



CAPACITY BUILDING FUNDING APPLICATION FORM

Please see “*Capacity Building Information Sheet*” for eligibility criteria and submission information.

1. Name

2. Position/appointment and institution.

3. Name of capacity building activity

4. Date of capacity building activity

5. Provide general information on the capacity building activity. *max 800 characters*

RIO TINTO CHILDREN'S DIABETES CENTRE

A Breakthrough T1D Centre of Excellence



RioTinto



6. Why/how does this capacity building activity advance your career? *max 800 characters*

7. Why/how will this capacity building help with your current research? *max 800 characters*

8. Why/how does this capacity building activity fit with the Rio Tinto Children's Diabetes Centres Vision and objectives? *max 1200 characters*

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9. Funding type

- Top-up funding (to close the shortfall left by awarded primary funding)
- Safety net funding (when budget applied for with primary funding source is not awarded or alternative sources of funding exhausted)

10. Itemised total budget

Expense Item	Value
TOTAL	

11. Provide information about the primary funding source applied with.

Attach a copy of primary funding application.

- a. Nature of the funding source.
- b. When is the outcome announced?
- c. Amount of funding applied for.
- d. If applying for top-up funding, explain why you could not apply for the total budget with the primary funding source (i.e. funding ceiling; limitation in the items you could apply for, etc.).
- e. If applying for safety net funding, list alternative sources of funding sought and explain why other funding is not available (including project funds).

12. Amount requested from the Rio Tinto Childrens Diabetes .

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Signature of applicant

Print name

Date

Signature of supervisor

Print name

Date

If the Capacity Building Activity is “Funding towards recruiting and funding a consumer for a research project ideation, research grant development or related research activity” an additional signature form the CoE Community Involvement Co-Ordinator/Senior Program Manager is required.

*Signature of Community
Involvement Co-Ordinator
Or
Senior Program Manager*

Print name

Date