FY27 Equipment Grants Application - Round 1
Form Preview

TPCH Foundation Research Equipment Grant Application

* indicates a required field

Please ensure you read the Grant Guidelines before completing your submission. If you have any queries please contact the Foundation's Research Team (research@tpchfoundation.org.au).

Eligibility

To be eligible for consideration, the requested equipment must be located at The Prince Charles Hospital (TPCH). The equipment must remain onsite unless prior written approval is granted for alternative arrangements.

The item being purchased must be a piece of equipment that supports research at TPCH, and fit the definition of a "non-human resource".

This **includes**:

- Specialised IT equipment
- Software for specific implementation of research
- Additional items for research and support e.g. specialist smaller equipment

and specifically **excludes:**

- Consumables
- Personal laptops
- General Queensland Health or University computers

Prior to Application

Applicants must obtain endorsement from their Business Manager and administering institute (e.g. TPCH or University) **prior to submission**. This includes, but is not limited to, confirmation that the equipment is needed, that there is space to store the equipment, and that the administering institute will take responsibility for the purchase, maintenance and servicing of the equipment.

Applicant Details

Applicant * Title First Name Last Name

Email *

Office Phone Number *

Mobile *

Professional association with TPCH *

Academic Qualifications *

Gender *

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Other:
- ○ Prefer not to say

Institutional details and endorsement

* indicates a required field

Where will the equipment be located? *

Please be specific e.g. building, ward, room

Administering Institution *

Who will purchase, own and maintain the asset? E.g. TPCH, University, Research Group

Will any additional stakeholder engagement be required? *

- ○ Yes
- ○ No

E.g. BEMS (building, engineering and maintenance services), BTS (biomedical technology services), Infection Control, IT Services

If stakeholder engagement is needed, please describe what support is required.

Any potential additional costs involved must be considered. Indicate whether these are included in the current request for funding.

Have you obtained endorsement from the administering institution and your Business Manager or appropriate delegate? *

- ○ Yes
- ○ No

This includes but is not limited to confirmation that the equipment is needed, that there is space to store the equipment, and that the administering institute will take responsibility for the purchase, maintenance and servicing of the equipment

Please attach evidence of Institutional and Manager/Delegate endorsement of this application. *

Attach a file:

E.g. email confirmation, letter of support, or other evidence

Equipment details

* indicates a required field

What is the primary priority area that your research addresses? *
○ Heart
○ Lung
○ Mental Health
○ Ageing
○ Paediatrics
○ Other:

Please indicate if your research addresses any other Foundation priority areas.
☐ Heart
☐ Lung
☐ Mental Health
☐ Ageing
☐ Paediatrics
☐ Other:

Equipment description *

Name or description of equipment being requested.

Website for the equipment *

Must be a URL.

Is the Equipment: *
○ New - do not currently own
○ Replacing old equipment
○ Adding to equipment of a similar type

If applicable, please justify why replacement or duplicate equipment is required.

Please describe what the equipment does and how it will be used. *

Must be no more than 200 words.

How is this equipment relevant to the research at TPCH? *

Please include what impact or value the equipment will add.

Name of user(s) or group(s) who will use the equipment. *

Please list here all researchers or groups who will use the equipment. .

What current and/or future research projects will this equipment support? *

Please indicate if each project is currently funded.

Equipment budget

* indicates a required field

Specific Equipment Details

Please list each component of the equipment and the cost in Australian dollars. The amount should be **GST exclusive**.

Equipment item	**Amount (GST exclusive)**
	Must be a number.

Budget

Please ensure all amounts shown in the budget are **GST exclusive**.

Total cost of equipment *

$

This number/amount is calculated.

Amount requested from TPCHF *

$

Must be a dollar amount.

Other funding available

$

Must be a dollar amount.

Attach quote *

Attach a file:

Additional details

Please provide any details of additional or leveraged funding (confirmed or proposed).

Please upload evidence of confirmed co-funding, where applicable.
Attach a file:

Will there be any ongoing costs associated with the equipment? If so, how will this be funded? *

Please include costs such as maintenance and service contracts.

Application Conditions and Certification

* indicates a required field

Application Conditions

The following conditions apply to this application:

1. The applicants authorise The Prince Charles Hospital Foundation to make any enquiries it considers necessary in relation to the proposed application.

2. Applicants agree to adhere to all requirements for procurement through their nominated administering institution, including asset approval and registration.

3. The applicant declares that any use of generative AI has complied with the grant guidelines and that all information provided in this application is accurate and complete.

4. Provisional approval from TPCH Foundation may be revoked if:

- the applicant does not submit the documents required to obtain final administering institute approval within a reasonable timeframe
- the administering institution rejects the subsequent request for equipment

5. If successful, I specifically agree:

- that the equipment will be located at The Prince Charles Hospital.
- that the equipment will be owned by the purchasing institution, who is also responsible for all repairs, maintenance, replacements, insurances, use and warranties for the equipment.
- to meet with representatives of TPCH Foundation to discuss my grant.
- to honour any reporting requirements deemed necessary to acquit the funds.
- to be available to the Foundation to promote my research.

- to acknowledge TPCH Foundation on all material associated with the equipment and research project including presentations, flyers, event material, publications and all other items.
- that according to standard The Prince Charles Hospital Foundation funding rules, the grant is solely for the purpose of purchasing the equipment listed, and will not be used to pay institutional overheads.

Signatures

Click on 'Review' in the top left hand section of the application form under the 'Application Form Navigation' section. Then click the 'Download PDF' button on the Review page to print a draft copy for signatures, have all parties sign and then upload a PDF copy in the 'file upload' section below.

Signature of Applicant:

_____Date: _____

Certification by Head of Department where the equipment will be stored/used:

I certify that the equipment is appropriate to my Department and that there is adequate space to store the equipment in my Department.

Name: _____

Department: _____

_____Date: _____

(Signature)

Signature PDF *
Attach a file:

Submission Instructions

To submit your application please click on ‘Review’ in the top left hand section of the application form under the ‘Application Form Navigation’ section.

Please ensure you have attached your signed signature page and any other necessary documents and then click the ‘Submit’ button on the Review page.

You will be sent an email confirming your application has been received.

Thank you and all the best with your submission.