Grant Conditions

Eastern Health (through the Eastern Health Foundation) (hereinafter referred to as, “the Foundation”) administers the Eastern Health Foundation Research and Innovation Grants.

The Recipient will agree to use the Grant and undertake the Project in accordance with the following conditions:

1. Undertaking the Project

a. The Recipient will undertake the Project as described within the 2027 Eastern Health Foundation Research and Innovation Grant application form

b. The Recipient must commence the Project within two months of either receiving the Grant or 1 January 2027 (whichever is sooner). If the Recipient does not commence the Project as per the conditions, the Recipient must notify the Foundation immediately

c. The Recipient acknowledges and agrees that if they breach the Grant Conditions and fail to rectify the breach within 14 days of being notified by the Foundation, the Foundation will only be liable to pay for the reasonable expenses unavoidably incurred by the Recipient prior to the date of the breach

d. If the Recipient were successful in the 2026 Eastern Health Foundation Research and Innovation Grant the Recipient should demonstrate that Grant funding has been spent in accordance with the original application

2. Contribute to Donor Relationships and Promote Research at Eastern Health

a. **Research Forum Attendance -** All successful Recipients are required to attend the Eastern Health Research Forum in November 2027. Hosted by the Office of Research and Ethics, the Forum showcases research achievements across Eastern Health and provides Recipients with the opportunity to connect with Foundation donors and prospective supporters whose philanthropy helps make this work possible.

Applicants to the 2027 funding round are strongly encouraged to attend the 2026 Eastern Health Research Forum, which will be held on **18 November 2026 at Eastern Health Institute**. Successful Recipients for the 2027 round will be formally announced at the Forum.

b. **Other Communication -** The Recipient may be requested to participate in interviews or stories for external media and Eastern Health internal communication channels

c. **Meeting Donors -** The Recipient may be requested to accompany a representative of the Foundation to meet with a donor or prospective donors

e. **Acknowledgement -** The Recipient agrees to acknowledge the relevant donor of the Grant (as notified to them by the Foundation) and Eastern Health in all publications and communications related to the Project funded by the Grant, whether in full or part

3. Financial

a. **SPF -** The Recipient will provide the Foundation with an Eastern Health Special Purpose Fund (**SPF**) entity and account code sixty (60) days prior to fund requirement. Eastern

Health Foundation will transfer awarded funds to the Recipient's nominated SPF by April 2027.

b. **Acquittal -** The Recipient will complete and submit an acquittal report to the Foundation via 'SmartyGrants' irrespective of whether the Project is completed or not. The acquittal report must be submitted to the Foundation on or before **31 March 2028.**

c. **Record Keeping -** The Recipient must retain all financial records relating to the Project for Eastern Health auditing purposes

d. **Repayment -** If any part of the Grant has been spent other than in accordance with the original project application or any part of the Grant is not required for the purpose of completing the Project, the Recipient agrees to repay that amount to the Foundation (unless the Foundation directs otherwise in writing)

4. Communication with Eastern Health Foundation

a. **Project Delays** - The Recipient will advise the Foundation immediately if the Project encounters substantial delays, has been amended or will not be completed by 31 December 2027.

b. **Publications -** Copies of all publications related to the Project are to be forwarded to the Foundation

5. Policy

a. **Intellectual Property** - The Recipient acknowledges and agrees that any Intellectual Property arising from the Project will belong to Eastern Health in accordance with the Eastern Health Intellectual Property Practice Guideline (2123)

b. **Equipment/Assets -** The Recipient acknowledges and agrees that all equipment and/or assets purchased for the purposes of the Project by the Recipient will be owned by Eastern Health and must be registered with an Eastern Health Asset Number. The Recipient acknowledges and will abide by the Eastern Health Infrastructure and Equipment – Assets Policy (2362)

c. **Conflict of Interest –** The Recipient warrants to the Foundation that at the time of application they do not have any actual or potential conflict of interest (direct or beneficial). The Recipient acknowledges and will abide by the Eastern Health Conflict of Interest Standard (1967)

d. **Privacy –** When dealing with Personal Information (as that term is defined in the Privacy and Data Protection Act 2014 (Vic) and Health Information (as that term is defined in the Health Records Act 2001 (Vic) in carrying out the Project, the Recipient agrees not to do anything which, if done by Eastern Health, would be a breach of applicable privacy legislation. The Recipient acknowledges and will abide by the Eastern Health Privacy Standard (2075)

e. **Confidentiality –** The Foundation and the Recipient agree not to disclose each other's Confidential Information without prior written consent unless required or authorised by law. The Recipient acknowledges and will abide by the Eastern Health External Dissemination of Identifying Information Guideline (344) and Disposal of Confidential Waste (2013)

f. **Ethics Approval –** The Recipient agrees to maintain appropriate ethics approval for the Project for the duration of the Project and provide the Foundation with proof when requested. The Recipient acknowledges and will abide by the Research at Eastern Health Policy (2321), Ethical and Responsible Conduct of Research Standard (2959) and Ethical and Governance Review of Research (Guideline) (2961)

2027 Eastern Health Foundation Research and Innovation Grants Application Form

Form Preview

Eligibility

* indicates a required field

Agreement

Please ensure that you have read, understood and agree to the grant conditions before completing the application

I have read and agree to the grant conditions *

○ Yes ○ No

Are you an Eastern Health employee? *

○ Yes
○ No

If you are not an Eastern Health employee, you will be unable to submit this form

Before completing this application form, please read the grants criteria thoroughly.

Incomplete applications and/or applications received after the closing date will not be considered.

If you wish to leave a partially completed application, press 'save' before 'logging out'. When you log back in and click on the 'My Submissions' link at the top of the screen, you will find a list of applications you may have started or submitted.

You can reopen your draft application and start where you left off. You cannot reopen a submitted application.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download' button located at the bottom of the last page of the application form.

Please save as you go.

Please enter your Eastern Health employee number *

Have you met grant acquittal conditions for previous funding provided by Eastern Health Foundation *

○ Yes
○ No
○ Not applicable

If you have not met the acquittal conditions for previous funding, you are not eligible for funding in 2027. If you have any questions in regards to this please speak to Imran Karim, Head of Philanthropy, Eastern Health Foundation on 9895 4608.

Contact details

2027 Eastern Health Foundation Research and Innovation Grants Application Form

Form Preview

* indicates a required field

Applicant details

Applicant name *

Title | First Name | Last Name

Department *

Eastern Health site *

Address *

Address

Suburb | State | Postcode

Must be an Australian postcode

Applicant Eastern Health email *

Applicant preferred email *

Applicant primary phone number *

Must be an Australian phone number

Applicant mobile phone number

If different from above

Co-investigators

Please list all investigators participating in the research project.

Title	First Name	Last Name
Title	First Name	Last Name
Title	First Name	Last Name

Title	First Name	Last Name

Collaboration partners

Please list all collaboration partners participating in the research project (if not applicable please leave blank)

Collaboration partner one
○ Individual ○ Organisation
Organisation Name

Title First Name Last Name

Collaboration partner two
○ Individual ○ Organisation
Organisation Name

Title First Name Last Name

Head of Department endorsement

All projects undertaken at Eastern Health are conducted with the approval of the relevant Head of Department (or equivalent).

Has this project been discussed with your Head of Department (or equivalent)? *
○ Yes
○ No

Head of Department contact

Please provide the contact details of your Head of Department.

Where a researcher is also Head of Department, endorsement must be sought from the person to whom the Head of Department is responsible.

Head of Department contact details *
Title First Name Last Name

Position *

Phone number *

Email *

Project details

* indicates a required field

Area of research / innovation (please select maximum of three) *

- ☐ Aged Care
- ☐ Allied Health
- ☐ Cardiology
- ☐ Community Health
- ☐ Drugs and Alcohol
- ☐ Emergency
- ☐ Endocrinology
- ☐ Gasteroenterology
- ☐ Mental Health
- ☐ Neurology
- ☐ Nursing and Midwifery
- ☐ Oncology
- ☐ Paediatrics
- ☐ Palliative Care
- ☐ Pathology
- ☐ Pharmacy
- ☐ Renal
- ☐ Respiratory
- ☐ Speech Pathology
- ☐ Social work
- ☐ Surgery
- ☐ Organisational (EH wide)
- ☐ Other:

Must be no more than 3 choices selected

Project title *

Project overview (a summary of your project in plain English that a layperson could understand) *

Word count:
Maximum 50 words

Project description *

Word count:
Maximum 250 words

Project rationale (what is the case around the scale of the problem) *

Word count:
Maximum 200 words

Project outline (please describe the project method and activities that will take place) *

Word count:
Maximum 200 words

Significance and innovation (what are the expected outcomes of the project?) *

Word count:
Maximum 250 words

Project feasibility (describe how this project will be successfully completed, including timelines?) *

Word count:
Maximum 200 words

Benefits to Eastern Health communities (describe how this research project will contribute to greater health outcomes for our community eg reduced cost, improved recovery, greater lifespan) *

Word count:
Maximum 100 words

Timeframes

* indicates a required field

Anticipated start date *

Anticipated end date *

Activity / milestone schedule

Please briefly describe each milestone

Activity / Milestone	Timeframe

Budget information

* indicates a required field

Total project cost

Total project cost *

$

Total amount requested *

$

Must be a whole dollar amount (no commas or spaces). In previous Grant rounds Eastern Health Foundation has provided an average of $20,000 funding support for each project

Is there a funding shortfall *

○ Yes
○ No

Answer yes if total project cost is greater than grant requested

If 'Yes' Please outline how the shortfall will be addressed

Word count:

Must be no more than 150 words

Please list any other contributors (entities or individuals providing financial or in-kind contributions other than the Grant provided by the Foundation)

If you are offered a Grant less than the amount you have requested, would you be able to proceed with your project? *

○ Yes ○ No

If you answered no to this question, please be advised that Eastern Health Foundation can only provide Grants up to the value of donations received, regardless of the cost of your project.

Budget expenditure (GST exclusive)

Please outline all expenditure items within your total project budget (include items funded by other contributors).

Clear item descriptions must be given (e.g. additional research staff costs ie part time research assistant 0.4EFT salary, consumables etc).

Do not include GST.

Please don't add commas or spaces to figures, eg. write $1000 (not $1,000).

Expenditure	**$**
	$
	$

	$
	$
	$
	$

Feedback, review and submit

* indicates a required field

Certification

This **MUST** be completed by the applicant.

I certify that to the best of my knowledge the statements made within this application are true and correct.

Name * Title First Name Last Name

Date *

Privacy notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Eastern Health's records database and may also be used for information provision and evaluation of services. Your personal information will not be disclosed to third parties unless otherwise required or authorised by law.

Feedback

You are now coming to the end of your application process.

We would value any feedback you may have regarding our online grants application process.

Please indicate how you found the online application process: *

○ Very easy ○ Easy ○ Difficult ○ Very difficult ○ N/A

Please suggest any improvements and/or additions to the application process/ form that you think we need to consider:

Word count:

Review and submit

1. Select '**Next page**' to review your application.
2. You will not be able to submit your application until all the compulsory questions are completed.
3. Once you have reviewed your application you can submit it by selecting 'Submit' on the top right of the screen.
4. Once you have submitted your application, no further editing or uploading of support materials is possible.
5. After submitting your application, you will receive an automated confirmation email with a copy of your submitted application attached in PDF. This will be sent to the email you used to register.
6. If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.