

**Research grants program 2026**

**MDFA 25th ANNIVERSARY AWARD**

**application form**

* Please consult the Information and Instructions for applicants document provided as you complete this application form.
* Please ensure all attachments listed in the application attachments checklist (page 3) are included when the application is submitted.
* **Applications close: 11:59 pm Sunday 4 January 2026 (AEDT)**

Table of Contents

[APPLICATION COVERSHEET 5](#_Toc185514807)

[Project title 5](#_Toc185514808)

[Project summary 5](#_Toc185514809)

[Expected duration of project 5](#_Toc185514810)

[Total grant amount requested 5](#_Toc185514811)

[Part 1: Applicant and Institution information 6](#_Toc185514812)

[Project title 6](#_Toc185514813)

[Details of Primary Investigator 6](#_Toc185514814)

[Previous appointments 7](#_Toc185514815)

[Details of Co-Investigator(s) 7](#_Toc185514816)

[Previous appointments 7](#_Toc185514817)

[Host Institution details 7](#_Toc185514818)

[Research environment 8](#_Toc185514819)

[Part 2: Primary investigator’s QUALIFICATIONS 9](#_Toc185514820)

[Previous research output 9](#_Toc185514821)

[Previous and current grants 9](#_Toc185514822)

[Evidence of your impact and contributions to the field 9](#_Toc185514823)

[Benefits of your research to people with macular or retinal disease 9](#_Toc185514824)

[Describe your research vision for the next 5 years 9](#_Toc185514825)

[Outcomes of previous MDFA research funding (if relevant) 10](#_Toc185514826)

[Career interruptions that have impacted your track record (if applicable) 10](#_Toc185514827)

[Primary Investigator capability statement 10](#_Toc185514828)

[Part 3: RESEARCH Project Details 11](#_Toc185514829)

[Project title 11](#_Toc185514830)

[Project summary 11](#_Toc185514831)

[Ethical and safety considerations 11](#_Toc185514832)

[Ethical approval 12](#_Toc185514833)

[Conflict of Interest 12](#_Toc185514834)

[Part 4: Research Plan 13](#_Toc185514835)

[Background and magnitude of the problem being addressed 13](#_Toc185514836)

[Hypothesis and aims of the project 13](#_Toc185514837)

[Research approach, methods and stage of project 13](#_Toc185514838)

[Outcome measures and potential significance of findings 13](#_Toc185514839)

[Project milestones 14](#_Toc185514840)

[Alignment of this research with MDFA’s strategy and funding areas 14](#_Toc185514841)

[References 14](#_Toc185514842)

[Part 5: Community PERSPECTIVE 15](#_Toc185514843)

[Project title 15](#_Toc185514844)

[Plain language summary of the research project 15](#_Toc185514845)

[Background to the project and magnitude of the problem 15](#_Toc185514846)

[How will this research benefit people with a macular or retinal disease 15](#_Toc185514847)

[Consumer participation in this research 15](#_Toc185514848)

[Potential translation or application of this research 16](#_Toc185514849)

[Part 6: Budget 17](#_Toc185514850)

[Overall project budget totals 17](#_Toc185514851)

[Budget breakdown: YEAR 1 17](#_Toc185514852)

[Budget breakdown: YEAR 2 (if applicable) 17](#_Toc185514853)

[Budget breakdown: YEAR 3 (if applicable) 18](#_Toc185514854)

[Budget justification 18](#_Toc185514855)

[Other information relevant to the Budget 18](#_Toc185514856)

[Financial accountability 18](#_Toc185514857)

ATTACHMENTS CHECKLIST

Before completing the attachment checklist, please review the Information & Instructions document.

**Attachment A (Ethics approval)** must be provided in the application – if available – or if not, prior to the research commencing.

**Attachment B** (**Host Institution letter)** must be included in the application.

**Attachments C (Certifications) and D (Nomination of possible peer reviewers/assessors):** MDFA templates are provided and must be emailed together with the completed Application form.

Please complete all forms using 11-point Arial.

References can be in 10-point font or smaller.

Please use a 2 cm margin, formatted for A4 paper for ease of printing.

If inserting scanned pages, ensure that the font size is equivalent to 11-point font in the final document.

|  |  |  |
| --- | --- | --- |
| **Included?** | **Attachment** | **Description** |
|[ ]  **Attachment A** | **Ethics clearances (Applicant to provide – if available)** |
|[ ]  **Attachment B** | **Host Institution letter (Applicant to provide)** |
|[ ]  **Attachment C** | **Certifications (MDFA Template provided)** |
|[ ]  **Attachment D** | **Nomination of possible peer reviewers (MDFA Template provided)** |

# **APPLICATION COVERSHEET**

|  |
| --- |
| **Applicant** |
| **Given name** | Font: Arial 11 pt |
| **Surname** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Postal address** |  |
| **Phone numbers** |  |
| **Email** |  |

### Project title

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### Project summary

(Insert Project summary information from Part 3: Research Project details)

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### Expected duration of project

(Please note the MDFA 25th Anniversary Award has a maximum duration of 3 years)

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### Total grant amount requested

(Excluding GST; maximum total grant award is $200,000)

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 and Institution Information

# **Part 1: Applicant and Institution information**

### Project title

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### Details of Primary Investigator

|  |  |
| --- | --- |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Phone number** |  |
| **Email** |  |
| **Qualifications (include year/s, awarding institution)** |  |
| **Current appointment (include level)** |  |
| **Are you an Australian citizen or permanent resident?** |  |

|  |
| --- |
| **Alternative contact for this application (if applicable)** |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Postal address** |  |
| **Phone numbers** |  |
| **Email** |  |

### Previous appointments

Insert additional rows if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment, Level** | **Institution** | **Department/Centre** | **Dates** |
| Arial 11 pt |  |  |  |
|  |  |  |  |

### Details of Co-Investigator(s)

Insert additional copies of this page for each additional co-investigator

|  |  |
| --- | --- |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Phone number** |  |
| **Email** |  |
| **Qualifications (include year/s, awarding institution)** |  |
| **Current appointment (include level)** |  |

**Previous appointments**

Insert additional rows if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment, Level** | **Institution** | **Department/Centre** | **Dates** |
| Arial 11 pt |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Host/Administering Institution details

|  |  |
| --- | --- |
| **Name of host/Administering Institution** | Arial 11 pt |
| **Address** |  |
| **ABN** |  |
| **Website** |  |
| **Is the Host/Administering Institution registered as an Administering Institution with the NHMRC and/or the ARC?** | Yes |[ ]  No |[ ]

### Research environment

Description of the research environment provided by the Host/Administering Institution and impact on proposed research (250 words max.)

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# **Part 2: Primary investigator’s QUALIFICATIONS**

### Previous research output

Please include details of your peer-reviewed publications, patents and/or commercialisation activity in the **past 5 years**. Most recent work first.

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### Previous and current grants

Please include details of any MDFA grants and/or other funding awarded in the past 5 years. List funding sources, project title, duration and level of funding. Please list the most recent award first.

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### Evidence of your impact and contributions to the field

(500 words max.)

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### Benefits of your research to people with geographic atrophy

(500 words max.)

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### Describe your research vision for the next 5 years

(250 words max.)

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### Outcomes of previous MDFA research funding (if relevant)

(250 words max.)

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### Career interruptions that have impacted your track record (if applicable)

(250 words max.)

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### Primary Investigator capability statement

(250 words max.)

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# **Part 3: RESEARCH Project Details**

### Project title

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### Project summary

(250 words max.)

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### Ethical and safety considerations

|  |
| --- |
| **Does the project involve the use of:** |
| Humans? | Yes |[ ]  No |[ ]
| Animals? | Yes |[ ]  No |[ ]
| Dangerous materials (e.g. radioactive or bio-hazardous materials, known or potential teratogens etc.)? | Yes |[ ]  No |[ ]
| Genetic manipulation? | Yes |[ ]  No |[ ]
| Human stem cells? | Yes |[ ]  No |[ ]
| Are there any issues that could be considered sensitive or controversial? | Yes |[ ]  No |[ ]

If the answer is ‘yes’ to any of the above questions, please explain how any potential risk(s) will be minimised and managed.

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### Ethical approval

|  |  |  |
| --- | --- | --- |
| Has the project been approved by an appropriate Institutional ethics committee? | Yes |[ ]  No |[ ]

If ‘Yes’, ensure ethics clearance documents are included as Attachment A.

If ‘No’, please explain when and how the appropriate approvals will be obtained.

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### Conflict of Interest

Detail any actual or potential conflict(s) of interest relating to everyone named in this application.

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# **Part 4: Research Plan**

Ensure that **all** required content, as described in the *Information and instructions for applicants* document is included, and in the form described.

Please ensure the Research plan information does not exceed 8 pages (excluding references).

### Background and magnitude of the problem being addressed

Please include references, images, or figures as a separate page if relevant.

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### Hypothesis and aims of the project

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### Research approach, methods and stage of project

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### Outcome measures and potential significance of findings

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### Project milestones

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### Alignment of this research with MDFA’s strategy and funding areas

(Please refer to *Information and Instructions* *for applicants* document for MDFA research funding areas)

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### References

Include all relevant references after the 8-page research plan. References may be in Arial 10-point font or smaller.

**REMINDER: This Research plan section must not exceed eight pages (excluding references).**

# **Part 5: Community PERSPECTIVE**

Ensure that **all** required content, as described in the *Information and Instructions* *for applicants* document is included, and in the form described.

Responses to the community perspective criteria must be written in consumer-friendly language and include sufficient information so that this section can stand alone and can be read without referring to information submitted in the rest of the application.

### Project title

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### Plain language summary of the research project

(250 words max.)

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### Background to the project and magnitude of the problem

(250 words max.)

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### How will this research benefit people with geographic atrophy (late-stage dry age-related macular degeneration [AMD])

(250 words max.)

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### Consumer participation in this research

(250 words max.)

Please describe how you have considered and/or consulted people living with geographic atrophy (late-stage dry AMD) in designing your project, and how consumers will be involved in the project. Note: we expect the level of consumer involvement to vary depending on the nature of the research.

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### Potential translation or application of this research

(Please provide details of how this research could be translated or applied in practice; 250 words max.)

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# **Part 6: Budget**

Please add additional budget lines as needed (applies to all Budget tables below)

|  |
| --- |
| Overall project budget totals |
| **Item** | **This grant** | **Administering Institution** | **Other funding sources (if applicable)** |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment**  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **TOTAL (excl. GST)** |  |  |  |  |  |
| **TOTAL (incl. GST)** |  |  |  |  |  |

|  |
| --- |
| Budget breakdown: YEAR 1 |
| **Item** | **This grant** | **Administering Institution** | **Other funding sources, if applicable** |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment**  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

|  |
| --- |
| Budget breakdown: YEAR 2 (if applicable) |
| **Item** | **This grant** | **Administering Institution** | **Other funding sources, if applicable** |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment**  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

|  |
| --- |
| Budget breakdown: YEAR 3 (if applicable) |
| **Item** | **This grant** | **Administering Institution** | **Other funding sources, if applicable** |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment**  |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

### Budget justification

(1 page max.)

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### Other information relevant to the Budget

Details of any other funding sources for project (250 words max.)

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### Financial accountability

Describe procedures to ensure financial accountability for the proposed research (250 words max.)

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