# BMTH Application Process - Expressions of Interest (EOI)

## BioMedTech Horizons 4

Expressions of Interest (EOIs) are now open for four funding opportunities of **$800,000** each (excl. GST) to help eligible organisations advance their medical device technology toward commercialisation by supporting Australian-based pre-commercial prototype development and testing.

The specific intention of this program is to support the development of the Australian medical device sector by supporting critical research and create opportunities to locally manufacture pre-commercial prototypes of Australian-based medical devices that are entering human clinical trials. Successful applications will meet all the following objectives:

- Research to achieve the goal of using the device in the intended environment in the project period.
- Sees the production of prototypes in Australia of a regulated medical device at a minimum classification of Class IIa as per TGA guidelines in any therapeutic area.

For the purposes of this funding opportunity a medical device is one that is used for humans and is intended to diagnose, prevent, monitor, treat or alleviate a disease or injury, or modify or monitor anatomy or physiological functions of the body, and that does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but that may be assisted in its function by such means. The medical device to be developed must be a physical device that is a smart monitoring device, diagnostic, personalised implant, or a bionics device.

It is expected that medical device prototypes to be developed and tested will be at least entering Technology Readiness Level (TRL) 5 (Prototype tested in intended environment) and mature one or two levels through the course of the project with a maximum term of 12 months. The expectation is that upon completion of the project activities the prototype device has been used in its intended environment. For BMTH4 the innovation maturity level (IML) to be used as reference are developed by CIMIT[1] and are designed for medical technology innovations (See Guidelines, Appendix A).

In this round lead applicants are required to provide a minimum of 1:1 matched cash co-contribution. The BMTH funding will be used to support research, development, and project costs in line with the eligible expenditures indicated in the BioMedTech Horizons 4 Guidelines.

SAMPLE

The nominal start date of project activities will be from 1 October 2021 and finish no later than 30 September 2022.

[1] The Centre for Improving Medicine with Technology and Innovation, https://cimit.net/

## Before you begin

This funding is available through a competitive process.

Applicants are encouraged to read the **BioMedTech Horizons Funding Guidelines** carefully before commencing an application.

To be eligible for consideration, applications must satisfy all the requirements set out in the BioMedTech Horizons 4 Funding Guidelines. An application may be considered ineligible and

excluded from further consideration if it contravenes an eligibility rule or other requirement as set out in the Guidelines.

Application to BMTH4 is a two-stage process:

1. **Expression of Interest (EOI):** All eligible projects are to be submitted as a confidential EOI. EOIs need to clearly articulate the challenge and solution, outline completed and/or planned technical, commercial and implementation activities (substantiated with non-confidential data) and describe the strengths of the project team. The most meritorious EOIs, as determined by the BMTH assessment panel, will be invited to progress to a full application. The merits of an application are based on how well it meets the selection criteria and how it compares to other eligible applications.
2. **Full Application:** Successful EOI applicants will proceed to preparing a full application. Full applications will expand on the EOI application to provide a more comprehensive outline of the project.

## EOI Closing Date

EOI submission closes on **Monday 19 April 2021 at 5:00pm AEST (Australian Eastern Standard Time)**. Late applications will not be accepted.

## Completing this EOI Form

Please note that the email address used to create the SmartyGrants account to initiate the EOI will receive all correspondence throughout the application process. Please check your Junk/Spam mailbox to confirm that correspondence has not been incorrectly filtered out of your inbox.

In this EOI application it is expected that you are not disclosing confidential information. However, if confidential information is provided please preface the relevant paragraph with **[Confidential]**.

Please do not use abbreviations unless fully explained.

Where any data are provided to support the EOI, please indicate if this is from your own research, or from another research group or from existing literature. Please provide clear in-text references to any uploaded supporting documentation.

Any supporting documentation requested as an upload must be prepared in accordance with the instructions outlined in the application form. Any page limits over what is requested will not be reviewed.

Questions marked with an asterisk (*) are required. Please do not leave any answers blank. State for instance "not applicable" or "unknown at this stage”.

For assistance in completing the EOI, please contact:

- MTPConnect via BMTH4@mtpconnect.org.au

For any technical enquiries relating to the use of the SmartyGrants service, please contact the SmartyGrants Help Hub:

- +61 3 9320 6888
- service@smartygrants.com.au

SAMPLE

## Consent, Eligibility and Collaborators

* indicates a required field

### Consent

**Do you provide consent for MTPConnect to use information about your project as listed in the Announcements section of the BMTH4 guidelines including the name of your organisation, title of the project and executive summary for publicity purposes if your project is awarded funding? ***

- ○ Yes
- ○ No

**Do you provide consent for MTPConnect to use information about your project as listed in the Announcements section of the BMTH4 guidelines including the name of your organisation, title of the project and executive summary as discussion points with industry who may have an interest in your research opportunity? ***

- ○ Yes
- ○ No

### Lead Applicant Details

**Organisation Name ***

Organisation Name

**Organisation ABN ***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

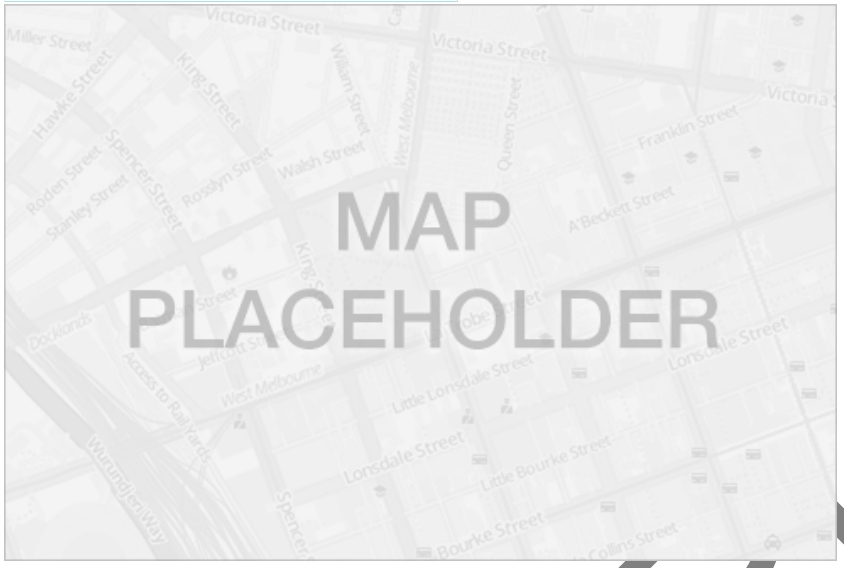
| Information from the Australian Business Register | |
|---|---|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Must be an ABN.

**Organisation Address ***

SAMPLE

Address




Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
SmartyGrants requires Address Line 1, Suburb/Town, State, Postcode and Country to be completed

**Organisation Phone Number** *

Must be an Australian phone number.

**Organisation Website** *

Must be a URL.

**Total number of staff employed by your organisation** *

Must be a number.

**Group sales in the last fiscal year** *

$

Must be a dollar amount.

**Project Lead** *

Title | First Name | Last Name

**Position** *

**Role in proposed project** *

SAMPLE

Must be no more than 10 words.

**Gender identity of project lead** *
- ○ Female
- ○ Male
- ○ Diverse gender identity
- ○ Prefer not to answer

**Phone Number** *

Must be an Australian phone number.

**Primary email address** *

Must be an email address.

**Does this project involve partner organisations or collaborators?** *
- ○ Yes
- ○ No

## Partner Organisations

**Select the type of partner organisations and/or collaborators** *
- ☐ Manufacturing partner
- ☐ Research partner/collaborator

## Manufacturing Partner Organisation Details

| Organisation Name | ABN | Address | Website | Letter of Support |
|---|---|---|---|---|
| | This lookup will populate after clicking Save. Must be an ABN. | | Must be a URL. | A maximum of 1 file may be attached. |
| Organisation Name | | | | |

## Research Partner/Collaborator Organisation Details

| Organisation Name | ABN | Address | Website | Letter of Support |
|---|---|---|---|---|
| | This lookup will populate after clicking Save. Must be an ABN. | | Must be a URL. | A maximum of 1 file may be attached. |
| Organisation Name | | | | |

## Eligibility Criteria and Funding

SAMPLE

Is the organisation applying an Australian based business and MRFF eligible organisation as defined by the Medical Research Future Fund Act 2015, sub-section 24?

*

- ○ Yes
- ○ No

**Lead applicant cash co-contribution amount** *

$

Must be a dollar amount.
Must be in AUD and be ≥ $800,000

**Is this cash co-contribution confirmed?** *

- ○ Yes
- ○ No

**Letter of Financial Commitment** *

Attach a file:

Upload Letters of Commitment as a single PDF.

**Do you have other cash or in-kind contributions?**

- ○ Yes
- ○ No

Outline the source and amount of any additional cash and in-kind co-contributions to the project and comment on the level of commitment (e.g. in-kind committed, cash investment secured, fundraising, discussions etc).

| Source of Contribution (Organisation) | Amount | Type | Level of Commitment | Contribution origin |
|---|---|---|---|---|
| | $ | | | Federal Government<br>State/Territory Government<br>International Government<br>Non-government, Australian based<br>Non-government, International<br>Other: |

**Total Income Amount**

SAMPLE

$

This number/amount is calculated.

**If applicable, provide details of any pending applications that fully or partially fund the activities in this project.**

Word count:
Must be no more than 100 words.
[Tip: Please

## Project Details

* indicates a required field

**Project title** *

Must be no more than 20 words.

**Please provide a non-confidential executive summary of your project.** *

Word count:
Must be no more than 300 wor
[Tip: should include the backgr nd purpos of the project, intended use of the device, the potential to improve the health a d we of Australians, major milestones and commercial outcome. This section is the publi summary of the project that will be disclosed if consent was provided.]

SAMPLE

## Type of Device

**Is the product to be made in this project a physical device?** *

- ○ Yes
- ○ No

**Select the medical device type that your product best aligns with:** *

- ○ Smart monitoring device
- ○ Diagnostic device
- ○ Personalised implant
- ○ Bionics device
- ○ Other:

**Have you received advice that the device is at least Class IIa as per the TGA guidelines?** *

- ○ Yes
- ○ No, have not asked

○ Other:

## Stage of Development

Referring to the Innovation Maturity Scale provided in the Guidelines **(link)** please indicate which of the following items you have completed. More detailed information is from CIMIT, available here.

**Requirements at IML4**

| **Business Requirements** | **Regulatory Requirements** | **Technology Requirements** | **Clinical Requirements** |
|---|---|---|---|
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| ❑ Business advisory board established.<br>❑ Feedback from 5+ economic buyers.<br>❑ Key relationships identified.<br>❑ Preliminary business model.<br>❑ Development plan. | ❑ Draft essential requirements checklist completed.<br>❑ Draft instructions for use.<br>❑ Draft product claims.<br>❑ Institutional approval request(s).<br>❑ Submission pathway defined. | ❑ Product Requirement Document (PRD) completed.<br>❑ 'Works Like' and 'Looks Like' prototypes.<br>❑ Essential experiment results.<br>❑ Key in-sourcing plans.<br>❑ Manufacturing/ QMS plan.<br>❑ Provisional IP filing & initial FTO review. | ❑ Feedback from clinical stakeholders in 20+ settings.<br>❑ Updated need statement and Use Case scenario/ workflow.<br>❑ Updated target outcomes. |

**Requirements at IML5**

| **Business Requirements** | **Regulatory Requirements** | **Technology Requirements** | **Clinical Requirement** |
|---|---|---|---|
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| ❑ Feedback from 20+ economic buyers.<br>❑ Incorporation & Founders Agreement in place<br>❑ Initial seed investment secured<br>❑ Investor ready business plan developed<br>❑ Key management team committed.<br>❑ Key relationships formalized. | ❑ Application to regulatory authority submitted.<br>❑ Clinical Investigation approval(s).<br>❑ Essential requirements checklist developed | ❑ 'Works Like, Looks Like' prototypes developed<br>❑ cGMP compliant pilot manufacturing process planned<br>❑ Essential technical experiments results.<br>❑ IP search report.<br>❑ Key in-sourcing requirements committed. | ❑ Animal/first in/with man experiments.<br>❑ Clinical trial endpoints.<br>❑ Feedback from 100+ clinical stakeholders.<br>❑ Feedback from 5+ KOLs.<br>❑ Medical advisory board. |

**Requirements at IML6**

| Business Requirements | Regulatory Requirements | Technology Requirements | Clinical Requirement |
|---|---|---|---|
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| ❑ 1st Institutional Investment.<br>❑ Feedback from 50+ economic buyers.<br>❑ Value quantification. | ❑ Data requirements confirmation.<br>❑ GDPR/HIPAA compliance.<br>❑ Pre-submission filed.<br>❑ Security and vulnerability certifications. | ❑ All in-sourcing requirements achieved.<br>❑ cGMPs compliant manufacturing process.<br>❑ Full IP application.<br>❑ Updated specification & experimental validation. | ❑ Demo feedback from 50+ clinical stakeholders.<br>❑ Endpoints achieved in pilot clinical trials.<br>❑ Peer reviewed publication(s) submitted. |

**Requirements at IML7**

| Business Requirements | Regulatory Requirements | Technology Requirements | Clinical Requirement |
|---|---|---|---|
| Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| ❑ 2nd round of institutional investment.<br>❑ Purchasing intent from 10+ buyers. | ❑ Submission of Technical file to regulatory body. | ❑ Quality assured process validation (cGMP).<br>❑ Updated specification & experimental validation. | ❑ Endpoints achieved in pivotal clinical trials.<br>❑ Peer reviewed publication(s) accepted. |

SAMPLE

**Stage of clinical trial planning (check all that apply):** *
- ☐ In discussion with potential clinical trial sites
- ☐ Clinical trial sites confirmed
- ☐ Ethics application in development
- ☐ Ethics application submitted
- ☐ Ethics application reviewed
- ☐ Ethics application approved
- ☐ Clinical trial underway/completed
- ☐ N/A

**Please describe this clinical trial activity.** *

Word count:
Must be no more than 150 words.

**Medical technology development progress (check all that apply):** *
- ☐ Pre-clinical research prototype completed that demonstrates safety and efficacy
- ☐ The pathway to approval is known
- ☐ The device has been reviewed by a regulatory authority (e.g., TGA, FDA)
- ☐ Device design verification and validation underway
- ☐ Device design verification and validation completed
- ☐ N/A

**Provide a summary of the aspects of the project that are (or will be) in place that will allow you to complete within the project timeframe.** *

Word count:
Must be no more than 200 words.
[Tip: The timeframe for the BMTH4 activities will be approximately October 2021 through September 2022. This section should describe the critical activities underway now and up to September 2021.]

**Describe the environment your device will be used in and an outline your customer/stakeholder engagements to date?** *

Word count:
Must be no more than 150 words.

## Proposed Activities

**Outline the proposed BMTH4 project plan, describing key activities and their timing, deliverables, outcomes and measures of success.** *

Word count:
Must be no more than 400 words.
[Tip: refer to the Innovation Maturity Levels and indicate the deliverables that are part of this project. The timeframe for the BMTH4 activities will be approximately October 2021 through September 2022]

**UPLOAD GANTT CHART** *
Attach a file:

A maximum of 1 file may be attached.
[Tip: Your Gantt chart should include the main deliverables of the project referenced above and indicate the interim critical milestones to be achieved. You Gantt chart should be legible in a single A4 page with minimum font size of 8pt and provided in a pdf file format.]

**Describe how you will achieve production of your prototype medical device within Australia.** *

Word count:
Must be no more than 300 words.
[Tip: Demonstrate your readiness to make the required prototype(s). For example, are facilities currently available or are you/partners establishing new facilities, include details and status of any accreditations required to manufacture for use in the intended environment. Described the role of any partners and collaborators in the research and prototype manufacture.]

**Indicate the major risks associated with the project, their likelihood, rating and strategies to manage or mitigate the risks.** *

SAMPLE

Word count:
Must be no more than 300 words.

## Benefits and Commercial Opportunity

* indicates a required field

### Disease Burden and Health Benefit

The purpose of this question is to align your EOI proposal with the The Australian Burden of Disease Study 2015.

**Select the primary disease burden area your device will address.** *
- ○ Blood and metabolic disorders
- ○ Cancer
- ○ Cardiovascular diseases
- ○ Endocrine disorders
- ○ Gastrointestinal disorders
- ○ Hearing and vision disorders
- ○ Infant and congenital conditions
- ○ Infectious diseases
- ○ Injury (external cause)
- ○ Kidney and urinary diseases
- ○ Mental and substance use disorders
- ○ Musculoskeletal disorders
- ○ Neurological conditions
- ○ Oral disorders
- ○ Reproductive and maternal conditions
- ○ Respiratory diseases
- ○ Skin disorders
- ○ Other:

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Iron-deficiency anaemia
- ☐ Other blood and metabolic disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Bowel cancer
- ☐ Brain and CNS cancer
- ☐ Breast cancer
- ☐ Liver cancer

SAMPLE

- ☐ Lung cancer
- ☐ Melanoma of the skin
- ☐ Non-Hodgkin lymphoma
- ☐ Oesophageal cancer
- ☐ Ovarian cancer
- ☐ Pancreatic cancer
- ☐ Prostate cancer
- ☐ Stomach cancer
- ☐ Unknown primary
- ☐ Other cancers

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Aortic aneurysm
- ☐ Atrial fibrillation and flutter
- ☐ Cardiomyopathy
- ☐ Coronary heart disease
- ☐ Non-rheumatic valvular disease
- ☐ Stroke
- ☐ Other cardiovascular diseases

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Type 2 diabetes
- ☐ Other endocrine disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Chronic liver disease
- ☐ Functional gastrointestinal disorders (FGID)
- ☐ Inflammatory bowel disease (IBD)
- ☐ Other gastrointestinal disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Hearing loss
- ☐ Other hearing and vision disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
- ☐ Birth trauma and asphyxia
- ☐ Pre-term birth and low birth weight complications
- ☐ Other infant and congenital conditions

**Within this disease group, select the specific disease cause(s) your device will address.** *

SAMPLE

☐ Lower respiratory infections
☐ Other infectious diseases

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Falls
☐ Homicide and violence
☐ Poisoning
☐ RTI - motor vehicle occupants
☐ Suicide and self-inflicted injuries
☐ Other unintentional injuries

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Chronic kidney disease
☐ Other kidney and urinary diseases

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Alcohol use disorders
☐ Anxiety disorders
☐ Autism spectrum disorders
☐ Bipolar affective disorder
☐ Depressive disorders
☐ Drug use disorders (excluding alcohol)
☐ Eating disorders
☐ Schizophrenia
☐ Other mental and substance use disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Back pain and problems
☐ Osteoarthritis
☐ Rheumatoid arthritis
☐ Other musculoskeletal disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Dementia
☐ Epilepsy
☐ Migraine
☐ Other neurological conditions
☐ Parkinson disease

**Within this disease group, select the specific disease cause(s) your device will address.** *

SAMPLE

☐ Dental caries
☐ Periodontal disease
☐ Severe tooth loss
☐ Other oral disorders

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Genital prolapse
☐ Polycystic ovarian syndrome
☐ Other reproductive and maternal conditions

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Asthma
☐ COPD
☐ Upper respiratory conditions
☐ Other respiratory diseases

**Within this disease group, select the specific disease cause(s) your device will address.** *
☐ Dermatitis and eczema
☐ Other skin disorders

**Select the age group(s) of patients who would benefit from your intervention/ device.** *
☐ 0-4
☐ 5-14
☐ 15-24
☐ 25-44
☐ 45-64
☐ 65-74
☐ 75-84
☐ 85-94
☐ 95+

**Select the sex(es) of patients relevant to your treatment/intervention/device.** *
☐ Female
☐ Male

MTPConnect recognises and respects diversity of gender identity and expression. The purpose of this question is to align with the The Australian Burden of Disease Study 2015, which classifies based on a male/female binary.

**Describe how the product will improve the health and wellbeing of Australians, how the disease burden will be improved, the estimated impact on the health economics (if investigated).** *

Word count:

SAMPLE

Must be no more than 200 words.

## Market and Commercial Potential

**Describe the market for your medical device.** *

Word count:
Must be no more than 200 words.
[Tip: Should include total and addressable market, information on the likely payers and any known reimbursement paths]

**Described any predicate devices, the current gold standard for treatment and how your device will be differentiated.** *

Word count:
Must be no more than 200 words.

**Provide a justification for manufacturing the device in Australia.** *

Word count:
Must be no more than 200 words.

**Please describe how your project aligns with the Modern Manufacturing Strategy and the Medical Products Roadmap.**

[Links: Modern Manufacturing Strategy, Medical Products Roadmap]

Word count:
Must be no more than 200 words.

**Describe other anticipated economic benefit of the project, including jobs creation opportunities and any other longer-term benefits.** *

Word count:
Must be no more than 100 words.

## Development and Regulatory

**Describe the regulatory pathway for your product/solution and any plans already in place.** *

SAMPLE

Word count:
Must be no more than 100 words.
[Tips: For example, if you or a partner will be responsible for regulatory filing, completed or intended interactions with regulatory authorities, supporting studies to ISO/GLP standards.]

**Explain your clinical development plan for your product/solution.** *

Word count:
Must be no more than 100 words.
[Tips: For example, include endpoints and clinical outcome claims, associated timeframes, cost per phase.]

## Intellectual Property (IP) Strategy

**Key elements of your IP protection strategy? (check all that apply)** *
☐ Patents
☐ Trade secret
☐ Trademark
☐ Copyright
☐ Know how
☐ Other:

[Tip: Should include protections relating to both the device and any specific manufacturing technologies]

**Please comment on the status of your current portfolio and future patent strategy and, if applicable, describe the IP strategy to protect your medical device(s) and prototype manufacturing technologies and proprietary knowledge and information other than patents.** *

Word count:
Must be no more than 200 words.
[Tips: Geographic coverage, breadth of claims, freedom to operate, findings of International Search Reports (ISR). Other forms of IP include know-how, copyrights, trade secrets, trademarks, designs, circuit layouts, software and databases.]

**Number of inventive claims that are recognised to date directly related to this project.** *

Must be a number.
[Tip: Inventive claims is referring to patents only.]

**Provide details of filed patents in the table below**.

[Tips: Provide the PATENTSCOPE reference for PCT applications, or national patent office references for non-PCT applications]

SAMPLE

| Patent ID | Priority Date | Status | Type | Ownership | Reference |
|---|---|---|---|---|---|
| | Must be a date. | | | | Must be a URL. |
| | | | | | |
| | | | | | |

## Team Capability and Track Record

* indicates a required field

**List the entire team required to deliver your proposed BMTH4 project.**

[Tips: For example, researchers, partners, collaborators, consultants, IP owners, manufacturers, contractors (e.g. CROs), distributors, designers etc. If the resource is yet to be identified, indicate with 'to be determined (TBD)' or similar. As a guide to completing FTEs, an individual working full-time on the project will represent 1.0 in the FTE column.]

| Name | Position | Organisation | Role in project | FTE on this project | LinkedIn profile |
|---|---|---|---|---|---|
| | | | | | Must be a URL. |
| | | Organisation Name | | | |
| | | Organisation Name | | | |

**Please outline any relevant background experiences of the project lead and the lead at any named partner organisations/collaborations.** *

Word count:
Must be no more than 150 words.

**Describe the diversity of your team with respect to, but not limited to, gender, career stage and/or different cultural backgrounds. Describe what your team's diversity brings to the project. Outline your plan for addressing diversity and inclusion into the future.** *

Word count:
Must be no more than 200 words.
[Tip: diversity includes gender, cultural and expertise.]

**Please outline key governance structures and key accountable people.** *

Word count:
Must be no more than 50 words.

SAMPLE

**Please list any corporate social responsibility programs in place at the lead applicant organisation.**

[Tip: For example, gender and/or social inclusion activities, environmental and sustainability outcomes]

## Budget

* indicates a required field

### Budget

| Activity | BMTH funding | Lead applicant cash co-contribution | Other cash contribution | In-kind contribution |
|---|---|---|---|---|
| [Tip: Enter activities that align with items in the GANTT chart and other key deliverables] | (excl. GST) Must be a dollar amount. | (excl. GST) Must be a dollar amount. | (excl. GST) Must be a dollar amount. | (excl. GST) Must be a dollar amount. |
| | $ | $ | $ | $ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Total BMTH funding**

$

This number/amount is calculated.

**Total lead applicant cash co-contribution**

$

This number/amount is calculated.

**Total other cash contribution**

$

This number/amount is calculated.

**Total in-kind contribution**

$

This number/amount is calculated.

**Are the activities described in this project already fully or partially funded by another grant program or other investment? ***

SAMPLE

- ○ Yes
- ○ No

**If yes, please outline which activities are supported and the source of this funding. ***

Word count:
Must be no more than 100 words.

**Have you received State/Territory or Australian Government funding that has supported the development of the proposed project in the last 5 years? ***

- ○ Yes
- ○ No

| Source of funding | Program name | Amount | What activities did this fund? |
|---|---|---|---|
| | | | Must be no more than 100 words. |
| | | $ | |
| | | | |

**Total previous funding amount**

$

This number/amount is calculate

SAMPLE

## Acknowledgement and Authorisation

* indicates a required field

### Conflict of Interest

**Does the project lead, any other investigators and/or key individuals in the applicant organisation (CEO, CSO/CTO, Board) have any conflict of interest with regard to the BMTH Program, MTPConnect, and/or the MRFF Program? ***

- ○ Yes
- ○ No

**If yes, please detail any perceived or actual conflict of interest. ***

Word count:

Must be no more than 200 words.

## Disclaimer/Declaration

I am authorised on behalf of the applicant to submit this application and I certify that the information in this application and attachments is, to the best of my knowledge, true and correct. I will notify MTPConnect of any changes to this information and any circumstances that may affect this application.

I acknowledge that MTPConnect may refer this application to external parties for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding or partnering opportunities.

Unless specifically indicated, I acknowledge and agree that this application does not contain confidential information and will not be treated as confidential by MTPConnect. I confirm that consent has been granted for MTPConnect to use and disclose any personal information contained herein. Accordingly, MTPConnect may publish, use and disclose the contents of this application.

I understand that this is an expression of interest only and will not result in funding approval. Following evaluation, applicants may be invited to the next stage of the BMTH Program. Shortlisted applications will require further submission and review.

Any funding offers will be subject to MTPConnect's receipt of funding from the Commonwealth and the terms of MTPConnect's standard funding agreement with awardees.

**I have read and agree to the above** *

- ○ Yes
- ○ No

**Authorised representative**

Title | First Name | Last Name

**Organisation**

Organisation Name

**Position**

**Email**

Must be an email address.

SAMPLE