



Research Australia  
Philanthropy

December 2010

# r a p o n

## Featured Articles

*Research Australia Awards*  
*Pharma's philanthropic pipeline*  
*Sustainable giving*



## Welcome to our new eMag

Welcome to Research Australia Philanthropy's eMagazine.

In 2009, RAP launched a quarterly newsletter to communicate to our members, researchers and the philanthropic community information and stories specifically relevant to health and medical research.

This first edition of our emagazine '*rap on*' brings our newsletter into adolescence and is made possible by the growing interest in what we do and the contributions made by our members. As '*rap on*' matures we hope that it will become a primary resource for our members to tell their stories, communicate their issues, become a resource to support philanthropy and learn about what is happening in the sector.



'*rap on*' will be delivered in a pdf format so it can be distributed efficiently and affordably, minimising printing costs.

We strongly encourage our members to contact us with their news, stories, issues and events. '*rap on*' will be published 3 times per year (April, August and December) and we welcome your

contributions and feedback.

*The Building Philanthropic Support for Australian Health and Medical Research* initiative undertaken by Research Australia is supported by funding from the Australian Government Department of Health and Ageing.

Research Australia Limited is a not for profit, membership based organisation that conducts Australia's leading "whole of community" program to raise the profile of health and medical research. [www.researchaustralia.org](http://www.researchaustralia.org)

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## A word from the CEO

Welcome to our new initiative, RAP's emagazine 'rap on'. I hope you find it interesting and enjoyable reading. The magazine is a great place to find out about the latest news and happenings.

It's also a perfect opportunity for us to let you know about our latest plans to bring together researchers, companies, and the community and to inspire a new generation of supporters for Australia's amazing health researchers.

Cook for a Cure, developed in conjunction with the amazing insights of our friends at Ogilvy PR Health, will be the centerpiece of a new outreach program by Research Australia and partners. It will provide a unique opportunity for individuals and organisations to connect with and get behind medical research in Australia and demonstrate their commitment to ongoing medical discoveries.

***"Research Australia aims to help the community join together, whether in the home, the park or the workplace, to support their chosen medical research cause."***

Cook for a Cure is a week-long event where friends, family and work colleagues can share a meal to support their chosen research area. The research that Cook for a Cure participants support will directly contribute to the prevention, treatment, care and ultimately cures for diseases impacting our community - empowering them to make a difference by supporting a cause they are passionate about.

Cook for a Cure hosts choose their medical research project and then invite guests to share a meal and make a donation. Through our website and via donations, participants will become more connected and engaged with Australian researchers and the opportunity to build a community to share with friends. Once funded, the researchers will update participants via the website, helping to 'put a face' to health and medical research.

Opportunities are now available for your organisation to demonstrate your support of this exciting fundraising campaign, raise your profile and strengthen your corporate reputation. By partnering with Research Australia, you will deliver better health outcomes to the Australian community. Your contributions and participation in this event will help to ensure its success.

The campaign presents an ideal way to involve your employees and their friends and families who are passionate about supporting community events and medical research.

Research Australia's Cook for a Cure campaign will be launched in 2011 and I hope that you will work with us to help support all Australians committed to uncovering tomorrow's medical discoveries.

Yours sincerely,

Rebecca James  
Chief Executive



ResearchAustralia.org



[Go to survey](http://fs21.formsite.com/ResearchAustralia/form2/index.html)

# High achievers honoured at Research Australia Awards

A private philanthropist who has personally donated in excess of \$60 million to health and medical research in the past few years and an Australian researcher who led the invention of a vaccine that could save 20,000 lives every year were among the award recipients honoured at the Research Australia Awards presentation on the evening of 25th November 2010.

The awards were presented at Government House in Sydney by the NSW Governor, Her Excellency Professor Marie Bashir AC CVO.



L-R: Greg Poche AR; Her Excellency Professor Marie Bashir AC CVO

**Great Australian Philanthropy Award** was awarded to Mr Greg Poche AO, for his astonishing generosity in support of health and medical research programs.

This has included a donation of \$41 million to Sydney's Mater Hospital to establish a centre for research and treatment of melanoma, two separate \$10 million donations to establish Centres for Indigenous Health at the University of Sydney and Flinders University, \$1 million for research on indigenous eye health at Melbourne University and continuing donations of \$700,000 per year to fund specialised training for doctors working to treat melanoma.

The **Griffith University Discovery Award** was awarded to Dr Mark Pearson for his ground-breaking work inventing and developing a vaccine against *Schistosoma mansoni*, a parasite that infects as as 200 million people every year in developing countries.

Currently around 20,000 people die every year from these infections. The vaccine developed by Dr Pearson and his team will soon commence clinical trials and has the potential to save lives.

The Chair of Research Australia, Dr Christine Bennett, used the occasion of the ceremony to highlight the extraordinary quality of Australia's health and medical researchers and to call on governments, philanthropists and industry to further invest in this crucial work. "These award recipients are outstanding, but they are only the tip of the iceberg. We have research talent in Australia of a calibre equal to anywhere in the world," Dr Bennett said.



Left: Sophie Cunxin (on behalf of her father, Li Cunxin) Right: Her Excellency Professor Marie Bashir AC CVO

"Our research efforts in Australia, built up over a decade of funding growth provide a solid foundation to build further success by attracting researchers to Australia from overseas and to further build our reputation as a leading research nation."

Dr Bennett said comprehensive public opinion research commissioned recently by Research Australia showed extraordinary levels of public support for better funding of health and medical research - 81 per cent ranked it very or extremely important. "People rated it an issue of higher importance than refugee policy, carbon pollution reduction, reducing government debt and even economic management. It's a top order priority for the Australian public," Dr Bennett said.

"The research shows serious illnesses affect the majority of Australian families in one way or another. People feel very strongly the need to drive development of better treatments and cures."

“The work of health and medical researchers, saves lives, provides relief for the seriously ill, reduces the burden on our public health system and can make a huge economic contribution when medicines and products developed here are exported to the world.”

“Investment in it makes medical, public health, humanitarian and economic sense. As a community comprising government, industry and as individuals, we have enormous opportunities to further develop our research capacity,” Dr Bennett said.

For detailed information on award recipients, please [www.researchaustralia.org](http://www.researchaustralia.org)

## **New hopes for MND**

*Like a personal trainer can keep us ship-shape as we age, so too do a class of proteins in the body, known as chaperones.*

There are a number of different types of chaperones in the body, their role to ensure that all of the other proteins in the body that keep us fighting fit are of perfect molecular form.

As we age, the ability of proteins to fold and function properly reduces, as does the ability of chaperones to keep up their job of quality assurance.

Over time, the misshapen proteins form clumps, or aggregates, around the body. In the brain, these proteins aggregates cause devastating diseases including Parkinson's Disease and Motor Neurone Disease. Dementia is also a consequence of protein aggregation in the brain and is one of the fastest growing sources of major disease burden in Australia.

A research team led by Dr Heath Ecroyd and Dr Justin Yerbury, from the Illawarra Health and Medical Research Institute, is investigating how chaperones contribute to the onset of age-related neurological diseases and ageing in general, as well as how

they might offer opportunities for prevention and treatment of these diseases.

They are focused on a particular type of chaperone, small heat-shock proteins, which play a ‘surveillance’ role in the body, identifying which proteins are falling out of shape, and dispatching fellow chaperone proteins to assist them in keeping their molecular form.

Using an animal model of Motor Neurone Disease (MND), the researchers are examining the role these chaperones play in a healthy brain, how this role changes in an ageing brain, and what the chaperones are - or aren't - doing at the onset of the disease.

Looking at the differences between disease onset and a significant insight into why these chaperones seem to fail us as we age.

“People with a genetic mutation that is associated with MND are not born with the disease - the average age of onset is around 50 years,” Dr Yerbury says. “Using this model, we can examine the function and form of the chaperones at each stage of the life cycle and investigate the changes that lead to the sudden

onset and progression of MND during ageing.”

The researchers are studying the chaperones from two angles: the ‘numbers game’ - whether ageing throws out the fine balance between chaperones and deforming proteins; and functional deficiency - whether or not the chaperones themselves become inoperative as we age.

Their ultimate goal is to identify opportunities for the development of therapeutic treatments, which can be honed to benefit patients suffering from these diseases of our age.

This work has been made possible through a grant from the Illawarra Retirement Trust Research Foundation. Dr Justin Yerbury holds a Bill Gole Postdoctoral Fellowship, funded by the Motor Neurone Disease Research Institute of Australia.

The Illawarra Health and Medical Research Institute connects medical research with clinical practice. It is an initiative of the University of Wollongong and the South Eastern Sydney Illawarra Area Health Service. For more information, please visit [www.ihmri.uow.edu.au](http://www.ihmri.uow.edu.au)



# Pharma's philanthropic pipeline

*Pharmaceutical industry support of health and medical research has an obvious financial value. But, perhaps more importantly, it helps foster collaborations and partnerships that are the backbone of scientific discovery and successful translational research. Over the years, there has been much discussion of the potential conflicts of interest and the funding of agenda-driven research. However, for the researchers interviewed by RAP, their interactions with industry have been positive. Professor Susan Davis and Dr Peter Hudson provide insight.*



## **Professor Susan Davis**

Susan Davis is the Director of the Women's Health Programme at Monash University. She has published extensively in the field of women's health with specific focus on the consequences of sex steroid depletion and sex steroid therapy in women.



## **Dr Peter Hudson**

Peter Hudson is well known for his expertise in gene cloning, protein engineering and antibody therapeutics. During his twenty-five year career, he has developed novel protein display and selection technologies, designed methods of producing tumour-targeting antibodies and co-funded several companies to commercialise these discoveries. Hudson is currently Chief Scientific Officer at Avipep and Director of the Victorian Cancer Biologics Consortium.

## **What is the level of your involvement with pharmaceutical companies?**

**Susan:** I have acted as a consultant to a number of pharmaceutical companies including Procter & Gamble, Boehringer Ingelheim and Acrux Pty Ltd. Over the last ten plus years, our Women's Health Research Programme has received a great deal of support from industry.

**Peter:** Over the past ten years, I have led many pharmaceutical industry interactions in my CRC, CSIRO, spinout company and university (neuroscience) networks. There have been several layers of involvement with the pharmaceutical industry; as strategic alliance partners (Pfizer); co-developers (CSL); licensors (Philips); and, most recently, as venture capital investors.

## **How has industry funding made a difference to specific projects?**

**Susan:** The most recent example is a new investigator-initiated study that is designed to investigate whether restoring testosterone levels in older women will improve brain function and ultimately protect against dementia. BioSante USA was the initial financier. We've now attracted other philanthropic funding, but the train wouldn't have got off the ground without industry funding. Notably, the companies are supplying the drug and the placebo for the trial, which is a huge part of the running cost.

**Peter:** Usually, the pharmaceutical company brings both a specific strategic focus and layers of crucially-important advice to help direct the development of products or platform technologies. For example, the involvement of Pfizer as a strategic alliance partner to AIBL, one of the world’s leading Alzheimer’s cohort studies, has aided development of potential new biomarkers that could be part of the next generation of diagnostic tools for this devastating disease.

*“Usually, the pharmaceutical company brings both a specific strategic focus and layers of crucially important advice to help direct the development of products or platform technologies”* Dr Peter Hudson, Chief Science Officer, Avipep

Another example is the guidance provided by CSL to help define the cost-of-goods (COGS), which is a crucial decision point in the manufacture and production of biopharmaceuticals. This knowledge has now been translated to a spin-out company (Avipep Pty Ltd) who, through use of a bacterial cell system rather than a mammalian cell system, is now able to generate cost-efficient therapeutic products to tackle ovarian and prostate cancer.

**What are the differences in the ways in which you engage with ‘local’ pharmaceutical companies and have there been any conditions placed on your industry-funded research in terms of direction and publication of findings?**

**Susan:** We should note that the local branches have very little say in the way of discretionary funds for research [investigator-initiated research]. Companies generally put money via R&D into areas they are interested in pursuing. Personally, we haven’t entered any collaboration where there have been restrictions on publishing or on the direction of the research. In our investigator-initiated research, we design the study and own the data and the IP. But there are differences between companies in the levels of control and independence, which makes some companies preferable to work with us.

*“Personally, we haven’t entered any collaboration where there have been restrictions on publishing or on the direction of the research”* Professor Susan Davis, Director Women’s Health Programme, Monash University

**Peter:** Given the Spring carnival, the phrase “horses-for-courses” is very apt. For example, in Alzheimer’s disease, the large international pharmaceutical companies have formed pre-competitive consortia to lobby the FDA/TGA (the regulators for pharmaceuticals) to agree on disease biomarkers - hence they individually want to publish and expose these new biomarkers to the public and to regulators. On another (horse) course, these same pharmaceutical companies will ‘quietly’ want to develop a unique product against a very specific disease marker and keep these results under wrap. Thus, when entering into an agreement with pharma, it is vitally important to be aware of potential conditions that may be placed on publishing results and to have an up-front agreement. Choosing the right Pharmaceutical partner (like a jockey) is a strategic decision you take. Another guiding factor is the stage of research e.g. whether it’s early stage biomedical discovery or late stage product development, since these are very different races that are run through to market approval.



# Pharma's perspective

*In the second half of this article, RAP asks senior executives from Eli Lilly and Pfizer, which have Australian-based divisions, about their reasons for backing investigator-initiated research (IIR) and the gains that have been made with respect to knowledge and practical outcomes. IIR is either non-clinical research or clinical research that may or may not involve the company's medicines. In addition to supporting IIR, Pfizer has a grants programme that includes a prestigious fellowship award. Eli Lilly and Pfizer both contribute approximately \$40 million to research and development in this country.*



## **Dr Deon Gouws**

Dr Deon Gouws trained and worked as a physician in South Africa before joining Eli Lilly and company in mid 2008. He has been Eli Lilly Australia's Medical Director since October 2009.



## **Dr Daniel Grant**

Melbourne-based Dr Daniel Grant is Pfizer's Director of Asia R&D Business Development. He is also responsible for managing the Pfizer Australia Research Fellowship Programme. Dr Grant has an applied biomedical research background, including a PhD in physiology and an MBA. He has sat on the boards of a number of biotechnology spin-out companies and is a Director of Research Australia.

## **What are the benefits of industry investment in health and medical research?**

**Eli Lilly:** Our company is committed to an innovation strategy that delivers improved outcomes for individual patients. To support this strategy, we have moved to a fully integrated pharmaceutical network (FIPNet), where we collaborate with many partners to expand and develop our innovation pipeline. This is a shift from our previous model where we owned and operated all components of the R&D value chain (known as a fully integrated pharmaceutical company, or FIPCo, model). Through our FIPNet model, Lilly forms strategic relationships with external organisations to harness our collective expertise, maximise our resources and increase the flow and value of products to improve individual patient outcomes.

**Pfizer:** Our investment in the biomedical community is helping to build upon Australia's strong reputation for delivering high quality R&D from within our universities and research institutes. As we build this base, it will lead to greater opportunities for the pharmaceutical and biotech industry to interact with researchers, which in turn will increase their funding opportunities. Engaging with this vibrant research community helps us achieve our primary goal: to quickly deliver innovative products that meet patient's needs. An example of our support for Australia's research community is our Research Fellowship programme, which awards recipients \$1 million over a five-year period. Since 2003, we have awarded 16 fellowships; nine are active, seven fellows have graduated from the program - of these, all but one have remained in Australia. That speaks of the value of the programme in supporting and retaining local talent, which is also good for the economy.

## **How do you divide your investment in R&D and IIR (non clinical versus clinical) and what are the outcomes of these ventures and collaborations?**

**Eli Lilly:** Typically we divide our research activity into two areas - Lilly sponsored studies, and investigator-initiated studies which cover clinical and non-clinical research. In the past four years, Lilly has supported 77 studies across 112 sites in Australia through our IIR. These investigators have made multiple contributions to both pre-clinical and clinical medical science. Contributions include: broadening our understanding of treatment pathways and epidemiological data, identifying population subgroups, and discovering novel uses for existing medications.

**Pfizer:** Our R&D investment in Australia is focused on four main activities. They include: clinical research; manufacturing research; research collaborations with academics and biotech companies; and our grants program, the flagship of which is the merit-based fellowships programme. In addition to the fellowships, we award clinical research grants that are directed towards oncology, neuroscience, cardiovascular, and paediatric endocrine research.

Our R&D activities reach across the full spectrum of drug discovery and development - everything from progressing platform technologies that may help us develop drugs, through to screening compounds, lead identification and targeted validation, as well as phases of clinical trials. Discoveries from our early stage research collaborations may not be big in their own right, but they can have a substantial impact internally on our programmes - there are often many small steps to success.

## **In what scenarios would you place conditions on funding of a lead researcher/project and what might these conditions be?**

**Eli Lilly:** Under our IIT (investigator-initiated trial) programme, the investigator retains primary responsibility for all aspects of the study. Lilly's contribution is limited to funding and/or product supply.

**Pfizer:** Collaborations come in many flavours. Often when we engage with academics, we don't seek substantial claims on IP; however, as we move closer towards commercially relevant research, we are likely to build in more claims such as an option to license the discovery.

## **How has the global financial crisis impacted on pharma's investment in health and medical research globally and in Australia?**

**Eli Lilly:** The innovation-based pharmaceutical industry is facing unprecedented challenges, including rising costs, patent expirations, generic competition, and healthcare reform. These challenges, together with the global economic climate, add additional cost constraints to Lilly and the industry. However, the need for breakthrough medicines to provide appropriate treatments to meet the needs of patients has never been greater. Lilly remains committed to our innovation-based strategy to deliver improved outcomes for individual patients. In practical terms, this means we must carefully consider all research proposals to ensure we maintain support for the programs that we believe will best deliver on the most pressing patient needs, both in Australia and globally.

**Pfizer:** I don't think it has had that much of an impact. We continue to collaborate with the best and brightest scientists regardless of where they reside and put substantial investment into R&D.

*“Discoveries from our early stage research collaborations may not be big in their own right, but they have a substantial impact internally on our programmes,”* Dr Daniel Grant, Director Asia R&D Business Development Pfizer



# Mindful results

*A healthy mind is the unifying goal of all of the five best recently-completed scientific studies funded by Australian Rotary Health research grants. The projects target various sections of the Australian population: children, adolescents, women - young and old, and farming communities. Recognition of behavioural and mental health issues, ensuring those in need receive help via existing and new services, and identifying barriers to delivering those services underpin the rotary-funded research.*



Above: Joy Gillett, CEO, Australian Rotary Health; Far left: Dr Sophie Havighurst; Bottom: Professor Ronald Rapee



## Tuning into kids

Taking a chronological approach with respect to the age of those expected

to benefit from the research, the first study to be expounded is that conducted by Sophie Havighurst and colleagues at the University of Melbourne. Havighurst's study evaluates a parenting programme that aims to teach parents the necessary skills to help their pre-school aged children understand and regulate their emotional responses and, by doing so, eliminate or reduce unwanted behaviour such as 'shopping trip tantrums'. Of the 170+ children in the study, 57 were recruited via a child behaviour clinic (clinical sample). Of the rest, who were recruited from suburban preschools (community sample), approximately one-third has worrying behavioural problems according to their parents.

Named 'Tuning into kids,' Havighurst's six-session programme includes group discussions and role-play where

parents try out different ways of responding to a child's emotions. Course material includes a manual and audio-visual aids, and instructions for child-based activities that include story-telling tasks. According to the participating parents, most reported improved parenting skills and child behaviour immediately after the intervention programme, which were maintained until the six-month reappraisal. The changes, however, were only statistically significant in the community sample, although the children in the clinical sample did show improvements in their behaviour. A larger clinical sample and/or a more intensive application of the program may have even greater success.



## Cool teens

Dealing with and engaging adolescent children is a significant challenge for most parents. A once chatty child can quickly become a silent sulky teenager struggling with self-

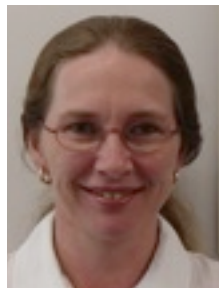
esteem issues. Moreover, anxiety, which can develop into depression and antisocial behaviours, is reported to affect approximately 10% of young people, the majority of whom do not access professional services.

Professor Ronald Rapee and Mr Michael Cunningham from Macquarie University's Anxiety Research Unit have pioneered a computer-based 'self help' cognitive behavioural therapy for anxious teenagers (14-18 years of age) that eliminates the need for face-to-face interventions. The 12-week programme is based around a multimedia CD-Rom that contains video clips, factual information and practical exercises. The Rotary Health grant was used to complete development of the 'Cool teens' CD, pilot the programme, and evaluate and refine the delivery strategy.

The researchers found phone contact with a therapist provided greater motivation and engagement than email contact and that parent involvement also helped. The final iteration of the course thus includes eight 15-

minute phone sessions and an additional three phone sessions between the therapist and parents. Preliminary analysis of the resulting data indicates that almost half of the teenagers who completed the program were no longer clinically anxious whilst none of those in the wait-listed group had the same outcome.

The computer-based format is obviously less confronting than group therapy and potentially more likely to engage this ‘notoriously difficult to treat’ age group. Another benefit is that ‘Cool Teens’ is a potentially widely accessible low-cost program; given a telephone line and a computer are all that are required. Thus, there’s the potential to target teenagers in areas where front line services are less frequently available.



### **Weighing in**

Despite the recent scientific revolution which has led to the realisation that there’s a biological basis for eating disorders (EDs) and a call for the development of targeted medications, there is a more immediate need to understand the progression of EDs and the barriers to help-seeking.

Professor Philippa Hay of the University of Western Sydney, together with colleagues at three other Australian universities have been following two groups of young women with eating disorders over several years: one from a student population and the other

from the general community. Overall, they found many participants continued to have moderate to severe levels of symptoms and a poor health-related quality of life at four and five years of follow up.

The team identified perceived stigma associated with EDs and the fear of a negative response from doctors as being reasons for not seeking help. Another part of the study involved trialling an intervention programme to prompt women with an ED to seek help. While this was ‘successful’, of those who did seek help, many found it to be inadequate. One of the conclusions of the study was that any intervention aimed at improving the outcomes for ED sufferers needs to target health providers to ensure they are well-informed and empathetic.



*Prof Julie Byles*

### **On target**

In 2006, Medicare Australia introduced several Medical Benefits Schedules (MBS) for mental health services. Professor Julie Byles and co-investigators at the University of Newcastle sought to evaluate the use and impact of these services amongst three age groups of women (approximately 30, 60 and 85 years of age). According to the Australian Longitudinal Study on Women’s Health, within each of these groups of women, 10% or more suffer from depression.

However, compared with the total uptake of the mental health services, the research team found that the proportion of women using them was 5% or less. Amongst those who have self-reported mental health issues, less than one in ten had used MBS items for their condition. And, women who are more socioeconomically disadvantaged are less likely to access these services, despite mental health needs.

The implication of the study is that more appropriate targeting of MBS benefits may be required to ensure that those in need access the required services.



*Prof Brian Kelly*

### **Mental health aid**

Australians living in rural areas have significant challenges in maintaining their health. Their occupations, lifestyles, environment and distance from health services all come into play. And, when it comes to farming, financial success ultimately relies on uncontrollable climate conditions. Stressors such as the recent droughts have led to specific action programmes such as the NSW Drought Mental Health Assistance Program - an initiative to help offset the higher suicide rates of male farmers in rural communities.

Overall, people in rural areas are less likely to access mental health services than those in metropolitan regions, and farmers are reported to rely on emotional assistance from

non-health professionals with whom they are in close contact, such as financial counsellors, vets and agricultural suppliers. The aim of this study, led by Professor Brian Kelly, Director of the Centre for Rural and Remote Mental Health in Orange, New South Wales, was to establish the extent to which this is the case, what agencies are involved, and the outcomes in terms of directing those in need towards appropriate services.

The research team used a technique called 'service network mapping' to

identify the non-health agencies and businesses who work most closely with farmers and who are therefore best-placed to pick up on help or distress signals.

By implication, these non-health professionals should receive greater practical support and training so they have the knowledge and confidence to provide appropriate guidance and assistance to farmers. The study thus included delivering mental health first aid training.

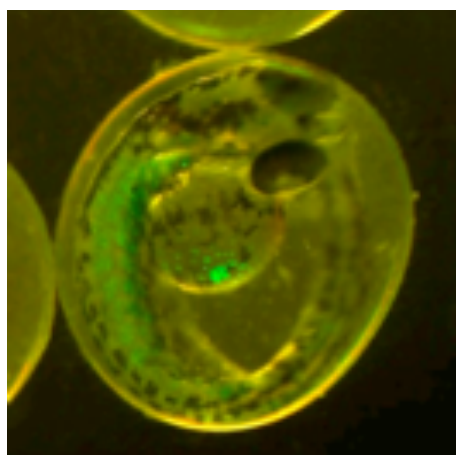
Please see [www.australiarotaryhealth.org.au](http://www.australiarotaryhealth.org.au) for more information on projects funded and upcoming grant rounds.



## Zebrafish help investigate MND

The Zebrafish project initiated by Professor Garth Nicholson, Director of Neuroscience at the ANZAC Research Institute, made possible through funding from the Snow Foundation, may be on the verge of a significant contribution to understanding Motor Neurone Disease (MND).

MND is a devastating illness which typically appears in patients between 50 and 70, destroys the motor neurons that extend from the brain to the muscles, and causes paralysis and eventually death within five years. MND affects around 1 Australian in every 5,000, with about 1,300 individuals currently suffering from it.

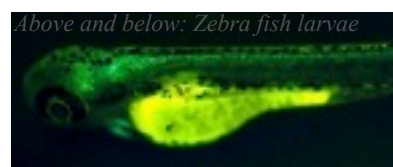
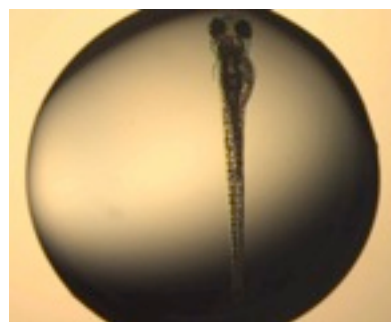


Above: zebrafish embryo

fully sequenced and remarkably similar to the human genome. Dr Ian Blair, who heads the team at the ANZAC Research Institute's Northcott Neuroscience

As reported in an earlier issue of 'Discovery', the research team has identified two specific genes which, when they suffer a mutation, cause MND. The zebrafish has a fairly simple genome, which is

Laboratory investigating MND, says the fish are proving to be extremely useful in studies of the



Above and below: Zebra fish larvae

central nervous system. "If we see a defect in an embryo, we can test to find those drugs that make it worse or those that make it better, and we can experiment with as many drugs as we like. So it's a case of working to find the defect, then working to identify a drug that will correct it.

Zebrafish are particularly useful because of their genome, large population and transparency," said Dr Blair. A similar zebrafish project will also commence soon on another neurological disorder, Machado Joseph Disease (MJD), funded by the MJD Foundation.

(Images courtesy of Dr Nicholas Cole, University of Sydney)



# WRITING FOR SUCCESS



written by Chris Wootton, Grants Executive, Helen Macpherson Smith Trust and L E W Carty Charitable Fund

## Are you writing your next grant application? - STOP!

What makes a good grant application to a philanthropic trust or foundation? Why do some applications get approved, whilst others seem destined to fail? What are the tricks of the trade? Do professional grant writers really make a difference?



Above: Chris Wootton

There really are no magical answers, however if your focus is on the actual grant application, then you are looking for the wrong solution! As most applications fail, not because of the application itself, but because of many factors that exist before the first word is typed on a grant application form.

There are three main areas which will determine whether an application will be successful or not - before we even begin to write an application

### The project or purpose which requires funding

Generally a fundamentally 'good' project always seems to be able to attract funding. The characteristics of a 'good' project includes aspects such as: a clear project description; addressing a demonstrated gap or need (with independent data); anticipated measurable outputs, outcomes and if appropriate, impacts arising from the project; having the right people and organisations involved

and outlining why they are 'right'; obtaining strategic support letters from appropriate individuals or organisations (don't use generic letters of support); identifying the true full-cost of the project; a clear articulation of what will happen if the project is not funded; and what is expected to happen at the completion of the project.

*However, unfortunately there are also many 'good' projects which don't see the light of day!*

### The organisation

The organisation and the project need to be the right 'fit'. Is the project part of the core mission of the organisation, or is 'mission drift' occurring? This is where the project is designed more to fit with the grantor needs, rather than the organisation's needs and purpose. Where there is a miss-match, even with a great project, another organisation may be more capable or appropriate to undertake the work, and hence a partnership may need to be considered before making an application.

*Even a 'good project' and the 'right' organisation may not deliver success*

## The potential funders

Philanthropic organisations are like a ‘smorgasbord’ where there is a rich range of offerings, all with different requirements, guidelines, timelines, interests, etc. So grantees need to be able to identify and build a relationship with grantors who have similar interests. Even in the information age of web listings and grant bulletins, the task of identifying appropriate grantors is very difficult and takes time and research.

Grantees need to look at grantor’s vision statements, annual reports, board members, written guidelines and recently awarded grants (especially the grant amount, as there is no use in seeking \$200,000 for a project if most grants provided are only \$25,000 or if a research grant was recently awarded to establish a Chair in Cancer, for example, then there is little point in seeking something similar too soon). If possible, talk to grantors, so as to determine the appropriateness of a possible ‘match’ and get an impression of the degree of interest in your proposed project.

Grantors also have very different needs, for example governments will tend to scale-up and/or fund on-going ‘good’ projects; trusts, foundations and private ancillary funds will tend to fund new initiatives, pilot projects and/or evaluations to assist in scaling-up or obtaining on-going funding. Corporate foundations may also look for some brand/organisational synergies in the projects they support.

In addition, grantors will fund a different mix of philanthropic approaches. Figure 1 shows that granting may be categorised into seven different approaches, and grantors may focus in one or more areas and it is important to identify which approach, or approaches are preferred by the grantor before applying to them.

*Success is still NOT guaranteed, even with a ‘good’ project, the ‘right’ organisation and ‘matching’ with the appropriate grantor(s)*



Figure 1

## The application - common mistakes

Finally, we get to the application itself!

Even if all of the previous conditions have been met at a very high standard, there are a number of common mistakes which may adversely affect the outcome of your application, these include:

- Particularly in the health and medical research area, but it also applies to most sectors, making the application far too detailed and not pitching it at a 'lay' audience. As most of the decision-makers in the philanthropic area will not have the specific research or professional background or time to digest detailed processes, procedures, professional terms and over-use of acronyms.
- Whilst the grantee may think that their organisation and proposed project is 'the best thing since sliced bread' and everybody else must think so as well, it is very worthwhile to get an independent third-party to review your application and be prepared to take on-board their comments and advice. Also, take note of what questions your application does not answer, as often these are the questions that grantors may also ask. If they cannot find the answers in the application at the decision-point, then it just may be a barrier to an approval.
- Thinking that there is something wrong with your application, when there isn't. At the end of the day, there is a limited amount of funding available and your application may just have been up against some better ones.

And finally, if your application is unsuccessful, seek feedback and find out what were the characteristics of approved grants, so that you can improve your application for next time or perhaps, you will find out that the particular grantor may just not be a match for your organisation and/or project.

And, if they aren't the right grantor for your organisation or project, don't be too worried, as there are plenty of others in the 'smorgasbord' to sample.

For more information on projects currently funded by L E W Carty Charitable Fund or the Helen Macpherson Smith Trust or to see upcoming funding opportunities, please see [www.hmstrust.org.au](http://www.hmstrust.org.au)



BUPA HEALTH FOUNDATION

EXPRESSION OF  
INTEREST (EOI) FOR  
PROJECT FUNDING

Bupa  
Health Foundation

**The Bupa Health Foundation is seeking applications from health services, research institutes, universities and other organisations for innovative project proposals that will provide clear benefit to the health of the Australian community.**

The Foundation is particularly interested in health initiatives that are aligned with one or more of the following key health areas:

- Wellbeing
- Chronic disease
- Healthy ageing
- Empowering people about their health, and
- Keeping healthcare affordable

The Bupa Health Foundation is a not for profit, charitable foundation with a goal of building a healthier Australian community by investing in health research, health education and programs for leading healthy lives.

Applicants will be selected following assessment against the criteria outlined in the EOI grants program section of our website which can be viewed at [bupa.com.au/foundation](http://bupa.com.au/foundation)

The closing date for applications is 17 December 2010. Applications should be submitted via email to: [foundation@bupa.com.au](mailto:foundation@bupa.com.au)



## Australians build science's Tower of Babel

Written by Dr Branwen Morgan

Language should not be a barrier to good science; however, most scientific research is published in English. It creates a situation where English speakers may end up replicating studies already published in another language. And vice-versa.

Above: Dr Branwen Morgan

“This leads to tremendous waste, but there’s also a tremendous opportunity to harness evidence from different parts of the world,” says Professor Chris Maher, of The George Institute for Global Health in Sydney.

Maher is one of five directors of the Centre for Evidence-Based Physiotherapy (CEBP), housed at The George, whose flagship project he light-heartedly refers to as the *Tower of Babel*. The biblical reference related to a unity of purpose, heralded by clear communication and understanding, that becomes a powerful force with the potential to accomplish impossible acts.

In essence, Maher and his team are building a ‘value-added’ multilingual PubMed for physiotherapy clinical trials, reviews and guidelines. Subjects range from stress incontinence, stroke management, and back pain to sports injury. The PEDro (Physiotherapy Evidence Database, [www.pedro.org.au](http://www.pedro.org.au)) website, which can currently be viewed in English, Portuguese, German, Chinese and French, houses more than 17, 000 records, 11 per cent are in a language other than English. Approximately one-tenth of the records also have a lay summary available on [physiotherapychoices.org](http://physiotherapychoices.org) - the English consumer version of the site.

Each clinical trial is rated according to eleven established criteria (PEDro scale), which help a user quickly assess the quality of the study and the impact of the finding. This includes measures such as rate of retention and whether subjects were randomly allocated treatment. Native speakers trained by Maher’s team rate trials published in foreign language publications.

At the moment, the search interface is only available in English. For example, PEDro contains more than 400 rated Chinese trials. Where the foreign language journals do not provide an English version of the abstract, only the English version of the title will be indexed. However, the rating will help a researcher or clinician to determine whether it may be worth having the study fully translated. The current plan for PEDro is to translate the titles and abstracts of all the highest rating studies into English, Portuguese, German and other languages to provide a multilingual search engine.

“Our biggest problem is trying to do something that costs money, but provide it for free. We didn’t want to have a ‘user-pays model’ because those people in financially-constrained parts of the world would potentially miss out and that’s not what this project is about,” explains Maher.

### For love, not money

To date, PEDro has never received mainstream funding. Maher says they initiated the project more than ten years ago with money from the Australian Motor Accident Authority of NSW and the Australian Physiotherapy Association, who are still the biggest supporters of the project.

It’s perhaps a little ironic that it’s Australian researchers who are overseeing the website’s construction - literally and figuratively. “When we started out, only one of us spoke a language other than English,” remarks Maher. “Most of the work has been unpaid, done by international colleagues and our foreign language students who do it for love, not money.”

The PEDro website will soon be available as a smart phone application to aid bedside consultations.

# Sustainable giving

Securing funding for biomedical research is tough and competitive. Mainstream funding tends to focus on proven, not just promising areas of research, because the odds are long for early stage investigations: an idea may never make it beyond a hypothesis. As a result, securing funding can be a real challenge for researchers, even though this type of cutting-edge research often lays the groundwork for major advances in medicine and health.

*Written by Andrew Thomas, General Manager, Philanthropy, Perpetual*



*Above: Andrew Thomas*

## **Sustainable Giving: 40 years of the Ramaciotti Foundation**

This is where philanthropy plays such a vital role in biomedical research, and The Ramaciotti Foundations provide a compelling example of where it has worked successfully.

Established by brother and sister Clive and Vera Ramaciotti, the foundations have supported research by the likes of Professor Ian Frazer, developed of the world's first cervical cancer vaccine, and the funding of a new laboratory for the John Curtin School of Medical Research.

Established with a contribution of \$6.7 million in 1970, the Ramaciotti Foundations have grown to be worth more than \$52 million, donated more than \$48.5 million to biomedical research and are among the largest private contributors to the field. Some of the nation's top scientists received Ramaciotti grants early in their career, and some of the most influential research institutes have benefited from the Ramaciotti equipment grants.

This is particularly important in the biomedical sphere, which is one of the toughest areas in which to gain funding - the level of competition, coupled with limited public funding and venture capital, make it difficult to take many areas of research forward. With so many subjects worthy of development, private sustainable philanthropy is a significant enabler of vital research projects across Australia.

Sustainable giving by private philanthropists, like the Ramaciottis, is essential to the ongoing research of some of the country's largest - and not so large - institutions. In 2010, funds from a range of charitable trusts that Perpetual manages were directed to the likes of the National Heart Foundation of Australia, the AIDS Trust of Australia, the Garvan Institute of Medical Research, Macquarie University, the National Breast Cancer Foundation, the Victor Chang Cardiac Research Institute and countless more.

The Ramaciotti Foundations are testament to the difference that forward-thinking philanthropists can make, by having a vision of supporting an area they feel passionate about, and putting in place the right strategy to achieve it.



L-R: Professor John Turtle - Chairman of the Ramaciotti Scientific Advisory Committee; Andrew Thomas; Professor Chris Goodnow - 2010 Ramaciotti Medal for Excellence in Biomedical Research recipient; David Deverall - Managing Director and CEO, Perpetual

The 40th anniversary of the Ramaciotti Awards provides an opportunity to gauge the impact of a long-term giving strategy, which continues to make large donations (up to \$1million each) to researchers in the field. Some of the more high-profile recipients include:

### **Professor John Coghlan**

Professor John Coghlan received the inaugural Ramaciotti Medal in 1995 and since 1997 has been a member of the Ramaciotti Foundations' Scientific Advisory Committee. The Ramaciotti Medal was awarded to John in recognition of his research in the field of molecular biology and the development of a technique known as 'in situ hybridization histochemistry'. This technique has made it possible to identify which cells in organs such as the brain, kidney, liver and intestine contain the machinery to manufacture specific hormones.

### **Professor Ian Frazer**

Professor Ian Frazer was awarded the 2008 Ramaciotti Medal for Excellence in Biomedical Research in recognition of his work that contributed to the development of the world's first cervical cancer vaccines - for which he is internationally recognised.

His research project first received funding from the Ramaciotti Foundations in 1989 and was instrumental in getting his ground-breaking project off the ground. The more recent funding is assisting him to progress his work to the next stage - developing improved delivery methods for vaccines, particularly in developing countries.

### **Adjunct Associate Professor Janet MacCredie**

Adjunct Associate Professor Janet MacCredie was a Ramaciotti Foundations grant recipient in 1976 for her work on neural crest injury. Her first grants from Ramaciotti enabled her to test and ultimately prove the theory of neural crest injury as the pathogenetic mechanism of thalidomide and similar embryopathies. After about 30 years of research into the pathogenesis of birth defects, she published a book '*Beyond Thalidomide: Birth Defects Explained*' in 2007.

### **Professor Rob Sutherland**

Professor Rob Sutherland joined the Garvan Institute of Medical Research in 1985 with a research assistant and PhD student, at a time when the Institute had no cancer research capability. Early support from the Ramaciotti Foundations supplied equipment to set up a cell culture facility, which formed the basis of Professor Sutherland's work, focused on estrogen and antiestrogen action in breast cancer cells. The success of this work facilitated the subsequent development of one of Australia's largest cancer research programmes. It was also one of the contributing factors towards Professor Sutherland being awarded the Ramaciotti Medal in 2000. The Cancer Research Programme has grown to more than 100 scientists and students and investigates several of the most commonly diagnosed (breast, prostate, colorectal) and fatal (pancreatic, lung and ovarian) cancers.

### **The Brain & Mind Research Institute**

The Brain & Mind Research Institute received the \$1 million Ramaciotti Biomedical Research Award in 2003. The grant was used to purchase an animal positron emission tomography (micro-PET) scanner, allowing the establishment of the 'Clive and Vera Ramaciotti Centre for Brain Imaging'. The Centre encourages collaborations between more than 65 laboratories in the University and its affiliated hospitals.

# Through the eyes of a researcher

## When small gestures lead to big results

*Associate Professor Sonya Marshall-Gradisnik, recent award recipient of the 2010 Women in Technology Rising Star Award, reflects on the ways which philanthropy has helped support, develop and grow her career, leading to the delivery of substantial benefits to the community through her Chronic Fatigue Syndrome research.*

As an early career researcher, I have endeavored to focus on wide-ranging community health issues, for example Chronic Fatigue Syndrome, and have then sought to target that health issue through the application of science and research. My aim has been to use my knowledge and the combined knowledge of my research peers to facilitate an easing of the economic and social burden of health conditions on society.



*Prof Sonya Marshall-Gradisnik*

My area of expertise; immunology, has resulted in me being awarded national research awards for demonstrating adverse immunological effects

after administration of performance-enhancing agents. However, in 2006 when I moved to a new institution, I commenced collaboration with Queensland Health on a small pilot study investigating potential immunological dysfunction in Chronic Fatigue Syndrome (CFS) patients. This study was funded by a very small seeding grant of \$10,000, and the results from that 12 month investigation were a world-first to demonstrate a potential for developing immunological biomarkers for diagnosing CFS, as currently there is no diagnostic tool. In fact, for a patient to be diagnosed as having CFS they must demonstrate to a medical practitioner a number of generic fatigue characteristics over a period greater than six months before they can even be considered as having CFS. This is wholly unsatisfactory in my view as not only does a patient experience a sense of frustration at the

process, but also any diagnosis is contingent upon multiple subjective factors in the patient and also the treating medical practitioner. As a result, a feeling of worthlessness often develops with the potential to cause related medical and psychological conditions. This translates into phenomenal economic costs to the Australian health care system; \$379 million annually for the treatment and management of CFS patients in Australia.

The pilot research that I conducted shows very promising results for developing a suite of biomarkers for the early diagnosis of CFS, essentially a uniform diagnostic tool to be used by medical practitioners to quickly and accurately diagnose the condition. As stated, this benefits the health care system and as importantly, patients in the community, enabling the illness to be identified, thereby reducing the stigma and uncertainty that attaches to the illness. The immunological research I have conducted in conjunction with my collaborators is very exciting, not only from a scientific and medical research point of view, but I can see these results show outcomes for the main stakeholder, that is the CFS patient, their families, as well as medical practitioners and allied health care professionals.

I believe the potential community benefits in funding my research is being realised. In the three years following this pilot study, I was successful in obtaining a number of large research grants. The first was a Queensland Government Smart State Research Grant of \$550,000 for validation of immunological biomarkers in the diagnosis and the management of CFS. The application was successful not only due to the strong scientific results used from the pilot study, but because the research has the potential to make a

difference to people who have CFS or are suspected as having CFS. I also engaged the main stakeholders - CFS patients - where the research can translate into benefits for them. I have also been successful in obtaining a number of Mason Foundation Grants (Category One) to further expand the immunological biomarker suite. The Alison Hunter Memorial Foundation (the National peak body in CFS) has consequently helped us to assess these markers in CFS patients who are completely immobile. As these grants roll along and the research findings are promising and achieving their objectives, CFS research findings achieved through these grants have led me to being awarded the '2010 QLD Women in Technology Rising Star Award'. This award is for research that has commercial applications, but more importantly, has the potential to be used to benefit patients and make a difference in their way of life.

As the research has progressed, I have been appointed to the International Advisory Committee for refining CFS diagnosis and management, thus being fortunate enough to be placed with a committee to which I can provide input and convert my research into tangible benefits for the Australian and international community.

My research has also enabled me to convene an international conference for science in CFS at Bond University in December 2010. This conference is sponsored by the Alison Hunter Memorial Foundation - once again detailing the difference philanthropy can make in funding health and medical research.

Associate Professor Sonya Marshall-Gradisnik  
Bond University, Gold Coast [smarshal@bond.edu.au](mailto:smarshal@bond.edu.au)



*L-R: Michael Bridges, JETS Captain; Prof Maree Gleeson, HMRI Director; Tarek Elrich, JETS player*

## **JETS join forces with Hunter Medical Research Institute**

The JETS have continued to transform the Hyundai A-League Club into a community asset, teaming up with local charity, Hunter Medical Research Institute (HMRI)

The JETS will assist in showcasing the outstanding work of the HMRI on the national stage by proudly displaying the Institute's logo on the front of their playing strip - until a major sponsor deal is finalised.

In addition to this exposure, the JETS will donate to HMRI for every goal scored by the team. "For every away goal the JETS score, we will donate \$2,500 to the Institute and

\$5,000 for every home goal scored by the team," Executive Ken Edwards announced.

"Like HMRI, the JETS are a community asset and a not-for-profit organisation. While we are finalising our sponsors, what better way to assist a fellow Hunter institute than by putting them on our strip? Cutting edge organisations such as HMRI are the ones who will eventually find cures to some of the world's most crippling and devastating diseases," said Executive Chairman Ken Edwards.

"The Jets want to establish a direct connection and genuine relationships with the entire community and this is another example of this core principle in practice," said Ken. "It is wonderful for us to be able to offer this level of national exposure to such a worthwhile and life-changing organisation as HMRI in our forthcoming matches," he said.

"HMRI is proud to be part of the JETS new direction to establish itself as a strong, community-focused club. This is an amazing opportunity to feature on a national stage and we are extremely grateful for the JETS support," said Professor Maree Gleeson, HMRI Director.





# Private Ancillary Funds: the basics

Alison Choy Flannigan, partner at DLA Phillips Fox, explains the requirements and framework of Private Ancillary Funds

## What are private ancillary funds?

A private ancillary fund (formerly known as a prescribed private fund) is a private fund created solely for the purpose of making philanthropic donations of money, property or benefits to gift deductible recipients and which complies with the *Private Ancillary Fund Guidelines 2009 (Guidelines)*. They are used as a tax effective method for private philanthropic giving by businesses, families or individuals.

Private ancillary funds are distinguishable from public ancillary funds which are a common structure for community and fundraising foundations.

## How are they created?

A private ancillary fund must be established and maintained under a will or an instrument of trust (usually a Trust Deed). A model trust deed is available from the website of the Australian Taxation Office at [www.ato.gov.au](http://www.ato.gov.au)

## Deductible Gift Recipient

Only certain organisations can receive tax deductible gifts. They are called Deductible Gift Recipients (DGRs). DGRs are either endorsed by the Taxation Office or listed by name in the tax legislation. Most, but not all, gifts to DGRs are tax deductible, for example, gifts of money of \$2 or more. Private ancillary funds apply for endorsement as a DGR.

## Trustee

The trustee of the fund must be a constitutional corporation and must agree to comply with the Guidelines.

## Requirements

The requirements for a private ancillary fund include:

- The governing rules of the private ancillary fund must clearly set out and reflect the purpose of the fund. Its sole purpose being the provision of money, property or benefits to other DGRs (excluding private or public ancillary funds) or for the establishment of such DGRs.
- It must have an Australian Business Number (ABN).
- Each trustee has agreed, in the approved form given to the Australian Taxation Office, to comply with the rules in the formal private ancillary fund guidelines.
- It must be established and operated as a not-for-profit entity.
- It must have acceptable rules governing the transfer of surplus assets on a winding up or revocation of endorsement.
- It must be established and operated only in Australia.

- At all times, at least one of the individuals involved in the decision-making of the fund (director of the trustee company) must be an individual with a degree of responsibility to the Australian community as a whole (for example, a solicitor or a doctor or other professional person), and that individual cannot be a founder, a donor of the fund who has contributed more than \$10,000, or an associate (as defined) of a founder or such as a donor.
- The trustee must keep, or cause to be kept, proper accounts in respect of all receipts and payments of the fund, and all financial dealings connected with the fund, and must retain those accounts for a period of at least 5 years after the completion of the transactions or acts to which they relate.
- Special requirements in relation to financial statements, audit, and investment strategy also apply.

## **Donors**

The fund must be private in nature and must not solicit donations from the public. In any financial year, the fund must not accept donations totalling more than 20 per cent (in total) of the market value of the assets (determined at the end of the previous financial year) from entities other than:

- A founder of the fund; or
- Associates of the founder; or
- Employees of the founder; or
- A deceased estate of any of those entities

The fund must also issue a receipt for every gift it receives.

## **Distributions**

During each financial year, a private ancillary fund must distribute at least 5 per cent of the market value of the fund's net assets (as at the end of the previous financial year).

The fund must distribute at least \$11,000 (or the remainder of the fund that is worth less than \$11,000) during that financial year if:

- The 5 per cent is less than \$11,000; and
- Any of the expenses of the fund in relation to that financial year are paid directly or indirectly from the fund's assets or income.

No distribution is required during the financial year in which the fund is established. The market value of the fund's assets (other than land) must also be estimated at least annually and the fund can only distribute to 'eligible organisations'.

A private ancillary fund or a public ancillary fund (informally known as a DGR 2 or 'giving DGR') may distribute funds to a DGR 1 or a 'doing DGR', however, it must not make a distribution to another DGR 2 (private ancillary fund or a public ancillary fund). Information about whether an organisation is a DGR 1 or DGR 2 is found on its certificate from the Australian Taxation Office. This is to ensure that funds are used for their intended charitable purpose and do not continue to circulate amongst the philanthropic funds.

*For more information, please contact:*

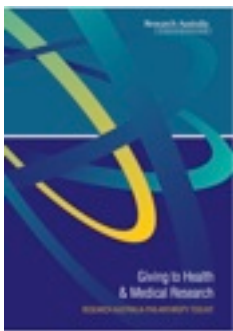
**Alison Choy Flannigan, Partner**

T: (02) 9286 8629 E: [alison.choyflannigan@dlaphillipsfox.com](mailto:alison.choyflannigan@dlaphillipsfox.com)



# Research Australia Philanthropy Toolkit:

## Giving to Health and Medical Research



This toolkit contains information, advice and resources to guide and promote philanthropic giving to health and medical research. As a practical resource, it will help those who do the research, and those who seek to support a worthy philanthropic cause. It will also foster improved understanding and encourage mutually beneficial, collaborative and lasting relationships.

Whatever your involvement in the philanthropic process – grant maker, grant seeker, corporate giver, or professional

adviser– we hope that Giving to Health and Medical Research: Research Australia Philanthropy Toolkit provides a useful starting point.

### Section 1: Why Give to Health and Medical Research?

This section discusses the importance and benefits of giving to health and medical research.

### Section 2: An Introduction to Philanthropic Giving to Health and Medical Research

This section will assist philanthropists to understand the needs of the research sector and ways you can support health and medical research.

### Section 3: How to Seek Support from Philanthropists

This section focuses on how to seek philanthropic support for health and medical research from charitable trusts and foundations, corporations and individual philanthropists.

This section is written primarily for development and fundraising officers, independent researchers and researchers working within universities and medical research institutes.

It covers a range of issues including:

- Why you should ask for philanthropic support
- The legal and taxation environment
- The kind of support you can ask for
- How to develop and implement your philanthropic grant seeking strategy, and
- How to develop long-term relationships with philanthropic grant makers.

### Section 4: How You Can Support Health and Medical Research

This section focuses on how you can support health and medical research, whether you are making a one-off donation or setting up a planned philanthropic grant making program.

This guide is written for a wide range of people involved in philanthropic giving. They may include:

### Guiding Principles

Research Australia has developed this toolkit with the following principles in mind.

We endeavour to:

- Respect donor choice
- Promote informed and ethical decision-making by philanthropists and grant making organisations
- Promote support of quality health and medical research
- Encourage the development of professional, sustainable, collaborative and accountable grant seekers from the health and medical research sector.

### Section 5: How Can Your Company Contribute to Health and Medical Research?

This section focuses on ways in which companies become involved in supporting community causes, and how health and medical research and corporate giving strategies can be developed to deliver mutual benefits.

Corporate Social Responsibility (CSR) is distinct from philanthropy in that it is motivated by a range of objectives that can include private returns to the company. Definitions vary, but generally relate to ethical and responsible business conduct, including contributing to the wider community. CSR community activities take on many forms, from grants to community organisations through to volunteering and pro bono work. All of these forms of giving and support can be utilised by the health and medical research sector.

### Section 6: How to Build Your Health and Medical Research Partnership

This section outlines the opportunities that exist for partnerships involving health and medical research, and provide some key points for partners to consider in setting up philanthropic and business relationships.

Many corporate givers, trusts, foundations and community groups move beyond making simple cash donations or grants and develop partnerships that aim to achieve shared objectives over an extended period of time.

### Section 7: Making the Most of Your Client/Advisor Relationship

This section provides information to assist those seeking professional advice and professional advisers who may wish to promote philanthropic giving to their clients.

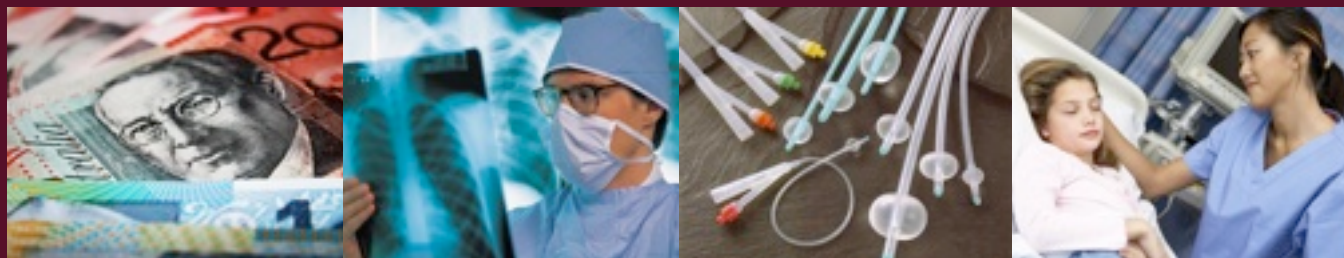
We explain the benefits of giving to health and medical research and outline how Research Australia Philanthropy can support the client/advisor relationship. We also identify useful sources of information and advice to assist financial advisers in providing assistance to their clients.

- Individual givers who want to make a one-off gift to health and medical research
- Individual philanthropists who want to develop a planned giving program
- Founders or trustees of Private Ancillary Funds
- Trustee company staff responsible for administering charitable trusts with different purposes, including health and medical research
- Grant making staff working in a philanthropic foundation
- Grant making staff or donors to a community foundation
- Executors of estates that involve direct bequests to health and medical research-related causes
- Newly appointed trustees of charitable trusts who may not be sure where to start
- Trustees or grant making staff seeking to revamp their grant making process or incorporate independent expert advice into their decision-making
- Professional advisers seeking to help their philanthropic clients develop a giving strategy.

It covers a range of issues including:

- How to identify areas of health and medical research that best match your personal motivations or the giving obligations of your philanthropic vehicle
- How to make a direct donation or set up an administrative process that supports your grant making
- How to target your call for applications or direct approach to grant seekers
- How to streamline your selection of applicants
- How to make informed decisions and reduce risk
- How to manage and evaluate your grant making program.

# CASE STUDY



written by Professor Claire Rickard, NHMRC Centre of Research Excellence in Nursing, Griffith University

## Nurse researchers occupy a 'grey zone'

Nurse researchers in Australia occupy a 'grey zone'. With most funding schemes targeted either at laboratory scientists or medical doctors, Registered Nurses (RNs) can find it difficult to attract funding to undertake research and PhD training, or to undertake studies of direct interest to them and their patients.



Above: Professor Claire Rickard

Nurse researchers are vastly underrepresented in Australian research grant funding according to Professor Claire Rickard from the NHMRC Centre of Research Excellence in Nursing Interventions in Hospitalised Patients, based at

Griffith University.

Research assigned the Nursing Field of Research code represented just 0.35 per cent of NHMRC grants awarded (10 of 2,819) in the past five years according to Professor Rickard.

“Additionally, a recent analysis of over 1,000 studies published in eight leading nursing research journals demonstrated that only 45 per cent of Australian nursing research received funding as compared to 84 per cent in Canada and 77 per cent in the United States.”

Yet, many nurses appear interested in a research career if one considers the large number of nurses already working as Clinical Trials Coordinators or Research Assistants. The annual *National Nursing Workforce Survey* reports that at least 1 in every 100 RNs (i.e. about 2,000 individuals) works in research, representing a 21 per cent increase over the last five years, and many others have secondary employment in research. These positions are a vital part of the health and medical research sector. However, numerous studies, including Rickard's own, have reported that while nurses enjoy these positions, they become frustrated by limited opportunities to progress these roles via increased responsibility, remuneration, and opportunities to design and lead their own studies

“There is a large pool of nurses out there who have solid experience in managing research studies plus great clinical knowledge, and would love to develop their careers as clinically-based research fellows,” Professor Rickard said. “What's holding them back is the financial support to undertake research qualifications and then the feeling that there would be secure employment to go into.”

Many trial coordinators are employed on short-term contracts and can be excluded from both the clinical and academic career structures that would allow them to be properly recognised for their contribution, according to Professor Rickard. “We will always need trial nurses, but in addition we would like to have a research fellow position attached to every clinical department. That would allow greater capacity in investigator-initiated nursing, medical and multidisciplinary research in that specialty. It provides better interaction between academic and health sectors, as well as the commercial trials for new pharmaceuticals and devices.”

Nursing care itself could be a higher priority for research funders - if for nothing other than its high cost to the sector. With up to 44 per cent of hospitals operating budgets relating to nursing care costs, and nursing the single largest labour cost for hospitals, the need for research into effectiveness and efficiency seems obvious. Yet, much of what nurses do in hospitals is not evidence-based. In fact, Professor Rickard laments that until recently, nurse researchers rarely conducted studies to evaluate the effect of their interventions.

“One review found that only 26 per cent of Australian nursing research published from 1995-2000 even analysed patient data. Traditional nursing research focused more on qualitative experiences of patients and of nurses themselves; there has been a dearth of PhD-trained nurse researchers focusing on clinical research, assessing the effectiveness of nursing interventions. For these reasons, nursing research in Australia has been a largely untapped resource to deliver measurable improvements to patient care.”



While a small number of nurses are managing to overcome these hurdles and succeed in attracting research funding, this generally comes with great personal commitment, ‘creative’ funding arrangements, and an element of luck.

Professor Rickard explains further “Australia has more than 300,000 RNs, and nurses are

consistently ranked in public opinion surveys as the most trustworthy and valued professions - yet, this community goodwill has not translated into funding schemes for nurses to improve their practice through research.’

## The benefits

Rickard’s story is a case in point. Whilst her work now is largely supported by NHMRC and other funding, it hasn’t always been the case. For the first decade of her career, she struggled to secure research funding.

“It was always a juggling act. I managed through the support of hospital or university departments to access ‘soft’ or ‘in kind’ funding for my salary and projects, but it wasn’t easy and many times I asked myself why I didn’t take an easier path - take a job as a nurse educator or manager where I could have had a more secure job.”

It’s fortunate that Rickard did persevere; having now been responsible for a large body of research work that provides evidence for nurses and doctors on how best to manage the millions of intravenous drips used in Australia each year.

“The research group involves nurses, doctors, scientists, statisticians, economists and engineers, among others. We aim to prevent hospital infections and other complications in IV drips, which are used in just about every medical specialty you can think of,” Rickard explained. “We also think it’s important to test the practices that are currently routine in hospitals, but actually have no data to tell us whether they really work or not. It’s through our research that we show how hospitals can prevent infection, but also how they can save a lot of time and money in stopping other procedures that are actually unnecessary.”



A major recent breakthrough from Rickard’s work has been the finding that small IV drips used in the arm or back of the hand can be safely left in place for longer than 3 days. Traditional practice had been to remove these IVs every 3 days, even if they were working well, with the belief that this would reduce later complications.

This led to patients requiring multiple needlesticks to insert new IV catheters with additional pain and interruption to their treatment. It also required large amounts of medical and nursing time, and significant costs in disposable equipment. However, Rickard's recent trial in three hospitals with more than 6,000 IV drips showed that complication rates were equal, if IVs were left in place as long as required, and still functional. The work has been received with enthusiasm from international bodies such as the US Centres for Disease Control and Prevention.

The NHMRC funded this recent trial, but Rickard stressed getting to be competitive for funding at this level is extremely difficult for nurses.

“Before you can even compete at that level, you need people to invest in your work to get you through the early years. Many nurses have ideas on how to improve things in healthcare, just as good as mine, but they need funds to support them to



undertake a Masters degree or a PhD, all the while doing smaller projects that build up their research experience. They also need paid work time to do this -

remember most nurses move into research when they already have a family, a mortgage and other commitments. They just can't afford to take 3 or 4 years out of employment to study research, and we desperately need more scholarships and top-up scholarships that allow research training at something that comes closer to industry wages.”

Rickard sees a national nursing research fund as something to aspire to “I think the best model would be a philanthropic fund that is then administered via the NHMRC scheme, so it would complement this and piggyback off the same grant administration and review procedures.” “We know that research dollars are scarce anyway, and the NHMRC receives many more high quality applications each year than they are able to fund. Part of our work through the new National Centre for Research Excellence in Nursing will be to lobby and put in place big picture strategies like this to support nurses and their research.” says Rickard

Currently, there are some small funds that nurses can apply for, such as those offered by nursing specialty groups or hospital foundations. However, these have many applicants and the amounts are small, generally no more than \$15,000, and many are as low as \$5,000.

“It's great that these schemes do exist, because anything is better than nothing,” says Rickard. “But it's a common saying that it takes you as long to write a grant for a \$5,000 scheme as it does for a \$50,000 or even \$500,000, because you still have to make sure the science is top quality, and you have to fill in a lot of forms, which all have different formatting requirements and so on. In effect, we waste a lot of time chasing tiny amounts of money, when we could actually be doing the research. There is also a lot of wastage in the review and submission procedures that could be saved if we put all the money into a national scheme.”

As the largest group of professional healthcare workers, nurses have an intimate knowledge of the issues that matter to patients and many of the system-wide problems in healthcare. With their daily observations of ‘problems’ in health and medical care, it follows that nurses may also have the answers to problems. To test these ideas through rigorous research, nurses will require greater injections of funding to support their research training, to undertake the projects, and to provide sustainable research career paths.

The last word goes to Rickard who notes that “Nurses get a lot of ‘thank yous’ and boxes of chocolates. We want the community to know that we appreciate their goodwill, but we don't actually need more chocolates - they just make us fat! What we would like is more support for us to do research, so we can work out ways of caring for you even better in the future.’

For more information, please contact Professor Wendy Chaboyer, Director of the NHMRC Centre for Research Excellence in Nursing [w.chaboyer@griffith.edu.au](mailto:w.chaboyer@griffith.edu.au) Tel: (07)5552 8518

## Major partnerships to focus on teenage anti-social behaviour

Reducing the prevalence of teenage smoking, drinking and drug use is the focus of a research partnership between nib foundation and the Hunter Medical Research Institute (HMRI).

The \$1.5 million national partnership will fund the three-year *Healthy Schools, Healthy Futures* research project led by Associate Professor John Wiggers that aims to prevent the uptake of behaviours that can lead to lifelong health problems and anti-social actions.

According to Associate Professor John Wiggers, the incidence of tobacco and alcohol use among young people here in the Hunter is alarmingly high, with research highlighting that up to 53 per cent of people aged 16 to 17 smoke or drink alcohol.

“*The Healthy Schools, Healthy Futures* intervention program will target 24 schools in the Hunter and New England region, fostering wellbeing and sound decision making, by building resilience in young people and increasing their connection to the community,” Associate Professor Wiggers said.

“It takes a holistic approach to supporting young people in our region by addressing their mental wellbeing and the drivers behind substance abuse,” Professor Wiggers added.

Healthy Schools, Healthy Futures is the first research project supported by nib foundation since its establishment in 2008.



L-R: Terry Lawler, nib foundation Chairman; Anne Long, nib Executive Officer; Prof John Wiggers; Brenda Read, nib foundation board member

nib foundation Chairman, Terry Lawler said that while the foundation traditionally funded established programs, HMRI’s evidence-based approach to one of the most prevalent and highly visible issues for Australia’s youth set it apart from the majority of research program funding applications received by the foundation. “The HMRI project stood out among the range of proposals received for the 2010 National funding round due to their thorough understanding of the foundation’s funding requirements,” Mr Lawler said.

“The concept was meticulously constructed from a credible research base and the success they had achieved with their pilot project was outstanding.”

“Above all, they took the time to understand what we were looking for and demonstrated commitment and persistence despite two previous unsuccessful funding applications,” Mr Lawler added.

It’s traits such as these that Mr Lawler believes are vital to project funding success. “Researchers need to look at ways of making their research more accessible and relevant,” Mr Lawler said.

“While grounded in pure research, *Healthy Schools, Healthy Futures* has used first stage research outcomes to develop a practical, grassroots project that can be implemented in a community setting and provide tangible results in the short and long term,” he added.

nib foundation is a not-for-profit charitable organisation established to support programs aimed at improving the health and wellbeing of all Australians. It was funded by a \$25 million donation from nib health funds following its demutualisation and listing on the Australian Securities Exchange in 2008.

To date, the foundation has committed almost \$6 million to health and wellbeing initiatives through its National and Community Grants programs.

Each program falls within the foundation's focal areas including: carers, young people, equity and access, and education and training.

"We aim to fund innovative and practical approaches that will make a demonstrable and measurable impact on these health issues," Mr Lawler said.

"The programs range from large projects such as the *Healthy Schools, Healthy Futures* program to smaller community-based initiatives that deliver important outcomes for the communities they serve."

For more information about nib foundation and the funding available, please visit [nibfoundation.com.au](http://nibfoundation.com.au)



Above: Robert Cowan, CEO, HEARing CRC; Simone Jehu, Cochlear; Jane Sewell, HEARing CRC

## Innovation Award

The HEARing Cooperative Research Centre (CRC) and Cochlear Limited have received an Award for Excellence for Innovation from the Australian CRC Association for their work on the Cochlear Hybrid System.

The new system, released by member organisation Cochlear, was made possible through collaborative research carried out by the HEARing CRC. The Hybrid is the world's first implantable system that can fully integrate acoustic signals (from a hearing aid) with electrical signals (from a cochlear implant)

to address the challenge of partial hearing loss. It benefits a group

of patients who could not previously benefit from cochlear implantation, estimated at more than 70,000 in Australia alone.

"The HEARing CRC worked closely with Cochlear on biosafety and surgical studies to develop the Hybrid electrode concept and to undertake subsequent clinical trials," said Associate Professor

Cowan, CEO of the HEARing CRC. "We have successfully shown that the new Hybrid electrode array can preserve the recipient's existing low frequency hearing, while effectively replacing their lost high frequency hearing with electrical signals."

For more information, please see [www.hearingcrc.org](http://www.hearingcrc.org)





*Above: Professor Angel Lopez*

## **SA Pathology researcher wins SA Scientist of the year 2010**

The title of South Australia Scientist of the year 2010 was recently won by Professor Angel Lopez, from SA Pathology. He shared the top award with Professor Tanya Monro from the University of Adelaide. Professor Lopez discusses the importance of his work and collaboration with others, as well as developments the future may hold.

### **The researcher**

Professor Lopez is Co-Director of the Centre for Cancer Biology at SA Pathology. He is an affiliate Professor with the University of Adelaide's School of Medicine and is also linked with the University's School of Molecular & Biomedical Science. Arriving in

Adelaide in 1985, Professor Lopez set out to study how cytokines control normal blood cell production, leukaemia and inflammation.

### **Funding and alliances**

In 2009, together with Professor Sharad Kumar, Professor Lopez established the Centre for Cancer Biology at SA Pathology. Professor Lopez and his team's efforts are partly funded by local, national and international competitive research grants awarded by organisations such as the National Institutes of Health (NIH) in the USA and the National Health & Medical Research Council (NHMRC) in Australia. Professor Lopez's work is being translated into drug candidates in certain leukaemias and inflammatory diseases thanks to alliances with the pharmaceutical industry.

### **Work in progress**

His work, in collaboration with others, has led to significant discoveries in understanding how cytokines and cytokine receptors work in health and in diseases such as leukaemia and asthma. This has led to new paradigms of cytokine receptor signaling and has underpinned the development of new therapeutics with the potential to change clinical practice. His most recent breakthrough is the development of an anti-cancer drug (MAb7G3). This drug has now been licensed to CSL Ltd, the biggest pharmaceutical company in Australia, who engineered it for human use. The importance is that it is the first drug to target the cancer stem cell. This work is generating a lot of excitement worldwide for its novelty and for its potential for long term cancer management and cure. The principal obstacle to achieving a cure in the majority of cancers is the failure to eradicate a minor population of drug-resistant tumor cells, leading to a relapse of the disease.

Acute Myeloid Leukaemia (AML) serves as a paradigm in this regard, where current treatments consist of high dose combination chemotherapy that are able to induce remissions in the majority of cases. However, remissions are rarely sustained and, for the most part, this treatment is not curative. The reason is that a small population of drug-resistant leukaemic stem cells fail to be eliminated with current treatments and with time they resurface, expand and leukaemia as a disease returns. Therefore, if a cure is to be achieved in AML, and by extension other cancers in which cancer stem cells underlie disease relapse, it is essential to develop new treatments that specifically eliminate leukaemic and cancer stem cells.

# RAP News

## Current news highlights from Research Australia Philanthropy

### New Website



Research Australia and Research Australia Philanthropy have launched new websites. Whilst much of the update will help Research Australia better manage its resources and more easily provide up-to-date information for our members, it will also allow us to better utilise new media and provide new and improved member benefits.

[www.researchaustralia.org](http://www.researchaustralia.org) and [www.researchaustraliaphilanthropy.org](http://www.researchaustraliaphilanthropy.org)

A new 'members only' area has been developed. Over time this area will grow, providing our members restricted and priority access to content and reports.

To access the members only area you will need to register using a current valid email address from a financial member of Research Australia. (e.g [you@member.edu.au](mailto:you@member.edu.au))

### Donations Portal



Research Australia has been developing new member benefits, which we hope strongly and directly benefit our members. In the upcoming months, we will be developing and launching a new 'online donations portal', which will become a 'home base' for those wanting to support health and medical research in Australia.

This new portal will not only allow the community to identify with member foundations and support their causes but will endeavour to grow the 'giving pie' by promoting key member projects in need of funding. Increasingly, donors wish to know where their funds are directed and the impact that has been generated as a result. The portal aims to address this concern, to better communicate benefits and to engage the community in grant making.

Research Australia's 'online donations portal', will build opportunities to grow a supportive community that will be able to fund nominated projects and receive

feedback directly from researchers, track developments and engage with the online community funding similar projects. We hope this will connect researchers to the community and vice-versa.

In its inaugural year, Research Australia will conduct a pilot program inviting members to submit an eligible project for funding. Research Australia is finalising inclusion criteria and will communicate with members in the near future to assist them with project identification and the approval process. Fundable projects will be capped and each medallion member will be restricted to one project at a time.

The portal will allow the public to search for causes and conditions they wish to support. All Research Australia members will be listed with links to their respective website and eligible fundable projects clearly promoted.

This Online Donations Portal will be supported with an extensive national community awareness campaign, which will generate media and community awareness. Members will be encouraged to generate additional promotional opportunities including events such as open days to coincide with this campaign.

We look forward to working with our members on this new and exciting initiative, which we hope will deliver increased tangible results for all of our members and the community.

# Funding opportunities

Research Australia Philanthropy is inviting all organisations that give out to health and medical research to send through grant information. We are hoping to collect as much information as possible to advertise grants to the health and medical research community in our e-magazine, communications and on our website.



RESEARCH  
AUSTRALIA

## MS Research Australia

MS Research Australia aims to nurture MS scientists throughout their careers. That is why each year we offer a variety of awards to support young and talented researchers, established scientists and clinical researchers.

MS Research Australia currently has various fellowships, scholarships, as well as project grants and incubator grants available. Closing dates vary. For more information, please visit [www.msra.org.au](http://www.msra.org.au)



Heart  
Foundation

## Heart Foundation

The Heart Foundation offers a range of awards across a variety of categories for research into heart, stroke and blood vessel disease.

Application forms, information booklets, assessment criteria, progress report proformas and other supporting material for Heart Foundation funding are available at [www.heartfoundation.org.au](http://www.heartfoundation.org.au).

Heart Foundation's 2011 grant round is set to open in early 2011 and will include grants-in-aid, postgraduate scholarships, postdoctoral fellowships, strategic research grants and many more. Please visit the Heart Foundation website for more information or email [research@heartfoundation.org.au](mailto:research@heartfoundation.org.au) T: (03) 9321 1581



## Perpetual

Thanks to the generosity of our philanthropic clients, Perpetual is able to distribute more than \$40 million each year on behalf of the charitable trusts that we manage. Non-profit organisations have the opportunity to apply for grants from those trusts through our annual funding rounds.

Perpetual is pleased to announce that applications for the 2011 funding round are now being accepted until 5pm EDST on Wednesday, 12 January 2011.

For more information on funding opportunities available at Perpetual, please visit <http://www.perpetual.com.au/philanthropy-funding-opportunities.aspx>



## Helen Macpherson Smith Trust

The Helen Macpherson Smith Trust is accepting health and medical research grant applications until Monday, 31 January 2011. For more information or to apply, please visit [www.hmstrust.org.au](http://www.hmstrust.org.au)



## nib foundation

nib foundation's National Grant program focuses on addressing health issues of a significant regional and/or national prevalence. Through the National Grant program, nib foundation will aim to partner with up to three organisations each year to run large scale, nationally-focused activities. These grants will be awarded for a period of generally not less than three years.

The National Grant Program will provide up to \$500,000 annually for up to three years to successful partnership recipients. To learn more about this program, please visit [www.nibfoundation.com.au](http://www.nibfoundation.com.au)



## The CASS Foundation

### The CASS Foundation

CASS is a private philanthropic foundation, established in 2001, to support and promote the advancement of education, science and medicine, and research and practice in those fields.

The 2011 medicine/science grant round will open on 1 August 2011 and close on 2 September 2011. Grant guidelines and application forms will be available on [www.cassfoundation.org](http://www.cassfoundation.org) once the grant round opens.



## beyondblue

Each year bbVCoE identifies priorities for the research grant program. Applications supported by this program must demonstrate a high relevance to at least one of the bbVCoE research priorities. The research team must have sufficient expertise to meet the project outcomes and should adopt a multidisciplinary approach. National and international collaborations are also encouraged.

The bbVCoE grant round will open in March/April 2011.

To register your interest for the 2011 bbVCoE grant round, please email [bbvcoe@beyondblue.org.au](mailto:bbvcoe@beyondblue.org.au). For more information on funding available, please visit [www.beyondblue.org.au](http://www.beyondblue.org.au)



## The Ian Potter Foundation

The Ian Potter Foundation has funding opportunities for health communities (closes 31 January 2011), medical research grants (closes 31 January 2011) and science (closes 30 May 2011). For more information or to apply for these grants, please visit <http://foundation.ianpotter.org.au>



## Cancer Council Australia

Various funding opportunities such as grants-in-aid, scholarships, fellowships and research project grants will be available shortly with Cancer Council Australia. Please note that some are available in specific states and others are multi-state. For more information or to apply for these grants, please visit [www.cancercouncil.com.au](http://www.cancercouncil.com.au)

## The Jack Brockhoff Foundation

The Jack Brockhoff Foundation supports health and the upcoming grant funding round is set to open on 1 February 2011 and will close on 15 March 2011. For more information, please visit [www.brockhoff.info](http://www.brockhoff.info)

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To submit grant information, please email Nancy Piche E: [nancy.piche@researchaustraliaphilanthropy.org](mailto:nancy.piche@researchaustraliaphilanthropy.org)

## Want to make a difference to health and medical research?

Research Australia provides strategic guidance, tools and resources to support effective partnerships between health & medical research and philanthropy.

We can help you:

- Develop effective giving strategies that make a difference.
- Find quality research projects that meet your giving needs.
- Review research projects using our expert advisory panel services including scientific review.

For further information please contact Dr. Noel Chambers (03) 9662 9366

[www.researchaustralia.org](http://www.researchaustralia.org)



Research Australia's proprietary tools, experience and expertise can help you identify, review and maintain research projects that meet your giving needs. Our personal advisory service, offers confidential, independent and transparent governance procedures linking you with Australia's leading scientists.

Our suite of linkage services can help you by:

- Developing effective giving strategies that make a difference.
- Identifying quality research projects that meet your giving needs.
- Reviewing research projects using our advisory panel whose considerations include scientific merit and community benefit.
- Providing recommendations against alternative research options to assist decision making.
- Assisting with your acquittal processes.
- Delivering administrative efficiencies to grant making programs conducted by established Trusts and Foundations.
- Providing independent and transparent processes to assist in delivering best practice solutions.
- Expanding your networks.

## Our services

### RAP Linkage Program

Our RAP linkage program is operated through a centrally coordinated unit within Research Australia preserving anonymity for philanthropists and researchers.

### Advisory Panel

Research Australia has established an advisory panel to provide expert review of research projects including scientific merit and community benefit. This service is part of the linkage program but may be accessed separately where a grant maker has independently identified a short list of projects for potential funding.

### Research Register

The Research Register is managed by Research Australia to facilitate linkages between grant seekers, grant makers and philanthropic service providers. The register is not publicly available and assists Research Australia to identify potential research programs that match the criteria provided by grant makers.

### Administration

Research Australia can assist organisations with the management of their grant making administration by undertaking this role in a contractual capacity. In particular, this service provides cost savings to smaller organisations where the size of gifts may not justify the resources to manage them in-house.

### Toolkit

The Research Australia Philanthropy Toolkit: Giving to Health & Medical Research is an educational resource for grant makers, grant seekers, service providers, corporate entities and the community. Copies will be available for purchase by non members. A free copy of this toolkit is available to our members upon request.

### Membership

Research Australia's Medallion members and above are entitled to a discount on our linkage program services. They have access to a member's only area on the Research Australia website and receive invitations to participate in Health & Medical Research Philanthropic roundtables.

For further information please visit our website [www.researchaustralia.org](http://www.researchaustralia.org) or call 03 9662 9366.

**Dr. Noel Chambers: Director Philanthropy**  
**Ms. Nancy Piche: Project Manager**