

Programs and Partnerships Application Form

Form Preview

Applicant history

* indicates a required field

Have you or anyone on the application previously received funding from the Stan Perron Charitable Foundation? *

- ☐ Yes
☐ No

If you answer YES please complete Section 2 below

Previous Funding Support

What was the total amount funded?

\$

Must be a dollar amount.

What was the name of the program?

Date of funding

Must be a date.

For Funds received by multiple investigators or groups of researchers please include details in your Biosketch.

Chief Investigator/Main Applicant

* indicates a required field

How many investigators are involved in the application?

Must be a number.

No more than 10 investigators

Chief Investigator/Main applicant *

Title	First Name	Last Name
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organisation name *

Organisation Name

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Organisation Website Address *

Must be a URL.

Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Investigator Details

Investigator

Title

First Name

Last Name

Organisation name

Organisation Name

Primary website address

Must be a URL.

Address

Address

Postal Address

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Address

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Applicant Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Application Contact if different from the main applicant

Title First Name Last Name

Position within organisation

Phone Number

Must be an Australian phone number.
Please include Area Code.

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Email Address

Must be an email address.

Program/Partnership details

* indicates a required field

Research details

Only complete the sections that are relevant to your application. If not applicable, please answer "Not Applicable".

Proposal Title *

Must be no more than 100 words.

What is the primary type of research you are requesting funding for? *

- ☐ Programs - Clinical Research
- ☐ Programs - Basic Research
- ☐ Programs - Health Services Research
- ☐ Programs - Population Health Research
- ☐ Partnerships - Clinical Research
- ☐ Partnerships- Basic Research
- ☐ Partnerships - Health Services Research
- ☐ Partnerships - Population Health Research
- ☐ Other:

Note: single research projects are not eligible for program funding and will not be assessed. Please contact Dr Barbara Sheil at info@perronfoundation.org.au to discuss further.

Provide a plain language summary of your proposal *

Word count:

Must be no more than 200 words.

Executive Summary/Abstract *

Word count:

Must be no more than 450 words.

Describe your program or partnership research plan including information on the following (research proposal);

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1. Background
2. Methodology
3. Consumer and community engagement
4. Problem being addressed
5. The short and long term outcomes of the project
6. How the research translates into better health
7. Who is involved and what will they be doing

Please attach your research proposal

*

Attach a file:

Maximum of 10 pages including figures and references

Start Date *

Must be a date.

End Date *

Must be a date.

What are the primary areas of focus for this project/program? *

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Who are the expected primary beneficiaries of this project/program?

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Where will the research take place *

Research must be lead and administered from Western Australia

How many people will be DIRECTLY impacted by this proposal? *

Must be a number.

How many people will be INDIRECTLY impacted by this proposal?

Must be a number.

How will you demonstrate the Perron Way in your research? *

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Word count:

Must be no more than 100 words.

Read about the Perron Way on <https://www.perrongroup.com.au/vision-values>

Select from the list below to indicate the geographic reach of your proposal *

- ☐ Metropolitan
- ☐ Inner regional
- ☐ Outer regional
- ☐ Remote
- ☐ Across all areas

How will the outcomes be sustained beyond the life of the proposal? *

Word count:

Must be no more than 100 words.

Describe the risks associated with this proposal and your risk management plan *

Word count:

Must be no more than 300 words.

What are the research milestones and timelines?

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

Key Exclusions:

The Foundation will generally NOT fund organisations related to religious belief, ethic and racial groups or political activity nor programs or activities that are clearly a core responsibility of Government.

Financial Considerations and Budget

* indicates a required field

Financial Considerations

Total Grant Round Amount Requested from All Sources *

\$

Must be a dollar amount.

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Total Amount Requested from the Stan Perron Charitable Foundation *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Have you sought Government Assistance/other funding? *

☐ Yes

☐ No

If you answer yes, please attach correspondence

Supporting documentation - Government assistance/other funding

Attach a file:

Provide details of other sources of funding to deliver this proposal, including funding requested and received? How does this application fit into the funding plan?

Word count:

Must be no more than 100 words

Is your Grant Amount expected to be paid over multiple years? *

☐ Yes

☐ No

Amount Requested Year 1

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested Year 2

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

Amount Requested Year 3

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

Amount Requested Year 4

\$

Must be a dollar amount.

Must be a dollar amount. What is the amount (in dollars only) of the total requested funds committed to the fourth year.

Amount Requested Year 5

\$

Must be a dollar amount.

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Must be a dollar amount. What is the dollar amount (in dollars only) of the total funds committed to the fifth year.

Budget

Income	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Budget

Expenditure	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Budget Justification

Budget justification *

Outline the reasons for each budget items

Applicant Payment Details - Electronic Payment

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Name of Bank

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

OFFICE USE ONLY - DO NOT COMPLETE BELOW

Account name

BSB

Must be a number.

Account Number

Must be a number.

Confirmation of Banking Details

Please upload a copy of institution's bank deposit slip or header of bank statement showing institution name and bank account details

Attach a file:

Attachments

* indicates a required field

Biosketches, Budget, Letters of Support, Proposal Plans

Applicant Biosketches *

Attach a file:

Please combine all bio sketches in one file

Supporting letter - lead institution, collaborators and consumers *

Attach a file:

Please combine all supporting letters in one file

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Other

Attach a file:

Please combine all other documents including milestones and budgets if applicable in one file

Privacy Collection Statement

Your privacy is respected by the Stan Perron Charitable Foundation. The personal information you provide on this form will be used to assess your eligibility. If you do not provide the requested information, we may not be able to confirm your eligibility.

Submission of this application to the Stan Perron Charitable Foundation does not expressly mean or imply that the Stan Perron Charitable Foundation has accepted your application. The Stan Perron Charitable Foundation is under no obligation, legal or otherwise to process your application to a successful conclusion. Each application will be determined on its merits, and with the Stan Perron Charitable Foundation funding guidelines. The Stan Perron Charitable Foundation is not liable for any loss or damage whatsoever upon your application being declined.

For further information regarding the Stan Perron Charitable Foundation Privacy Policy please refer to the Stan Perron Charitable Foundation website www.perronfoundation.org.au/privacy-policy