**RESEARCH PROJECT BUDGET**

Please be as specific as possible, provide details of any equipment (include quotes where possible), consumables, travel etc. Please also provide information about in-kind support from existing Northern Health departments/ programs. If more than one department is supporting this research, please ensure that the department head of each department involved approves this application (copy and paste the declaration for each addition department head to sign if required).

|  |  |
| --- | --- |
| **HREC No:** |  |
| **Project Title:** |  |

Has this protocol received research funding or grant/s? (List all grants and funding including pending applications for funds)

|  |  |  |
| --- | --- | --- |
| **Source of Grant / Funding** | **Amount**  | **Date** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| ITEM | **COST $** | **Department Responsible** |
|  |  |  |
|  |  |  |
|  |  |  |
| Total funds requested | $ TOTAL |  |

|  |  |  |
| --- | --- | --- |
| IN-KIND SUPPORT (include estimation of staff time, administration costs etc.) | **COST $** | **Department Responsible** |
|  |  |  |
|  |  |  |
|  |  |  |
| Total in-kind support | $ TOTAL |  |

**Declaration by delegated department head/s at the site where the Principal Investigator / Coordinating Principal Investigator will conduct the research for the purpose of resourcing the research project.**

I certify that:

* I have read the project details in this Protocol for the research project application named above;
* I have discussed this research project and the resource implications for this Department, with the Principal Investigator / Site Coordinator; and
* I accept the costs as indicated above for my department and that there are suitable and adequate facilities and resources for the research project to be conducted at this site. This is for ‘Actual costs’ and ‘In Kind’ contribution.

My signature indicates that I support this research project being carried out using such resources.

|  |  |
| --- | --- |
| **Name of Department:** |  |
| **Name of Head of Department:** |  |
| **Signature:** |  |
| **Date:** |  |