional ethics committee before any awarded funds are paid and that the Foundation will require written confirmation of such approval.

I certify that this work will be conducted in accordance with the NHMRC/CSIRO Code of Practice for the Care and Use of Animals in Research in Australia.

Name of Chief Investigator: _____

Signature: _____ Date: _____

15. Agreement by Head of Department(s) and/or other authorised persons that facilities are available and that he/she is agreeable to the location of this project under his/her jurisdiction.

Name of Department Head: _____

Signature: _____ Date: _____

Name of Department Head: _____

Signature: _____ Date: _____