

AUSTRALIAN RESEARCH COUNCIL
ARC CENTRES OF EXCELLENCE
APPLICATION FORM FOR FUNDING IN 2005

C-E

Note: you must read the *Instructions to Applicants, the Funding Rules* and the draft *Funding Agreement* for ARC Centres of Excellence before filling out this form.

Project ID: CE05 _____

Total number of sheets contained in this application	
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Information on this form is collected in order to make recommendations to the Minister on the allocation of financial assistance under the Australian Research Council Act 2001 and for post award reporting. The information collected may be passed to assessors for the purposes of obtaining a peer review assessment of the application. It may also be passed to the National Health and Medical Research Council, the National Occupational Health and Safety Commission, the Department of Foreign Affairs and Trade, the Department of Industry, Tourism and Resources, the Department of the Environment and Heritage, the Department of Education, Science and Training, the Department of Agriculture, Fisheries and Forestry and the Department of Veterans' Affairs for the purpose of checking eligibility. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

PART A—ADMINISTRATIVE SUMMARY & CERTIFICATIONS

A1 INSTITUTION TO ADMINISTER GRANT

Name

A2 TITLE OF PROPOSED CENTRE

ARC Centre of Excellence –

A3 PARTICIPANT SUMMARY

(ID – Interim Director, CI – Chief Investigator or PI – Partner Investigator)

Person number	Family name	Title	Initials	Organisation	Role (ID, CI or PI)
1					ID
2					CI/PI
3					CI/PI
4					CI/PI
5	[allow up to 30]				CI/PI

A3.1 Collaborating Institutions & Organisations (Not Including Institution at A1 above)

Ins/Org Number	Collaborating Institution/Organisation or Contributing Organisation Name
1	
2	
3	
4	[allow up to 40]

Note: Contributing Organisations provide support to the proposed Centre but are not involved in the research.

A4 ARC FUNDING ASSISTANCE REQUESTED (\$) (This field will be filled from C1)

Year 1	Year 2	Year 3	Year 4	Year 5	Total

A5 SUMMARY DESCRIPTIONS

A5.1 SUMMARY OF CENTRE RESEARCH PROGRAM

In no more than 750 characters (approx 100 words) of plain language, summarise aims, significance and expected outcomes.

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A5.2 SUMMARY OF NATIONAL AND COMMUNITY BENEFIT (For Publicity Purposes)

In no more than 750 characters (approx 100 words) of plain language, summarise the national/community benefits that are expected to arise from this research

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A6 National Research Priorities

National Research Priority	Priority Goals

A7 CLASSIFICATIONS AND OTHER STATISTICAL INFORMATION

A7.1 Keywords

A7.2 Research classifications

Research Fields, Courses and Disciplines (RFCD)	%	Socio-Economic Objective (SEO)	%

A7.3 Country/ies of international collaboration. (Up to 20)

A8 ADDITIONAL DETAILS

A8.1 Have you submitted an application with similar aims to any other agency since 1 January 2004?

Yes No

If Yes, please provide details.

A8.2 Is funding for this Centre contingent on support from elsewhere?

Yes No

If Yes, please provide details.

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A9 CERTIFICATIONS

The completion of this page is the responsibility of the Administering Institution/Organisation, which must obtain the required signatures prior to submission of the application to the ARC.

Complete and attach this certification for every collaborating institution and organisation.

A9.1 Centre of Excellence Title

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A9.2 Certification by the Interim Director in the Administering Institution, a Chief Investigator in each Collaborating Institution or a Partner Investigator in each Collaborating Organisation or authorised officer in each Contributing Organisation.

- I certify that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete.
- To the best of my knowledge, the Privacy Notice appearing at the top of this Application Form has been drawn to the attention of all the participants whose personal details have been provided at Part B.
- I understand that it is an offence under the *Criminal Code Act 1995* to provide false or misleading information.

Signature of Chief Investigator	Name and Institution/Organisation <small>(please print)</small>	Date

A9.3 Certification by the Pro-Vice-Chancellor (Research), CEO or delegate for the Administering Institution, each Collaborating Institution/Organisation or Contributing Organisation.

- I certify that this proposal is acceptable to the organisation under the terms and conditions set out in the 'ARC Centres of Excellence Funding Rules for funding commencing in 2005'.
- To the best of my knowledge, the Privacy Notice appearing at the top of this Application Form has been drawn to the attention of all the participants whose personal details have been provided at Part B.
- I understand that it is an offence under the *Criminal Code Act 1995* to provide false or misleading information.
- Conditional on the success of this Centre of Excellence application and the consequent to the signing of a Funding Agreement for the Centre with the ARC by the Administering Institution, I agree to the relinquishment of the ARC grants held by this Institution/Organisation which are marked at part D1 of this application as 'Agree to Relinquish'. I certify that all of the investigators on the relevant grants have been contacted and have agreed in writing to relinquish the relevant grants subject to the conditions specified above.

The contribution by this institution or organisation to the proposed Centre of Excellence is—

\$ Cash	\$ In-kind	\$ Total
[from C1]	[from C2]	

Signature of PVC(R) or CEO <small>(or delegate)</small>	Name and Institution/Organisation <small>(please print)</small>	Date

PART B—PERSONNEL

Part B must be completed for each participant listed in Part A3

B1 PERSON NUMBER

1

B2 ABBREVIATED DETAILS

At this question all you need to do is enter the GAMS ID relevant to each participant and then click on 'fetch details'.

Each person's details at B2 and B3 will fill automatically when you click on 'fetch client details'. (You will have previously supplied the Family Names at A3 of this application form).

GAMS Id	
GAMS ID?	Fetch Client Details

Family name		Role	
First name		Second name	
Title			
Department/school/other			
Organisation			
Email			

B3 POSTAL ADDRESS

Department/school/other				
Organisation				
Postal address line 1				
Postal address line 2				
Locality	State	Postcode	Country	

B4 MEMBERSHIPS

B4.1 ARC or ARC advisory committee member? Yes No

B4.2 An associate of a member of the ARC or its advisory committees? Yes No

If Yes, please name the ARC member(s)

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Part C: PROPOSED CENTRE BUDGET

C1: CENTRE BUDGET -- CASH COMPONENTS

[Allow up to 40 institutions/organisations under revenue]

Do not show GST in your costings

REVENUE	Year 1	Year 2	Year 3	Year 4	Year 5
Requested from ARC	0	0	0	0	0
Admin Institution Name	0	0	0	0	0
Collab. Institution name	0	0	0	0	0
Collab. Org name	0	0	0	0	0
Contributing Org name	0	0	0	0	0
TOTAL (a)	0	0	0	0	0
EXPENDITURE					
Personnel	0	0	0	0	0
Teaching Relief	0	0	0	0	0
Equipment	0	0	0	0	0
Maintenance	0	0	0	0	0
Travel	0	0	0	0	0
Other	0	0	0	0	0
TOTAL (b)	0	0	0	0	0
CASH BALANCE (a – b)	0	0	0	0	0

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C2: CENTRE BUDGET -- IN-KIND CONTRIBUTIONS

Admin Inst Name	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0
Collab. Inst Name	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0
Collab. Org Name	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0
Contrib Org Name	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

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C3: CENTRE BUDGET -- INDIRECT COSTS

Enter Institutional Indirect Cost factors. (A blank entry will leave the calculated field blank)

Institution	Indirect Cost Factor
Admin Institution name	0.00
Collab. Institution name	0.00
Collab. Organisation name	0.00

Admin Institution name	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel component from Part C1	0	0	0	0	0
Total Indirect Costs	0	0	0	0	0
Collab. Institution name					
Personnel component from Part C1	0	0	0	0	0
Total Indirect Costs	0	0	0	0	0
Collab. Organisation name					
Personnel component from Part C1	0	0	0	0	0
Total Indirect Costs	0	0	0	0	0

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PART D—RESEARCH SUPPORT

D1 RESEARCH SUPPORT OF ALL PARTICIPANTS

Provide details for all Participants listed in Section A3—

- The current proposal must be listed first.
- Asterisk (*) any support related to this project.
- ARC-funded projects for which reports (including Progress and Final Reports) required in the *Conditions of Grant/Funding Contract/Funding Agreement* have been submitted should be indicated by a double asterisk after the Description.
- Support types (**Sup type**) are ‘C’ for current support, ‘R’ for requested support, ‘P’ for past support.
- The ARC Project ID applies only to past and current ARC grants and proposals .
- Please tick the “Agree to Relinquish” box for any grant that you agree to relinquish if the application for the Centre of Excellence is successful (see Centres of Excellence funding rules section 4). Before making this offer of relinquishment you must have obtained the written agreement of all CI’s and PI’s on the relevant grant.

Description (Project title and investigators’ Family name. Provide agency and scheme if no ARC File Number)	(*)	Sup type (C, R or P)	ARC File No.	2005 (\$’000)	2006 (\$’000)	2007 (\$’000)	2008 (\$’000)	2009 (\$’000)	Agree to Relinquish?
CE05_____	*								
									<input type="checkbox"/>
									<input type="checkbox"/>

PART E—COLLABORATING ORGANISATION DETAILS

E1 Collaborating Organisation Contact Details

Provide these details only for each collaborating or contributing organisation that is not an Australian University.

E1.5 ORGANISATION DETAILS

Organisation contact

Family name		Title	
First name		Second name	
Position title			
Phone		Fax	
Email			

Organisation postal address

Organisation							
Postal address line 1							
Postal address line 2							
Locality		State		Postcode		Country	

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This page serves as a check list for PART F

Once the application has been printed, replace this page with the following pages:

PART F—DESCRIPTION OF CENTRE

See Instructions-to-Applicants for assistance on the information required in this Part F

- **F1: CASE FOR THE CENTRE [14 pages]**
- **F2: PROPOSED CENTRE BUDGET [3 pages]**
- **F3: TRACK RECORDS [Page limits apply]**
- **F4: Nominated Referee Contact details**

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