

Funding Expression of Interest

| Applicant Details | |
|---|--|
| Full Name | |
| Email | |
| Phone | |
| Position | |
| Institution | SALHN Flinders University Other |
| Location | |
| Division | |
| Department/Ward | |
| Project Details | |
| Project Type | Research Patient Care Staff Recognition, Education, Health and Wellbeing |
| Is this a new or ongoing project? | New Ongoing |
| Project Title | |
| Please list the project aims and objectives | |

Project summary

What is the need or gap this project is aiming to address?

Please provide evidence of how the need or gap has been identified (ie. through research, consumer feedback etc)

| | |
|---|--|
| <p>How does the project align with the strategic priorities of your institution (ie. Flinders University or SALHN)</p> | |
| <p>How many people will benefit? And who are they?</p> | |
| <p>What are the expected project outcomes?</p> | |
| <p>How will the outcomes be measured?</p> | |

| Key Dates | |
|---|--|
| Start Date | |
| End Date | |
| Other key project milestones | |
| Budget | |
| Total project cost (excl. GST) | |
| Amount requested from Flinders Foundation (excl. GST) | |
| Please provide a detailed description of the budget items (or attach to the application) | |
| Please list other funders or support received for this project. | |
| Can the project proceed without Flinders Foundation's support? | |

| Project Team | |
|--|--|
| <p>Please list the project team members, and their respective role in the project.</p> | |
| Project Governance | |
| <p>Are there any barriers or risks that have been identified that could affect the project?</p> | |
| <p>Is Ethics approval required?</p> | <p style="text-align: center;">Yes No</p> |
| <p>Please declare any conflicts of interest in relation to this application.</p> | |
| Communications | |
| <p>How will the project be promoted?</p> | |
| <p>How will Flinders Foundation's support be acknowledged?</p> | |

| Endorsement (SALHN ONLY) | | | |
|--|-----|-------------|--|
| Has this application been endorsed by your Clinical Director/Executive | Yes | No | |
| Clinical Director/Executive Name | | | |
| Position | | | |
| Email | | | |
| Declaration | | | |
| <p>In the event that this application is successful, I agree to:</p> <ul style="list-style-type: none"> ● spend the funds provided by Flinders Foundation solely for the purpose as described in this expression of interest, unless otherwise approved by Flinders Foundation ● advise Flinders Foundation of any changes to the project, if the project is terminated, or if funds are not expended on the agreed terms ● keep complete and accurate records of use of the funds, and make these records available to Flinders Foundation on request ● return any unspent funds to Flinders Foundation at the conclusion of the project ● provide updates and acquittal reports to Flinders Foundation within the agreed timeframes ● acknowledge Flinders Foundation as the funder, and feature Flinders Foundation in any publicity regarding the project ● participate in Flinders Foundation promotional activities regarding the project, including supporter communications and media opportunities (if relevant). <p>I certify that, to the best of my knowledge, all the information provided in this form is true and correct, and if my application is successful, I agree to abide by Flinders Foundation's grant guidelines.</p> <p>I also acknowledge that my contact details along with the project information listed in this application will be added to Flinders Foundation's database, and managed inline with Flinders Foundation's Privacy Policy.</p> | | | |
| Applicant Name | | | |
| Signature | | Date | |

Please submit this completed form and any relevant attachments to grants@flindersfoundation.org.au. Thank you.