Research Boost Funding Application Form

TE WHAI AO
DODD-WALLS CENTRE
for Photonic and Quantum Technologies
www.doddwalls.ac.nz

Applicant Information

Applicant Name: _____

Department/School: _____

Name of Head of Department/School: _____

Email Address: _____

Current Position: _____

Are you a permanent staff member? ☐ Yes ☐ No

Are you currently funded by a grant or contract? ☐ Yes ☐ No

If yes, name of current grant and PI: _____

Years since PhD completion:

Support Requested

Months of salary requested (up to 3 months): _____

Period over which salary will be spent (up to 6 months): _____

Total Amount Requested (Salary): _____

OPEX Requested (up to $5,000): _____

Justification for OPEX: _____

Target Funding Application

1. Agency Name: _____

2. Grant Name (e.g., Marsden Fast-Start, MBIE Endeavour, Commercial Funding):

_____

3. Tentative Title of Grant Application: _____

4. Expected Value of Target Grant: _____

5. Expected Duration of Target Grant: _____

Brief Description of Application (1 page max, the research proposal will be confidential to the members of the assessment panel)

Include a summary of the proposed research, objectives, significance, and expected outcomes.

Justification for Research Boost

Explain how the Research Boost will strengthen your major funding application. Include how it will mitigate risks to current funding, support your publication record, and enhance your competitiveness.

Letter of Support from Head of Department or Equivalent

The letter must confirm:

1. The applicant is eligible within the rules of the host institution to apply for the target grant.

2. The HoD or Cost Centre leader agrees to forgo overheads on the Research Boost funding and has obtained any necessary institutional approvals.

3. If the applicant is not self-funded, the PI on the current grant has been consulted and agrees that current grant won't be negatively impacted.