



Dust Diseases Board Grants Program Application Guidelines FY23/24

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1. Introduction

The Dust Diseases Board has been providing research funding since 1983. The 2020-2024 Dust Diseases Board Grant Strategy aims to make a positive difference to those impacted by hazardous dust exposure and dust diseases. This will be achieved through the **Ideas to Action** and **Focus** funding streams.

Through funding research, we aim to reduce the risk of people developing dust diseases and to optimise health and care outcomes for people with a dust disease and their families.

icare dust diseases care, also known as the Dust Diseases Authority (DDA), provides financial and health care support to over 5,200 people affected by work-related dust diseases annually.

More than 83% of the dust diseases managed by icare dust diseases care are asbestos related. icare dust diseases care only administers research funds directly related to the dust diseases dealt with by icare dust diseases care:

- Asbestos induced carcinoma
- Asbestos related pleural diseases
- Diffuse dust-related pulmonary fibrosis
- Hypersensitivity Pneumonitis, including
 - Bagassosis
 - Farmers' lung
- Mesothelioma
- Pneumoconiosis (any form), including
 - Aluminosis
 - Asbestosis
 - Berylliosis
 - Byssinosis
 - Coal dust pneumoconiosis
 - Hard metal pneumoconiosis
 - Silicosis
 - Talcosis
- Silico-tuberculosis
- Silica-induced carcinoma of the lung
- Systemic sclerosis

And other diseases caused by the same dusts that cause the above diseases.

2. Dust Diseases Board Grants Program

Overview

The Dust Disease Board's vision is to make a positive difference to those impacted by hazardous dust exposure and dust disease through our grant programs. The 2024 grant programs include Discovery grants, Translational Research grants and Focus grants, with the latter specifically targeting the current research priority of Supportive and Palliative Care for People Affected by Dust Diseases.

Across our grants program the Board encourages collaborative partnerships between research groups, with industry partners and across specialties, that aim to deliver increased research efficiency by sharing knowledge, capacity and resources through collaborative research effort.

The Board also encourages applications for novel and innovative benchtop research, new treatments and pilot programs to improve health outcomes and quality of life of workers with dust diseases. We support early stage innovations and ideas that can be turned into impact.

Ideas to Action Funding Stream

i. Discovery grants

Discovery grants provide funding for research projects undertaken by individual researchers or research teams for:

- Basic and translational research that provides the foundation upon which therapeutic discovery can occur and/or deepen our understanding of dust diseases.
- Exploratory, novel studies that break new ground or extend previous discoveries toward new directions or applications.
- High risk, high reward studies (subject to due diligence) that may lead to a breakthrough in a particular area, or result in novel techniques, agents, methodologies, models or applications that will impact biomedical or clinical research.

ii. Translational research grants

Translational research grants are available to facilitate the rapid transformation of research discoveries into clinical trials. The grant funds exceptional researchers who have demonstrated the capability to carry out ground breaking research and start to make inroads into treatments.

Focus grants funding stream – Supportive and Palliative Care for People Affected by Dust Diseases

The Dust Diseases Board is calling for funding application proposals for research projects focused on supportive and palliative care for individuals with dust diseases.

3. General provisions

Funding

Project grant funding will commence between 1 January 2024 and 30 June 2024 and will be offered for a maximum of three years.

The grant will be offered as a “one-line” grant without specification of distribution between salaries, consumables and equipment. There will be no additional sums paid by icare dust diseases care outside of the one-line grant.

The grant must be spent wholly for the purposes for which it was requested and so certified by the Chief Investigator and the Administering Institution. If the research is terminated early or completed at a lower than initially envisaged cost, icare dust diseases care must be advised and any unspent funds returned.

Payments in respect of any grant will be within the terms and conditions specified in the funding offer and set out in the Funding Agreement.

Funds will not be provided to cover any overhead costs levied by the Administering Institution or organisation.

All amounts referred to in the Funding Agreement are exclusive of GST, unless stated otherwise.

Administering Institutions or organisations are responsible for all financial and taxation implications associated with receiving funds.

Impact Planning

The Dust Diseases Board requires applicants to provide a dissemination plan during the application stage.

The plan will be used as a tool to assist with the evaluation of the impact achieved at the end of the project. The plan will not form part of the assessment criteria and will be completed in a co-design session with the DDC Research Team.

Privacy and confidentiality

Documents containing personal information will be handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998.

Applicants are required to consent to the information supplied as part of their application being disclosed for assessment and purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, members of the Dust Diseases Board, independent assessors requested by the Board to provide advice, and relevant employees of Insurance and Care NSW (icare) involved in the grant process.

The announcement of the successful applicants will involve the dissemination of information to the public about the general nature of the Grant funded including the lay description provided in the application, the funding awarded, the applicants involved in the Grant, and the administering institution or organisation, and any actual organisations at which the Grant is being carried out.

Intellectual property

Applicants must adhere to an Intellectual Property Policy approved by the governing body of the Administering and/or research institutions that is similar with the document ‘National Principles of Intellectual Property Management for Publicly Funded Research’ released in September 2001: www.arc.gov.au/policies-strategies/policy/national-principles-intellectual-property-management-publicly-funded-research and to the intellectual property requirements set out in the Funding Agreement.

Conflict of interest

All parties involved in or associated with the application/project are required to disclose to icare dust diseases care any conflict of interest that has the potential to influence, or appear to influence, the project and activities, publications and media reports or request for funding related to the application/project. Such conflicts may be disclosed to icare dust diseases care at the time of submission of the application, and in reporting on funded grants as soon as practicable after the conflict of interest is identified.

Enquiries

Enquiries can be directed to icare dust diseases care by email at ddcgrants@icare.nsw.gov.au.

3.1. Ideas to Action - Discovery Grants & Translational Research Grants

Administering Institution

Applicants must nominate a single Administering Institution that will be responsible for the management of the grant. Applications are to be lodged through the Administering Institution.

The Administering Institution must have in place policies and procedures for the administration of public funds; for the management of intellectual property; and proper conduct of research in relation to ethics. The Administering Institution must have a good scientific practice and will provide appropriate infrastructure to allow the research supported by the grant to be undertaken.

For the purposes of GST arrangements, the institution is defined as the supplier.

Research Institution

Applicants must nominate the institution where the research will be undertaken. The Administering Institution and Research Institution may be the same.

Chief Investigator

Chief Investigators must hold relevant professional qualifications and have the skills, knowledge and resources necessary to carry out the proposed grant.

Obligations regarding previously funded projects must have been fulfilled to the satisfaction of the Dust Diseases Board for all Chief Investigators. The application will not be considered if there are outstanding progress, financial or final reports for any current or previously funded grant.

Profile and CV

Profile and CV information must be provided for all Specified Personnel named on an application.

Incomplete, false or misleading information

The application is the only source of information available for assessment. As such it must contain all the information necessary for assessment of the project without need for further written or oral explanation or reference to additional information.

All details provided in the application must be current, particularly concerning any other successful grants, at the time of application.

If you provide false or misleading information within the application to the Dust Diseases Board, it will be excluded from any further consideration for funding.

Certifications

Signatures on applications certify the accuracy and validity of all information submitted.

The Administering Institution signatory is certifying that it will be responsible for the appropriate use of the funds awarded, for the performance of the grant supported project or activities resulting from the application, and all other items as dictated by the funding agreement.

The Administering Institution signatory must have the appropriate authority to sign on behalf of that institution.

Electronic signatures on grant applications are acceptable. Funding agreements must have original signatures.

3.2. Focus Grants - Supportive and Palliative Care for People Affected by Dust Diseases

Organisation

Applications are open to not-for profit businesses as well as those for profit and government agencies.

The Organisation will need to provide a proven track record of project delivery, a financially sustainable business/delivery model and financial viability.

The Organisation must have in place policies and procedures for the administration of public funds; for the management of intellectual property; and proper conduct of project management in relation to ethics. The Organisation must be able to provide appropriate infrastructure to allow the project supported by the grant to be undertaken.

For the purposes of GST arrangements, the organisation is defined as the supplier.

Chief Investigator

Chief Investigators must hold relevant professional qualifications and have the skills, knowledge and resources necessary to carry out the proposed grant.

Obligations regarding previously funded projects must have been fulfilled to the satisfaction of the Dust Diseases Board for all Chief Investigators. The application will not be considered if there are outstanding progress, financial or final reports for any current or previously funded grant.

Profile and CV

Profile and CV information must be provided for all Specified Personnel named on an application.

Incomplete, false or misleading information

The application is the only source of information available for assessment. As such it must contain all the information necessary for assessment of the project without need for further written or oral explanation or reference to additional information.

All details provided in the application must be current, particularly concerning any other successful grants, at the time of application.

If you provide false or misleading information within the application to the Dust Diseases Board, it will be excluded from any further consideration for funding.

Certifications

Signatures on applications certify the accuracy and validity of all information submitted.

The Organisation signatory is certifying that it will be responsible for the appropriate use of the funds awarded, for the performance of the grant supported project or activities resulting from the application, and all other items as dictated by the funding agreement.

The Organisation signatory must have the appropriate authority to sign on behalf of that institution.

Electronic signatures on grant applications are acceptable. Funding agreements must have original signatures.

4. Submission of applications

Applicants must use the Dust Diseases Board grants program application form, available from the icare dust diseases care website at: <https://www.icare.nsw.gov.au/injured-or-ill-people/work-related-dust-disease/research-and-funding>. Please note that word limits are strictly enforced. Any information provided beyond the word limit will not be considered.

Applications (including all supporting information) must be received by the closing date. Applicants must respond to the questions in the application form and must not amend any of the questions.

Applications which omit significant information may not be considered.

Applications must provide a detailed budget and justification for proposed project expenses. The project details will be used in the assessment of the merit of the research and the qualifications and experience of the research group. The budget details will be used to ensure that the appropriate level of budget discipline and accountability will be exercised in the project.

Projects that propose to use icare dust diseases care's data or scheme participants as research subjects must include all the costs associated with these requirements in their research budget. Researchers proposing access to participants as part of their projects must discuss the feasibility of the project with icare dust diseases care before submitting the grant applications.

The application must be submitted by email to ddcgrants@icare.nsw.gov.au

The application must be saved as a pdf using the following format and using the following subject line: DDC Research Grant_Surname_First Name.

Applications must be submitted by 4.00pm AEST on **19 January 2023**.

5. Assessment of applications

Upon receipt, applications will be reviewed for completeness and eligibility.

The Dust Diseases Board will shortlist eligible applications based on an assessment of merit against the Board's research principles, the application criteria and the amount of funding requested. The shortlist will be sent for independent scientific review and the Board will make a final decision based on the reported outcomes at their next Board meeting.

The submission of an application does not confer any entitlement on the applicant.

The decision to award a grant is entirely within the discretion of the Board and icare dust diseases care, and their decision is final.

The Board requires its members and independent assessors to declare conflicts of interest and to withdraw from considering individual applications where such conflict exists.

Applications will be considered in the first instance for adherence to one or more of the Board's Grant Strategy principles:

- Benefits NSW workers with dust diseases and their families and contributes to a better quality of life for workers with dust diseases.
- Develop a better understanding of dust diseases in NSW, including epidemiology, to prevent the development of dust diseases among people at risk.
- Contributes to the effective administration of the dust diseases scheme in NSW.
- Provides funding for novel and innovative benchtop research, new treatments and pilot programs to improve health and quality of life.
- Supports early stage innovations and ideas that can be turned into impact.
- Advances and accelerates the translation of research into policy and practice delivering meaningful outcomes to workers.
- Fosters collaboration to develop and broaden expertise and leverage investment to increase impact.
- Builds capacity and capability; developing dust diseases researchers of tomorrow.

Applications meeting the Board's research principles will be merit assessed against the following selection criteria.

Design and methodology (50%)

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? The assessment includes:

- the clarity of the research question including objectives and literature review
- appropriateness of study design
- rigor of methods including adequacy of sample size and controls and validity of statistical analysis
- feasibility of goal and predicted outcomes, based on duration of project, expertise of applicants, preliminary data and budget

Cost vs benefit (20%)

Are there clear details and relevant examples of how the research/project is relevant to and can benefit icare dust diseases care and its customers?

Is there a clear and compelling rationale for why the proposed research/project is of value and significance? Does the project identify unique and essential attributes in light of the relevant extant literature?

Are there full details and justification regarding expenses and research costs and other financial support provided or sought?

Significance (20%)

Discovery Grants and Translational Research

Grants: Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions in dust diseases?

Focus Grants: Does the project focus on one of the 4 problem statements; to investigate barriers and enablers to accessing supportive and palliative care for those with a dust disease and strategies to improve accessibility; to investigate novel methods, programs, treatments or techniques which enhance the lives of those with a dust disease or their carers and families; to investigate and address the psychosocial needs of those accessing supportive and palliative care, as well as their carers and families; to investigate the unique care needs of younger people with silicosis, with a particular focus on psychosocial health, health literacy and long-term chronic care to optimise quality of life. Refer to Appendix 1.

Research qualifications, experience and reputation (10%)

Are the investigators, collaborators, and other researchers including the project team well suited to the project? If Early Stage Investigators or New Investigators, or in the early stages of independent careers, do they have appropriate experience and training? If established, have they demonstrated a record of achievement that has advanced their field(s)? Track record will be considered in relation to opportunity, accounting for career interruptions, administrative and clinical/teaching load, and typical performance (including publications) for the field in question.

If the project is collaborative, do the investigators/project team have complementary and integrated expertise; are their leadership approach, governance and organisational structure appropriate for the project? Do the investigators have suitable experience in supervising students in research if relevant?

Notification of outcome

All applicants will be notified directly of the outcome of their application by August 2023. The details of successful grant applications (i.e. project title, Chief Investigator, Institution/Organisation and total funding awarded) will be published on icare dust diseases care's website and in other publications as considered appropriate.

6. Grant administration

Grant funding agreement

If the application for grant funding is successful, the Administering Institution/Organisation will be required to enter into icare dust diseases care's standard Funding Agreement. Preparation of the Funding Agreement will commence in August 2023.

The Funding Agreement details the specific conditions for each grant type and each individual grantee including reporting requirements and financial management.

All parties involved in a grant should familiarise themselves with the Standard Agreement conditions, but only the Administering Institution/Organisation and icare dust diseases care will be parties to the document.

By signing the Agreement, the Administering Institution/Organisation is agreeing to the conditions contained in that Agreement.

A grant will not commence, nor grant funds be expended, prior to:

- The Agreement between icare dust diseases care and the Administering Institution/Organisation having been signed by both parties; and
- Appropriate clearances having been obtained relevant to the project e.g. ethics approval and provided to icare dust diseases care.

Evidence of Research Ethics Committee approval, Institutional Biosafety Committee approval or other regulatory body approvals, as appropriate to the project being conducted, must be forwarded to icare dust diseases care upon their receipt. The offer of funding may be withdrawn if the necessary approvals/licenses are not received 6 months after the date of the research funding agreement.

Applicants should be aware that the Schedule of Progress Reports and Stage Payments is part of the funding agreement and the Performance Measures are used to evaluate satisfactory progress.

Requests to vary an agreement or schedules must be forwarded in writing. Amendment of any clauses of the Agreement will be at icare dust diseases care's absolute discretion. A standard Funding Agreement is available on request from the icare DDC Research & Education Unit.

Travel expenses

The grant may include justified travel expenses covering the cost of travel where it is directly related to progressing the project and achieving the intended objectives and outcomes of the project.

Progress reporting

icare dust diseases care requires progress reports and expenditure reports to be submitted according to the Schedule of Progress Reports which is part of every funding agreement. Any departure from the approved project and/or the budget must be disclosed in the progress reports.

icare dust diseases care reserves the right to suspend or terminate a grant if progress reports are not supplied by the due date or if progress is considered unsatisfactory by the Dust Diseases Board and/or icare dust diseases care. If a project fails to obtain the target number of research subjects the Board may reduce the grant. If a project fails to obtain sufficient research subjects to produce statistically significant results, the Board may terminate the funding for the project. icare dust diseases care will provide notice in writing of any concerns to the Administering Institution.

At the completion of the project, the Administering Institution/Organisation will be required to arrange for an audit by an accredited auditor of all grant monies expended. Applicants should include financial auditing expenses in their project budget.

Random audits may be conducted during the course of the project. icare dust diseases care will provide reasonable notice should a random audit be required. The Administering Institution/Organisation must ensure documents and other financial records are properly maintained and available if required.

icare dust diseases care withholds the final 5% of grant monies which are not paid until all of the researcher's obligations under the funding agreement are fulfilled.

Impact Evaluation

The grantee is required to complete an assessment of the project impact at project completion and approximately one year post- completion. These plans will be used to inform reporting for the Dust Diseases Board about the areas of impact addressed by each project.

Recognition of funding

All publications, media releases or discussion of results emanating from a grant must acknowledge funding support with the following wording:

“This project was supported by a Dust Diseases Board competitive grant. The views expressed herein are those of the authors and are not necessarily those of icare or the Dust Diseases Board.”

Use of icare’s logo requires approval on a case by case basis.

Appendix 1

Dust Diseases Board Focus Priority

Supportive and Palliative Care for People Affected by Dust Diseases

The Dust Diseases Board is calling for funding application proposals for research projects focused on supportive and palliative care for individuals with dust diseases.

In keeping with national and state guidance on palliative and end of life care for individuals with a dust disease, their families and carers should have access to the best possible care regardless of their location (regional, remote, interstate), dust disease type and progression, other co-morbid conditions, or age. This care and support is ideally available from the point of diagnosis.

The Board is open to applications that can address one or more of the following problem statements.

Problem Statements

1. To investigate barriers and enablers to accessing supportive and palliative care for those with a dust disease and strategies to improve accessibility.
2. To investigate novel methods, programs, treatments or techniques which enhance the lives of those with a dust disease or their carers and families.
3. To investigate and address the psychosocial needs of those accessing supportive and palliative care, as well as their carers and families.
4. To investigate the unique care needs of younger people with silicosis, with a particular focus on psychosocial health, health literacy and long-term chronic care to optimise quality of life.

Context

Supportive and palliative care is offered to individuals with a dust disease at any stage of the illness and needs to complement other treatments that are required. Palliative care includes, but is not limited to, end of life care. Together supportive and palliative care approaches enable the individual with a dust disease to live life as fully as possible, including during end of life care.

About those with Dust Diseases who are supported by Dust Diseases Care

Over 400 people are certified per year with a dust disease by icare Dust Diseases Care following exposure to hazardous dusts in NSW. Approximately 83% are asbestos related whilst the remainder are mostly silica related. Mesothelioma accounts for nearly half of the asbestos related certifications. Individuals with mesothelioma and most asbestos related lung cancers are considered to be 100% disabled, whilst disability ranges for individuals with a benign dust disease such as asbestosis, silicosis or asbestos-related pleural disease.

Some people diagnosed early will not be considered disabled by their disease, particularly in those not displaying symptoms. Little is known about the potential to improve the quality of life for these individuals.

Most former NSW workers and dependants receiving compensation reside in NSW, whilst approximately 15% live interstate. Of these, over one half live in Queensland.

People impacted by asbestos are an aging population, with most falling into the demographic of 65 years of age or older. Multi-morbidities in this population add to the complexity of care and support required.

Over the past few years, a new cohort of workers has emerged of younger males who have worked with manufactured stone products and developed silica related diseases following heavy silica exposures. Often, these men have young families, are not currently displaying signs of advanced disease and physically feel well. However, for others the diagnosis severely disrupts their physical, financial, social and family wellbeing.

What is supportive and palliative care?

Supportive care is often used interchangeably with palliative care, although technically the definitions differ. Supportive care has traditionally been used to describe care from pre-diagnosis through to bereavement for those with cancer and their carers. Palliative care is the treatment, care and support for people living with any life-limiting illness. It is provided by a multi-disciplinary care team, with the aim of optimising function and comfort as the illness progresses to end of life.

Supportive and palliative care approaches encompass:

- Managing physical symptoms, such as breathlessness, fatigue or pain and helping the person to optimise their physical function.
- Emotional, psychological, spiritual support
- Enhancing the capacity of individuals to manage activities of daily living, such as self-care
- Providing family support
- Counselling and grief support

Central to providing care and support for individuals is that it is person-centred, recognises and supports families and carers, there is equitable access to care and suitably skilled care providers, and that services provided are well-coordinated and integrated with other care providers.

What kind of research might be beneficial to our understanding palliative care for those with a dust disease?

The Dust Diseases Board is open to consideration of all research proposals which aim to support the wellbeing and quality of life of those with a dust disease across the disease continuum and towards end of life. Projects of interest will be focused on ways to better understand the needs of those with malignant and benign dust diseases, development and testing of novel approaches to meet the needs of individuals with a dust disease and address barriers to accessing supportive and palliative care services. Projects that involve individuals affected by dust diseases are encouraged.

The Dust Diseases Board encourages projects spanning the different research methodologies including descriptive epidemiological studies, interventions/trials and pilot programs. The Dust Diseases Board looks to foster research that can be rapidly translated into practice to be of more immediate benefit to individuals supported by Dust Diseases Care.

How to apply

For more information on the grants program, including the application guidelines and application forms to:

<https://www.icare.nsw.gov.au/injured-or-ill-people/work-related-dust-disease/dust-diseases-board-research-grants>

or email: ddcgrants@icare.nsw.gov.au