

# Cure4CF Holckner Family Impact Grant 2024

## Guidelines

Cure4 Cystic Fibrosis (Cure4CF) Research Grants support the development of new therapies that will result in a material increase in life expectancy or cures for people with cystic fibrosis.

Our focus is on funding innovative research in therapeutics, cell and gene therapies, antimicrobials, and vaccines that build on existing knowledge with a clearly identified path and commitment for translational impact. This research would be considered within the technology readiness levels of 3 to 7. Diagnostics, devices, nutrition, exercise and observational studies are not areas of research priority.

## Eligibility Criteria

To be eligible to apply for funding through this scheme, the following conditions must be met:

- The applicant must complete and submit the application form.
- The application must be led by an applicant who is an Australian permanent resident or citizen, with research to be conducted primarily in Australian-based research facilities.
- For clarity, Australian researchers from academia, government and industry can apply.
- The project must clearly meet Cure4 Cystic Fibrosis Foundation's Research Priority which is to support innovative and high impact research that includes a clear pathway to delivery tangible and beneficial outcomes to our community; and
- The project must be less than 24-months in duration.

Collaboration is encouraged and applicants can involve more than one research group or institution.

Eligible expense items include salaries and on-costs, consumables, equipment, and travel and other direct costs associated with delivering the grant. Salary on-costs include superannuation, workers compensation and payroll tax.

Expense items including overheads, capital works and non-essential items such as trade

subscriptions, catering etc. will not be supported. Commercialisation and/or marketing costs will not be supported.

An application will be considered incomplete if it fails to comply with the instructions.

It is highly desirable that outcomes from projects funded by Cure4CF generate sufficient data to support applications for subsequent funding to support further research translation.

Successful applicants will ensure research is conducted in accordance with all applicable laws, regulations and codes of practice and all necessary licences and approvals must have been obtained and are adhered to. This includes those concerning the use of animals and the obtaining of patient consents and ethical committee approvals.

For further details <https://www.cure4cf.org/research-grants-2024/>

Please submit your application and all relevant documents via [grants@cure4cf.org](mailto:grants@cure4cf.org).

\* Indicates required question

1. Email \*

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## Applicant Details

\* indicates a required field

2. Organisation Name \*

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3. Organisation ABN \*

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4. **Postal Address \***

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5. **Primary Website (Must be a URL) \***

Must be a URL

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6. **Chief Investigator \***

**Contact Name**

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7. **Position \***

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8. **Email \***

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9. **Contact number (business hours) \***

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**Non-preferred reviewer**

Please provide the names of any person you feel would not be suitable to review this work.

10. **Name**

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### Engagement with Cure4CF

Consider:

- Non-cash contributions made by Cure4 Cystic Fibrosis e.g., philanthropy investor introductions, media and communications support, access to cystic fibrosis community members etc.
- Other contributions made by your organisation to Cure4 Cystic Fibrosis e.g., major donor presentations, social media posts etc.

11. **Please outline how you intend to work with and support Cure4 Cystic Fibrosis?** \*

Must be no more than 1200 characters.

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### Project Details

The **Lay Project Summary** will be used as part of the review process and may be used in media material if the application is successful.

**Project Start Date:**

Projects that have already commenced may be considered for funding. Funding will only be provided for work that is conducted after the research agreement is signed.

12. **Project Title** \*

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13. **Lay Project Summary (non confidential) \***

Must be no more than 1200 characters.

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14. **Project start date: \***

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*Example: 7 January 2019*

15. **Project end date: \***

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*Example: 7 January 2019*

16. Have consumers been included in the design and planning of this research study? \*

*Mark only one oval.*

Yes (please outline below)

No (please outline below)

17. Please outline how you have included consumers in your research and if no, please outline why you have not done so? \*

Must be no more than 1200 characters.

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## Clinical Relevance and Impact

Outline the clinical relevance of this project to cystic fibrosis.

18. Please explain the clinical relevance of this project to those affected by cystic fibrosis. \*

Where possible and relevant, indicate which sub- patient populations the project may have application to and the anticipated life extension that may be achieved.

Must be no more than 2000 characters.

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19. How will the anticipated outcomes of this work be adopted into clinical practice? Please explain considering the social and economic impact of the outcomes. \*

Must be no more than 2000 characters.

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## Scientific Excellence

20. **Scientific Excellence**

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Please provide an explanation of the scientific rationale for this project and the innovation that underpins it. Where possible, provide evidence to support the scientific merits (e.g., data generated to date).

Must be no more than 2000 characters.

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**Aims**

What are the objectives and key aims of the proposed project?

21. Aim 1 \*

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22. Aim 2

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23. Aim 3

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24. Aim 4

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**Project Milestones**

Please outline details of the key milestones to be achieved during the project period.

Minimum 4 broad milestones and dates.

25. Milestone 1 \*

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26. Milestone 2 \*

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27. Milestone 3 \*

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28. Milestone 4 \*

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## Project Team

Please provide details of the project team.

Please use the below layout.

Title, First name, Last name, Career stage eg. ECR, MCR, Senior, Role in this project,

29. **Investigator 1** \*

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30. **Investigator 2**

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31. **Investigator 3**

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32. **Investigator 4**

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**Budget**

Please outline below the key costs of this project to be funded by this grant in each category in Australian dollars.

33. **Salaries \***

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34. **Consumables \***

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35. **Other \***

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36. Please outline any cash or in-kind support being provided by your organisation \*  
or partners.

Cash and In-kind funding sources:

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37. **Total Amount Requested** \*

Must be a dollar amount.

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

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### Translational Potential

Please outline how  
you anticipate the transition of this project to the next stage of translation  
(consider funding, intellectual property, commercialisation, stakeholder engagement).

38. What do you see as the next step in the translation of this research once \*  
completed?

Must be no more than 1200 characters.

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39. **Intellectual Property** \*

What intellectual property (patents, copyright, trade marks, trade secrets) exists or is pending for this innovation? Include the details of any relevant patents and patent applications (including priority date, phase, application number) and if you have or will require the rights to this IP.

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40. Clearly define the product or service that will ultimately be provided to the person with cystic fibrosis. \*

Consider the type and frequency of the product / service. (if known)

Must be no more than 1200 characters.

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41. Explain the key value proposition of your product or service. \*

Where relevant, explain competitive advantages over existing products or services.

Must be no more than 1200 characters.

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42. Explain how you will secure resources to achieve the above activities immediately following the Cure4 Cystic Fibrosis Grant, including key partnerships. Identify where will you source finances for continued development. \*

Must be no more than 1200 characters.

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### Additional Material

43. **Support Material:**

If applicable, please attach any support material to your application form when submitting it to [grants@cure4cf.org](mailto:grants@cure4cf.org).

*Please note: If your funding submission is incomplete, that is, if any of the required documents are missing without explanation, your application will be withdrawn from consideration and you will be notified accordingly.*

Files submitted:

### Declaration and Privacy Statement

44. I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group. \*

*Mark only one oval.*

Yes

No

45. **GUIDELINES**

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I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the [grants@cure4cf.org](mailto:grants@cure4cf.org) immediately if any information provided in this application changes or is incorrect.

Cure4CF respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the

Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/ Directors and their representatives to conduct research and customer

satisfaction surveys so that we may better understand community needs and can improve service delivery.

Should you need to change or access your personal details, please contact [grants@cure4cf.org](mailto:grants@cure4cf.org).

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

**I am authorised to complete this application and have read and understood the declaration and privacy statement.**

*Mark only one oval.*

Yes

No

46. **Administering Institution Name (must be the employer of the Chief Investigator)**

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47. **Authorised Person's Name \***

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48. **Position held \***

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49. **Date of declaration \***

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*Example: 7 January 2019*

50. **Applicant Name \***

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51. **Date of declaration \***

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*Example: 7 January 2019*

52. Please attach the signature from the administering institution and the applicant \*  
(mentioned above).

Files submitted:

Google

