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| project details | |
| **TAC Project No.** |  |
| **Service Type** | Choose an item. |
| **Date** | . |
| **Project title** |  |
| **Short title** |  |
| **Organisation** |  |
| **Anticipated Start Date** |  |
| **Anticipated Completion Date** |  |
| **Project Duration** |  |
| **Total Budget** |  |
| **Attachments** | *Existing Material, TAC Material and any conditions attached to the use.* |

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| RESEARCH PROJECT TEAM MEMBERS *Add rows for additional team members* | | | |
| **Name:** |  | **Position:** | Chief Investigator |
| **Phone:** |  | **Email**: |  |
|  |  |  |  |
| **Name:** |  | **Position:** |  |
| **Phone:** |  | **Email**: |  |
|  |  |  |  |
| **Name:** |  | **Position:** | TAC Research Project Manager |
| **Phone:** |  | **Email**: |  |
|  |  |  |  |
| **Name:** |  | **Position:** | TAC Business Owner |
| **Phone:** |  | **Email**: |  |
|  |  |  |  |
| **Name:** |  | **Position:** | TAC Business Sponsor |
| **Phone:** |  | **Email**: |  |

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| --- |
| TAC business need *Problem or issue, including the background context and rationale* |
| ? need |

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| Research team expertise *Brief overview of relevant experience and expertise to address the TAC research need* |
| ? need |

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| aim & objectives |
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| **RESEARCH DESIGN & METHODOLOGY**  *Study design, sample size, participant recruitment, procedure, measurement tools, data analysis and governance. (4 pages maximum)* |
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| consumer engagement  *Describe the involvement of consumers in the planning, management, data collection and/or translation of research*  *e.g. Specify their roles and responsibilities in the research* |
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| **SPECIFIC PLAN FOR KNOWLEDGE TRANSLATION**  *Outline how you will support the TAC and key stakeholders to understand the research findings, and ensure the knowledge gained from this research will be transferred to the next user.* |
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| ANTICIPATED OUTCOMES AND IMPACT OF THE RESEARCH   1. *Describe the anticipated outcomes of the research.* 2. *Describe the expected impact of the research findings e.g., policy change, education, behaviour change, increase in knowledge etc.* |
| 1. **Anticipated outcomes of the research** 2. **Expected impact of the research findings** |

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| ANTICIPATED RETURN ON INVESTMENT   1. *Indicate the anticipated areas of Return on Investment from this research.* 2. *Describe the Return on Investment expected from this research.* |
| 1. **Anticipated areas of Return on Investment:**   Increased knowledge 󠇯  Better informed decision making  Improvements in external services (vocational/ disability/ rehab services etc.)  Improvements in TAC processes and/ or TAC client experiences  Improvements in physical health of TAC clients  TAC client social impact (wellbeing/ relationships/ RTW etc.)  Economic impact for TAC   1. **Describe the Return on Investment expected from this research:** |
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| key considerations | | | | |
| **Item** | |  |  | |
| **1** | Is access to TAC data required?  *If yes, consistent with the Deed of Standing Offer applicants must provide a Data Security and Risk Management Plan which includes, but is not limited to, the following considerations: secure data transfer, storage, access, security and data return and destruction on project completion.* | | | **Yes / No** |
| **2** | Is access to TAC employees required? | | | **Yes / No** |
| **3** | Is recruitment of TAC Staff, TAC Stakeholders, TAC clients, their families, carers or significant others required? | | | **Yes / No** |
| **4** | Is ethics approval required?  *Provide a brief explanation of any anticipated ethical issues and mitigation strategies* | | | **Yes / No** |
| **5** | Are you proposing any special conditions or restrictions on the outputs?  *Outline and justify your requirements* | | | **Yes / No** |
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| identify any constraints, risks or conflicts of interest and how you will mitigate these risks |
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| project milestones & payment schedule\* *Include research outputs to be delivered* | | |  |
| **Milestone** | **Date** | **Payment Milestone (Y/N)** | **Payment Amount ($)** |
| *E.g. Project initiation meeting* |  |  |  |
| *E.g. Confirmed project governance structure* |  |  |  |
| *E.g. Copy of ethics application and approval* |  |  |  |
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| **Total** |  |  |  |

\*Draft project plans only require the milestone and date columns completed.

**Project Timeline for Key Project Tasks**

* Please enter each Key Project Task along the left hand side of the table;
* Insert Month and year below 1st Month, 2nd Month etc. (see example)
* Shade the number of months each task will take from commencement to completion (see example below).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Project Task** | **Pre-project activities** | **1st month**  ***E.g.***  ***July 2018*** | **2nd month** | **3rd month** | **4th month** | **5th month** | **6th month** | **7th month** | **8th month** | **9th month** | **10th month** | **11th month** | **12th month** |
| e.g.: Project planning and staff recruitment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e.g.: Database development |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e.g.: Data collection/patient recruitment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e.g. Project Reports (6 monthly) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e.g. data analysis |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e.g. final report write up |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| budget | | |
| **Instructions**   1. The budget must align with the cost estimation documented in the Tasking Statement. Additional research activities must be documented separately as optional activities. 2. Provide line-by-line information, adding rows where required to detail item costs. 3. Projects with multiple phases should structure the budget to the phases. 4. Allowable key personnel include the proposed researchers, supporting project management roles, consultants, experts and consumers. 5. Key personnel rates must be consistent with schedule 3 of the Deed of Standing Offer and align to the duration of the role. For example, a role of 6 months duration should have the ‘monthly’ rate applied. 6. Allowable equipment items include language translation, transcribing, teleconference line, access to specialist archives / databases, specialized computer software, specialized information technology devices (e.g. live scribe pens), outcome measurement tools and stationary. 7. Allowable travel items include vehicle mileage, flights or train travel, transfers and accommodation for data collection. 8. Allowable other items include venue hire and hospitality costs for workshops / focus groups, mail-out costs for recruitment, printing and a maximum overhead rate. 9. Any proposed maximum overhead rate must be consistent with schedule 3 of the Deed of Standing Offer and be tailored to the specific project. 10. Prohibited items include infrastructure (e.g. office space), information technology devices (e.g. computers, smart devices and mobile phones), capital works, professional membership fees, professional development courses, conference registration fees, publication fees for journals, cleaning services or anything not directly related to the project. 11. All figures entered are to be exclusive of GST. 12. Questions? Contact the TAC Research Team by email [research@tac.vic.gov.au](mailto:research@tac.vic.gov.au) | | |
| **Expenditure Description** | **Justification for Expenditure** | **Budget  Re Requested ($)** |
| ***Key Personnel (Itemise all personnel separately)*** | | |
| *E.g. Project Manager (6 months @ 7.6 hours per week, qualification level X).* | *The Project Manager is responsible for coordinating all aspects of the research project* | *$45,000* |
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| ***Equipment*** | | |
| *E.g. Teleconference line* | *A teleconference line will be required to conduct interviews with participants* | $500 |
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| ***Travel*** | | |
| *E.g. Travel for Project Manager* | *Travel for data collection for Project Manager. 10 trips x $500/trip (flight/train costs + hotel cost @$150/night)* | $1000 |
|  |  |  |
| ***Other*** | | |
| *E.g. Maximum overhead rate {insert %}*  *{Insert % for this specific project }* | *Expenses related to the level of internal administration and use of the facility incurred in the course of carrying out this specific project.* |  |
|  |  |  |
| ***Total (excluding maximum overhead rate)*** |  |  |
| ***Total (including maximum overhead rate)*** |  |  |
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| ***Optional activities*** |  |  |
| *E.g. Social media analysis as part of a scan* |  |  |

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| **SERVICE PROVIDER APPROVAL** | | I have reviewed this document and approve submission to the TAC | | | |
| **Role:** Lead Investigator | | | | | |
| **Name:** |  | | **Title:** |  | |
| **Phone:** |  | | **Email:** | |  |
| **Date:** |  | | **Signature:** | |  |
| **Role:** | | | | | |
| **Name:** |  | | **Title:** |  | |
| **Phone:** |  | | **Email:** | |  |
| **Date:** |  | | **Signature:** | |  |

**TAC OFFICE USE ONLY**

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| **TAC APPROVAL** | | I have reviewed this document and approve implementation of the documented research activity | | | |
| **Role:** Business Sponsor | | | | | |
| **Name:** |  | | **Title:** |  | |
| **Phone:** |  | | **Email:** | |  |
| **Date:** |  | | **Signature:** | |  |
| **Role:** Business Owner |  | |  | |  |
| **Name:** |  | | **Title:** | |  |
| **Phone:** |  | | **Email:** | |  |
| **Date:** |  | | **Signature:** | |  |
| **Role:** Research Project Manager | | | | | |
| **Name:** |  | | **Title:** |  | |
| **Phone:** |  | | **Email:** | |  |
| **Date:** |  | | **Signature:** | |  |