Application form Research Development Grant – Round 2 2023

Tri-Faculty Research Office tri-faculty-research@csu.edu.au

**2023 FOBJBS RESEARCH DEVELOPMENT GRANT**

**Round 2**

**APPLICATION FORM**

**Closing date: open until funds exhausted**

**Submission Instructions:**

Applicants must complete this application form and submit the application as a single PDF attachment (including HOS endorsement in writing, itinerary, budgets and any supporting documentation) to [Tri-Faculty-Research@csu.edu.au](mailto:Tri-Faculty-Research@csu.edu.au)

Application and supporting documentation must be submitted as a single PDF file and should be named according to the following convention: “Surname\_CS” e.g. “White\_CS”.

Applicants must obtain Head of School endorsement prior to submission.

**APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Applicant Name** | |  | |
| **School / Centre** | |  | |
| **Project Title** | |  | |
| **Activity Summary**  *(max 100 words)* | |  | |
| **Funding Plan**  *(How will the activity contribute to your research career development, enhance your competitiveness in securing future external research funding, and/or foster future collaborations outside of your current research group? No more than 250 words)* | |  | |
| **Expected Outcomes**  *(Includes collaborations, publications, and applications for external sources of funding)* | |  | |
| **Budget** | **Description** | | **$ Amount**  **Requested** |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Workshop/Training** |  |  |
| **Other** |  |  |
|  | **Total** | |  |
| **Budget Justification** |  | | |
| **Proposed Timing** |  | | |
| **Alignment with Faculty priority FOR codes** |  | | |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of School Endorsement** | | | |
| **Head of School comments** | | | |
|  | | | |
| Name |  | | |
| Signature |  | Date |  |
| **Applicant**  By submitting this application, I confirm I have read the Funding Guidelines and conditions of grants under this program, including relevant Charles Sturt policies, and certify that to the best of my knowledge the information provided in this form is correct and discloses a full and accurate picture. | | | |
| Signature |  | Date |  |

**Attachments**

Please check that you have included any attachments (if applicable):

Application documents should be collated into a single pdf file. Associate Dean (Research) comments

Associate Dean (Research) approval Date

**Please submit application forms to:** [**tri-faculty-research@csu.edu.au**](mailto:tri-faculty-research@csu.edu.au)