

**ALCOHOL AND DRUG RESEARCH**

**INNOVATION AGENDA RESEARCH**

**GRANTS PROGRAM 2022**

|  |
| --- |
| ***EXPRESSION OF INTEREST FORM*** |

**Closing date for EOI Applications is**

**5pm, Friday 15th July 2022**

**Applicants must submit an electronic copy of the EOI Application via email to** [**adria@vaada.org.au**](mailto:adria@vaada.org.au) **by the closing date.**

**Hard/Late copies will not be accepted.**

**INSTRUCTIONS**

Please compete this this form to submit your expression of interest for an ADRIA grant.

For checkboxes, please use the highlight function to select your answer.

Please save your completed form as a PDF and submit as instructed (on previous page) by the due date.

*EOI Checklist*

* Your organisation meets the eligibility criteria
* You have read the ADRIA Program Guidelines (available on the ADRIA webpage).
* Your proposed research:
  + is based in Victoria
  + directly relates to Alcohol and Other Drugs (AOD) and/or people affected by AOD
  + does not meet any of the criteria for exclusion.
* You have the following information:
  + Australian Business Number (ABN) and Incorporation Number
  + details of any partnerships/consortia
  + approximate amount of funding you are requesting.

**PURPOSE OF THIS FORM**

ADRIA has a two-stage application process: the Expression of Interest (this form) and the Full Application. Applicants whose Expression of Interest (**EOI**) is successful will be invited to submit a Full Application.

EOIs are assessed by the Chair of the Evaluation Panel, a representative from VAADA and a representative from the Department of Health. Applicants will be notified of their EOI outcome via email.

For further information about ADRIA, the application process and the Research Agenda, please read the Program Guidelines (available [here](https://www.vaada.org.au/adria/resources/)).

|  |
| --- |
| **EXPRESSION OF INTEREST APPLICATION** |

1. **ORGANISATION DETAILS** (lead organisation if a consortium)

|  |  |
| --- | --- |
| Legal name |  |
| Trading name |  |
| Australian Business Number (ABN) |  |
| Incorporation number |  |

**Organisation address**

|  |  |
| --- | --- |
| **Street address** |  |
| Suburb/Town |  |
| State and postcode |  |
| **Postal address** |  |
| Suburb/Town |  |
| State and postcode |  |
| **Website** |  |

**Authorised contact person**

|  |  |  |
| --- | --- | --- |
|  | Preferred contact | Alternative contact |
| Title and name |  |  |
| Position |  |  |
| Telephone |  |  |
| Email |  |  |

1. **CORE BUSINESS OF ORGANISATION** (lead organisation if consortium)

**Prevention programs**

❑ AOD specific community education ❑ School based AOD programs

**AOD Treatment**

❑ Pharmacotherapies ❑Detoxification ❑Residential rehabilitation

❑Therapeutic communities ❑Outpatient counselling ❑Case management

❑Day programs ❑Withdrawal management ❑Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**

❑Family support ❑ Policy ❑Life skills programs

❑Workplace AOD ❑Research ❑Needle and Syringe program

❑Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DOES THIS APPLICATION INCLUDE PARTNERSHIPS/CONSORTIA WITH OTHER ORGANISATIONS?** (excluding research institutes or universities – these are addressed in Section 4)

❑ No ❑ Yes (please list other organisations)

|  |  |
| --- | --- |
| Legal name |  |
| Trading name |  |
| Contact name and number |  |
| Role of organisation in proposed project |  |

|  |  |
| --- | --- |
| Legal name |  |
| Trading name |  |
| Contact name and number |  |
| Role of organisation in proposed project |  |

**Note:** If your project involves more than two partner organisations, please include information about additional organisations as an attachment.

1. **DOES THIS APPLICATION INCLUDE PARTNERSHIPS WITH A RESEARCH ORGANISATION?** (excluding research institutes or universities – these are addressed in Section 4)

❑ No ❑ Yes (please list other organisations)

|  |  |
| --- | --- |
| Department/Unit |  |
| Organisation/Institute |  |

**Authorised contact persons**

|  |  |  |
| --- | --- | --- |
|  | Preferred contact | Alternative contact |
| Title and name |  |  |
| Position |  |  |
| Telephone |  |  |
| Email |  |  |

1. **YOUR PROPOSED RESEARCH**

**Title of research project** (max. 25 words)

|  |
| --- |
|  |

**Research question** (max. 50 words)

|  |
| --- |
|  |

**Research project summary** (max. 100 words)

|  |
| --- |
|  |

**Evidentiary need** (max. 200 words)

|  |
| --- |
| What need or gap in knowledge does your project address? |
|  |

**Research method** (max. 100 words)

|  |
| --- |
| How will you answer your research questions? |
|  |

**Anticipated outcomes** (max. 100 words)

|  |
| --- |
| What do you hope to achieve? |
|  |

**Scale of research** (max. 100 words)

|  |
| --- |
| Indication of number of research sites, participants, etc. |
|  |

**ADRIA’s Research priorities**

Does your project focus on either (or both) of the following Priorities (identified in the ADRIA Research Agenda and Program Guidelines)?

❑ Priority Populations ❑ Lived-and-living experience workforce

**Priority populations (if applicable)**

❑Sex, sexuality and gender-diverse (LGBTIQ+) people

❑People in contact with the criminal justice system

❑Women and their children

❑CALD communities

❑Older people who use AOD

❑People with a mental illness (dual-diagnosis)

❑Aboriginal and Torres Strait Islander people

❑People living with disabilities

**Have you consulted with the relevant/affected community about your research?**

❑ Yes ❑ No

|  |
| --- |
| If yes, please describe (max. 100 words) |
|  |

**Grant size** (max. 25 words)

|  |
| --- |
| Amount of grant funding requested (approximate) |
|  |

**Do you intend to apply for other funding sources (not including in-kind)?**

❑ Yes ❑ No

|  |
| --- |
| If yes, please describe (max. 50 words) |
|  |

1. **QUESTIONS**

If you have any questions, please contact VAADA Project Officer – Special Projects at [jpetty@vaada.org.au](mailto:jpetty@vaada.org.au) or 03 9412 5600.