Children's Cancer CoLab
Accelerating research, innovation and collaboration

IMPACT PROGRAM FUNDING GUIDELINE

SAFER THERAPIES

Items	Details
Funding Round	FY26
Type of Opportunity	Open, competitive funding call
Contact	programs@cccolab.org.au
EOI Submission Period	September 8th to October 17th (2025)
Full Application Submission Period	January 19th – February 29th (2026)
Grant Amount	$1,000,000 available for this funding call
Grant Term	Up to three (3) years
Number of Grants	There are two themes in this funding round: • Novel Treatment • Improved Model of Care It is anticipated that *at least one (1) grant will be awarded under each theme*.

1. About the Children's Cancer CoLab

The Children's Cancer CoLab (CoLab) is a non-profit organisation dedicated to bringing together many of Australia's brightest childhood cancer researchers and clinicians from across institutions and disciplines to fast-track discoveries for childhood cancer patients.

Our collaborative approach has already united nine of Victoria's leading research, clinical, and academic institutions to breaking down traditional silos to achieve what no single organisation could achieve alone, ultimately driving improved outcomes for young cancer patients in Victoria and beyond.

CoLab's vision, mission, and values reflect our forward-thinking approach and commitment to collaboration. Central to our purpose is the belief that all children should not only survive cancer but also thrive in life after treatment. CoLab stands as a leader in children's cancer research and innovation funding, championing both scientific excellence and the lived experiences of survivors and their families. By fostering a culture of shared expertise and collective impact, we strive to set new standards for research, clinical care, and survivorship in paediatric oncology.

Our Vision

Every child with cancer will survive and thrive.

Our Mission

To improve outcomes for our youngest cancer patients by accelerating collaborative research and innovation into the clinic.

Our Values

Courage
Community
Compassion
Collaboration

1.1. Our Impact Programs

CoLab's Impact Programs encompass three research-focused areas, plus two dedicated themes for capacity and capability building in paediatric oncology. These efforts aim to address critical gaps in access to innovative therapies, treatment safety, survivorship, workforce capacity, and research infrastructure.

1.2. Our Approach for Impact Program Funding

CoLab operates as a strategic funding body, focused on maximising the impact of investment in childhood cancer research and innovation. CoLab's funding model is designed to support collaborative, multidisciplinary initiatives that address the most pressing needs in paediatric oncology. By bringing together leading researchers, clinicians, and institutions, we aim to accelerate the translation of research discoveries into real-world improvements in care and outcomes for young cancer patients.

Applicants should be aware that CoLab's Impact Program funding approach is underpinned by five core principles that are intended to ensure that funded activities lead to meaningful, measurable improvements for young cancer patients and their families:

- **Prioritising needs based on patients' voices** – Engage with young cancer patients and families to identify unmet needs and setting priorities to inform funding decisions.
- **Driving impact through strategic and tactical action** – Commit to outcomes-driven funding, ensuring resources are strategically targeted to achieve the greatest impact through prioritised, collaborative investment in areas of highest need.
- **Transparent and competitive funding process with accountability** – Implement open, competitive grant process with robust scientific review to evaluate each proposal's potential for success and impact in childhood cancer research and care.
- **CoLaborative synergy for greater impact** – Foster interdisciplinary, multi-site collaboration by encouraging researchers and clinicians to leverage diverse expertise across disciplines and locations, broadening the impact and scope of research outcomes.
- **Milestone-based funding model** – Employ a funding model the incorporates milestone-based awards with embedded critical review criteria that combines rigorous outcome measures with dynamic resource allocation.

2. Objectives of the Safer Therapies Impact Program

In Australia, over 1,000 children are diagnosed with cancer annually, with a 5-year survival rate of 87%. However, this improved survival comes at a cost - 80% of childhood cancer survivors experience serious long-term health challenges due to the toxicity of their treatment, resulting in both physical as well as psychosocial complications that can persist well into adulthood.

These immediate and late complications, primarily caused by chemotherapy and radiation therapy, encompass a range of health issues including cardiovascular and pulmonary problems, an elevated risk of secondary cancers, psychological distress, developmental delays, and cognitive impairments with learning difficulties.

These health issues are often exacerbated by unmet information needs pertaining to cancer recurrence, ongoing health concerns and mental well-being, posing significant challenges throughout the survivorship period. The burden of treatment-related toxicities not only impacts the survivors' quality of life but also places considerable strain on the healthcare systems and support networks.

2.1. Program objective

The Safer Therapies Impact Program seeks to pioneer innovative therapies and models of care that minimise or reduce cancer treatment-related toxicities. The initiative aims to improve overall quality of life for young cancer patients, enhancing both their physical well-being and mental health outcomes, while simultaneously maintaining or improving survival rates.

2.2. Intended outcomes

The program aims develop and validate new interventions that prevent or minimise treatment-related toxicities in paediatric cancer patients. This will be supported by the evaluation of novel therapeutic approaches and improved models of care that are designed to reduce toxicity, and by the development of accurate predictive measures, such as pharmaco- or radio-genomic markers, for early identification of patients at increased risk. Ultimately, the program seeks to decrease long-term treatment-related morbidities without compromising survival rates.

2.3. Scope and scale of the project

The program welcomes projects of all sizes and stages of development, from early-stage innovation and discovery research through to late-stage validation in advanced preclinical models or clinical studies. There are no restrictions on the scale of the proposed research - applicants are encouraged to define a project scope that is appropriately matched to the research question, anticipated outcomes, and intended impact.

Proposals should clearly articulate the rationale for the chosen scale, outlining how the planned activities advance the project toward its next key milestone(s). The budget should be commensurate with the proposed scope of work, with all costs justified in terms of delivering the stated objectives. Funding requests will be evaluated not by absolute dollar value, but by the strength of the value proposition and the alignment of the budget with the project's ambitions, stage of maturity, and potential for impact.

2.4. Milestone-based funding model for accountability

In addition to supporting projects across all scales and stages, the program prioritises initiatives that will generate a compelling evidence base needed to increase their competitiveness for the traditional, larger-scale funding (e.g. government and industry). By providing targeted resources for evidence building, we aim to strengthen the scientific and strategic foundation of innovative ideas so they can progress toward clinical translation or substantial external investment.

Projects supported through this program - whether at early discovery, preclinical validation, or clinical investigation stages - are expected to be structured around clearly defined milestones and measurable deliverables. These milestones serve as agreed reference points for tracking progress, facilitating open communication with the project team, and ensuring activities remain aligned with objectives. They are intended as flexible review opportunities to discuss progress, assess emerging data, and adjust plans where needed, rather than rigid go / no-go decision gates.

3. Research Priorities (Themes) and Focus Areas

By targeting toxicity throughout the treatment journey, this program aims to enhance the safety and effectiveness of paediatric cancer therapies, ultimately improving outcomes for young patients. Proposed research projects

should make a direct contribution to discovery, translational, or clinical research within paediatric oncology, and interventions must be relevant and appropriately tailored to the unique needs of these care settings.

Recognising that there are multiple approaches to reducing treatment-related toxicities, and that research activities may vary considerably in nature, applications for this funding opportunity will be accepted under two distinct themes:

- **Novel Treatment of Toxicities**: Research focused on the basic and translational development of new therapies to reduce the impact of treatment-related toxicities in paediatric oncology
- **Improved Models of Care**: Research focused on testing clinical interventions to reduce the impact of treatment-related toxicities in paediatric oncology

Applicants will be required to indicate the theme under which they wish their application to be considered – it is anticipated that one application will be funded under each theme.

3.1. Novel Treatment of Toxicities

This theme supports research focused on the discovery and development of **innovative therapeutic strategies** designed to reduce the acute and long-term toxicities associated with current paediatric cancer treatments. Application under this theme should emphasise:

- Projects that bridge fundamental scientific discoveries with potential clinical applications, accelerating the preclinical and early translational development of novel treatments specifically for childhood cancers.
- Research seeking to identify, design, or validate new classes of therapeutics, such as targeted agents, immunotherapies, molecularly tailored interventions, gene or cellular therapies, novel drug delivery systems, that have the potential to reduce toxicity compared to current standard of care – including clear focus on strategies or technologies that seek to minimise short- and long-term side effects.
- Proposals must articulate how the intended therapy or approach is suited to the unique biology and treatment needs of children with cancer, addressing challenges not met by existing treatment.

The ultimate goal is a future where childhood cancer treatment achieves cure with minimal impact on the child's developing body and long-term health, allowing survivors to thrive throughout their lives without the burden of treatment-related complications that currently affect the majority of survivors. Examples of research projects under this theme could include:

- Development of new classes of therapeutics including targeted agents, immunotherapies, gene therapies, and novel drug delivery systems that reduce toxicity compared to standard treatments.
- Identification of genetic and clinical factors influencing toxicity susceptibility and develop accurate predictive measures for early risk identification.
- Development of advanced drug delivery platforms that aims to reduce exposure to healthy tissues and decrease off-target effects, including nanoparticle-based systems and supramolecular carriers that enhance therapeutic targeting while minimising systemic toxicity.
- Creating robust biomarker panels that enable personalised treatment selection to optimise efficacy while minimising adverse effects, including the development of predictive tests or models for individual treatment-related toxicity risk using genomic, transcriptomic, and proteomic approaches.

3.1.1. Incremental funding mechanism to support innovation

Projects demonstrating strong progress against milestones under the ***Novel Treatment*** theme may be invited to fast-track proposals for subsequent funding phases, outside of standard annual cycles. Conversely, if milestones are not achieved, or if new data suggest a revised approach is warranted, applicants are encouraged to present alternative strategies for review by the Scientific Advisory Committee. In rare instances where milestones are not met and no suitable alternative pathway can reasonably deliver the intended outcomes, the project will be terminated to ensure responsible and effective use of program resources.

This incremental, milestone-based funding mechanism is central to our approach: it rewards demonstrated progress, supports ongoing innovation, and ensures that resources are concentrated on the most promising projects - preparing them for support required to reach clinical translation or attract substantial external investment.

3.2. Improved Models of Care

This theme supports research and implementation projects that test or refine **clinical care interventions and models of care** aimed at minimising the acute and long-term toxicities associated with current paediatric cancer treatments. Applications within this stream should focus on one or more of the following elements:

- Projects that seek to assess integration of interventions into care delivery that have the potential to reduce the burden of treatment-related toxicities for children and adolescents with cancer, including pharmacological, procedural, supportive care (e.g. behavioural, exercise, psychosocial, prehabilitation), technological, or care pathway / processes changes.
- Interventions that apply, adapt, or generate high-quality evidence, including through clinical trials, quality improvement initiatives, or guideline development, to support the integration of interventions designed to improve symptom control, prevent adverse effects, or optimise supportive care as standard practice.
- Inclusion of a clear focus on improving both the physical, neurocognitive, and psychosocial aspects of toxicity, supporting the whole patient and family through both acute treatment phases and into survivorship.
- Examination of innovative care models, such as multidisciplinary supportive care protocols, risk-adapted monitoring and intervention, early detection / response to emerging toxicities, care transition models, or digital health solutions, that facilitate proactive toxicity management.

The objective is to generate robust evidence or best practices that can be sustainably implemented to improve patient safety, reduce acute and late toxicities, and enhance the overall quality of life for children and adolescents navigating cancer treatment. Examples of research projects under this theme could include:

- Develop breakthrough radiotherapy approaches that allows more precision in removing tumours while sparing healthy tissue, including advanced radiotherapy techniques and AI-guided radio-immunotherapy approaches that are less toxic and require fewer treatments.
- Integrate artificial intelligence and machine learning to optimise treatment protocols and minimise toxicity through AI-assisted planning and real-time adjustments.
- Develop standardised care protocols, clinical practice guidelines, and best-practice frameworks for toxicity management, including process improvements that enhance rapid response to complications, reduce hospital stays, and enable safer outpatient care.
- Apply implementation science methodologies to ensure evidence-based toxicity reduction strategies are effectively translated into routine clinical practice. Study barriers and facilitators to adoption while developing and measuring implementation strategies and outcomes.
- Develop innovative clinical trial designs including basket trials, umbrella trials, and platform designs that more efficiently evaluate toxicity-reducing interventions. Enable adaptive modifications based on emerging safety and efficacy data to accelerate therapeutic development.

Incorporate real-world data and evidence into clinical research to better understand treatment toxicities across diverse patient populations and healthcare settings. Develop pragmatic trial designs embedded in clinical practice that inform real-world implementation, including the use of 'hybrid' implementation trials.

4. Preparing Your Application

This document serves as the funding guideline for this funding opportunity, detailing the objectives, eligibility considerations, and evaluation criteria relevant to the Safer Therapies Impact Program. Applicants are strongly encouraged to carefully review this funding guideline in preparation of their application to ensure a thorough understanding of process and requirement. For any questions not addressed within this guideline, please contact us at programs@cccolab.org.au.

4.1. Applicant / Application eligibility considerations

- Application must demonstrate clear relevance and impact for paediatric oncology, ensuring that the research outputs and outcomes are applicable for the unique biology and challenges of paediatric oncology.
- The lead investigator (main applicant) must hold a formal appointment or position at one of the Consortium Partners at the time of application and for the duration of the grant funding period.

  - Secondment or honorary appointments may be accepted, provided they are recognised by the Consortium Partner institution and allow the applicant to undertake the proposed research activities.
- An individual can only be listed as the lead investigator (main applicant) for one application for each Impact Program funding round; however, there are no restrictions on the number of applications in which a particular individual can be listed as a team member for the same funding round.
- Multiple applications from each Consortium Partner (as the administering institution) will be accepted for each funding round.
- Applications must involve collaboration with researchers / clinicians from another Consortium Partner as part of the project team.
  - This collaboration may include contribution of time, resources or expertise – either supported by CoLab funding or provided as in-kind.
  - Applications that thoughtfully allocate funding across multiple institutions will be viewed highly favourable during assessment.
  - For applications where such collaboration is not feasible or appropriate, such as smaller projects, please contact the team at programs@cccolab.org.au for further instruction to complete the application online.
- Applications from primarily adult oncology-based research groups must include at least one paediatric oncology researcher and/or clinician as a team member, and this collaboration must be formalised with the nominated paediatric oncology researcher and/or clinician receiving funding for their participation in the project activities.
- Applications should support activities within Victoria. Payment to third parties outside Victoria will only be considered on a case-by-case basis if the necessary activity or service is not available locally or cannot be sourced in Victoria at a fair cost or value.
- Applicants may include both existing and new roles within their project teams. Applicants are strongly encouraged to propose new roles that will contribute fresh expertise, perspectives, or capabilities to the project team. Preference may be given to applications that demonstrate how newly created roles will enhance project outcomes and advance the overall aims of the funding initiative.
  - *Existing Role: A position that was established and filled prior to the project start date.*
  - *New Role: A position created specifically to support the objectives and activities of the funded project; recruitment or appointment could occur on or after the project start date (including a previously employed individual who has transitioned into the newly funded position).*

4.2. Eligible & ineligible activities considerations

Eligible Activity	Ineligible Activity
• Research project with a clearly defined scope and objective, a strong rationale demonstrating the project's significant and relevant, well-formulated hypothesis, and a defined approach with milestones for testing. • Discovery and translational research projects that support the development of novel treatments, or repurpose of currently approved treatments, for paediatric cancer types with low survival rates. • Clinical research projects that aim to improve patient care on new or existing interventions in paediatric oncology. • Implementation science research with clearly defined research questions and appropriate outcome measures, such as health economic, to build an evidence base that can inform future health service funding. • Directly incurred costs and associated expenditure that are essential to undertaking and supporting the planned research, and that contribute to achieving the research objectives and intended outcomes.	• Research project that may be applicable to paediatric oncology but does not include any testing or validation with paediatric cancer models or paediatric patients. • Research project that lacks a clear hypothesis and defined expected outcomes. • Activities where the primary goal is to develop resources or platforms for hypothesis-driven research activities. • Research proposal consisting of multiple projects, each with its own distinct goals and aims. • Activities and salary support for individuals that have already received funding for the same outputs and outcomes from other funding source. • Industry-sponsored national or international clinical studies. ○ However, support may be considered for investigator-led, non-drug evaluations that leverage an existing trial platform but is independent from the industry sponsor.

• Salaries for individuals who are directly involved in delivering research activities and contributing to the project's outputs and deliverables will be covered in accordance with their standard institutional rates. Compensation is determined by each individual's experience and qualifications and includes on-costs, capped at a maximum allowable rate of 20%. • Salary support for individuals is subjected to the condition that each individual's total Full-Time Equivalent (FTE) commitment, inclusive from this funding opportunity and all other funding sources, must not exceed 1.0 FTE (equivalent to 100% effort) during the grant funding period. It is the responsibility of both the personnel and the administering organisation to monitor and certify that the combined FTE commitments from all sources of support do not exceed this threshold at any time. • *(Deprioritised) Investigator-initiated national or international early-phase clinical studies not led by Victorian sites.*	• Salaries for individuals who are not directly contributing to the research outputs and deliverables. • Indirect / overhead cost such as infrastructure, utilities and administration costs • Activities that are considered as standard clinical care or services. Whilst research may assist in building the evidence base (e.g. health economic analysis) to advocate and seek approval for reimbursement for clinical care or services, establishment or delivery of these services is not eligible for funding. Research projects may focus on demonstrating the efficacy and safety of new treatments, optimising care protocols, and developing best practices for integrating innovative therapies into routine clinical practice. • Direct delivery of family support services that are designed to assist families facing challenges. These services may include, but are not limited to, practical support (e.g. financial assistance for bills, accommodation, and other expenses or provision of goods), emotional support (e.g. counselling or other services for family members of childhood cancer patients to cope with stress and emotional challenges), and therapeutic support (e.g. access to allied health support not covered through the standard clinical care service).

4.3. Application outline

The table below provides an overview of the key information and details required for both the EOI and full application submissions. Please note that this summary is intended as general guidance only; applicants should always refer to the official template and instructions available on the CoLab Grant Portal (https://cccolab.grantplatform.com) to ensure all requirements are met and the most up-to-date details are included.

Application Sections	EOI	Full Application
Project title	Long and short project title	
Applicant details	• Information on the lead investigator (for the application) • Information on the administering institution • Contact information for the administering institution research office	
Consumer engagement & lay summary	• Description on the unmet need for paediatric oncology. • Research project summary in plain language. • Explain the relevance and potential benefit of the research. • Outline any initial or planned consumer involvement in the project design. *Max. 750 words*	• Provide a detailed description of how consumers (patients, survivors, families, or carers) have been or will be engaged in the project's design and delivery. • Clearly state the consumer-identified need and anticipated benefits or outcomes for the childhood cancer community. • Describe plans for how research outputs will be made accessible and inclusive for diverse audiences. • Response to any consumer reviewer feedback from the EOI stage. *Max. 2 pages*
Impact & Benefit to Paediatric Oncology	• Statement of alignment with the program objective to prevent / reduce treatment-related toxicities. • Identification of significant research gaps addressed. • Project overview, research question, and intended paediatric oncology focus.	• Overview of the challenge in the treatment-related toxicities in childhood cancer and alignment with unmet need in paediatric oncology. • Detailed description of anticipated translational and clinical significance. • Explanation of how the work addresses critical gaps and leads to better outcomes. • Pathway to real-world benefit for patients

Application Sections	EOI	Full Application
	• Summary of anticipated impact: how the proposal could change diagnostics, treatments, or outcomes. *Max. 750 words*	• Evidence that the project addresses consumer-identified needs. • Strategy for communicating outputs in accessible and inclusive ways. *Max. 1 page*
Scientific Innovation, Research Design & Methodology	• Background and description of the unmet need being addressed. • Outline the novel aspects, key scientific rationale, hypothesis, aims and novel aspects of the project. • Brief description of proposed methods and innovative approaches. • Outline of any initial or planned consumer involvement in the project design. *Max. 750 words*	• Current knowledge gaps and scientific need • Literature and evidence supporting project rationale • Hypothesis and project aim(s) • Description of how project offers new concepts or approaches • Detailed study design, methodology, and analysis plan • Integration of novel methods/technologies, justification of technical choices. • Plans for ensuring reproducibility, addressing confounding, and data management. • Detail on consumer co-design or advisory input • Ethical considerations and plans for necessary approvals • Steps towards ensuring the practical feasibility and anticipated obstacles. • Risk assessment, including mitigation strategies *Max. 6 pages*
Team Capacity & Expertise	• Short biographies of lead investigator and key team members. • Description of relevant track record and any prior collaborative experience. *Max. 500 words*	• Full description of the team credentials and contribution of the investigators to the sector. • Past successes relevant to project aims – including up to 10 key publications. • Evidence of prior effective collaboration • Outline of planned training and mentorship activities that will support the professional growth and meaningful engagement of junior team members, with a focus on early-career researcher development • CV for lead investigators and team members *Max. 2 pages excluding CVs. CVs can be uploaded as additional files and should be limited to a max. one (1) page per team member collated into a single PDF.*
Project timeline, milestone & deliverables	• Major milestones and their anticipated duration / completion time – including at least two (2) critical review points.	• Gantt chart or detailed timeline with major milestones and deliverables. • Description of the two (2) critical review points that are appropriate for the proposed activities, and provide details on the expected outcomes / deliverables to be achieved at the review points – these review points should take into consideration feedback received from the EOI stage.
Project budget	• High-level project budget that outlines estimated annual / total costs by category (e.g. personnel, consumables etc).	• Detailed, itemised budget and justification for each cost using provided template. • Description of access to facilities, equipment, services and institutional resources. • Description of any in-kind support or leveraged funding from other funding sources.
Collaboration & Partnership	• Identification of all participating institutions and key collaborators. • Brief outline of multidisciplinary and/or cross-institutional elements • Summary of anticipated resource sharing or network benefits.	• Detailed description of all collaborators and their contribution to the project, whether it is allocated time on the project or provision of resources – this could be funded by CoLab or provided as in-kind support. • Multidisciplinary team composition. For each team member, clearly specify their individual role and expected contribution to the project.

Application Sections	EOI	Full Application
	• For projects that do not have any collaboration, a justification of why the project doesn't require any collaborators. *Max. 300 words*	• Mechanisms for resource sharing and/or building a lasting collaborative network. *Max. 1 page.*
Response to reviewer feedback	Not applicable	• Clear and concise response to each reviewer comment, outlining how feedback has been addressed or incorporated into the full application, or explaining the rationale if certain suggestions were not adopted. *Max. 2 pages*
Declaration of resources & institutional support	• (Automated) Confirmation from the institution's research office to acknowledge EOI submission.	• Letters of support from institutions and consumers (as available). • Acknowledgement / confirmation from the institution's research office to demonstrate support of full application submission.

For full application, applicants are required to prepare their responses in accordance with the standard formatting instructions:

- Use Times New Roman or Arial font with a minimum of 11pt font size.
- Maintain minimum of 2 cm margins on all sides.
- Ensure each section is clearly labelled with headings.
- Figures, tables, and charts should be readable when printed on standard A4 paper and count toward page limits where applicable.
- Upload the document in PDF format.

4.4. Application evaluation criteria

EOIs and full applications will be assessed by a multidisciplinary panel with relevant subject matter expertise in paediatric oncology research and care, alongside representatives from childhood cancer survivors and/or families. Assessments will be based on pre-defined evaluation criteria outlined in the table below, with weighting of each criterion adjusted between the EOI and full application stages to reflect the level of detail and information available to reviewers at each stage.

Evaluation Criteria	Sub-Criteria	EOI Weighting	Full Application Weighting
Consumer Reviews	• Addressing an important, unmet need for childhood cancer patients and survivors. • Relevance to childhood cancer patients, survivors, families or carers. • Anticipated benefits that are meaningful to patients and their support network. • Consumer engagement in design and development of research. • Accessibility and inclusivity of research outputs and outcomes. • Realistic pathways for applying research findings into practice and potential for real-world adoption.	20%	20%
Impact & Benefit to Paediatric Oncology	• Clear alignment of research aims to develop new / improve existing therapies that leads to treatment-related toxicities in childhood cancers patients. • Targets significant gaps where current therapies and understanding are limited. • Realistic pathway for research findings to inform the development and implementation of new or improved diagnostic or therapeutic strategies designed to enhance patient outcomes.	30%	20%

Evaluation Criteria	Sub-Criteria	EOI Weighting	Full Application Weighting
	• Well-articulated statement describing the specific potential benefits to paediatric oncology, addressing significant challenges or priorities in childhood cancer. • Application of novel technologies or methods that clearly improve upon existing standards in the field. • Accessible communications of outputs.		
Scientific Innovation, Research Design & Methodology	• Clear description of new concepts or perspectives that could substantially shift current understanding in paediatric oncology. • The proposal is underpinned by a clear, logical rationale that is well-supported by current evidence and addresses a defined scientific need. • A clearly defined and appropriate study design, robust data collection/analysis, and methodological rigour, including strategies for reproducibility and control of confounding factors. • Effective use of novel or improved research methods, ensuring that any technical innovations are well-integrated and justified within the project. • Thoughtful approach to ethical considerations, with plans for relevant approvals and the protection of participant welfare as applicable. • Practicality and feasibility of the project plan, including sufficient detail on how proposed methods will enable translation towards impact, especially for the hardest-to-treat childhood cancers. • Inclusion of a risk assessment and mitigation strategies, showing awareness of potential challenges and plans to address them for successful completion of the research. • Adequate resources and infrastructure requirements are fully addressed, demonstrating that the team has access to all necessary equipment, facilities, and personnel. • Confirmed institutional support and capacity regarding infrastructure, commitment and capabilities as required.	20%	25%
Team Capacity & Expertise	• The principal investigator demonstrates strong qualifications and relevant experience, reflecting a proven ability to lead and deliver high-quality research in related fields. • The research team collectively possesses deep expertise in paediatric oncology, as well as strong scientific, clinical, or other discipline-specific knowledge relevant to the proposed project. • Inclusion of robust training and mentorship opportunities, specifically fostering the involvement and development of early-career researchers in the project. • Leadership capabilities and project management skills are well-evidenced, indicating the team's capacity to coordinate, manage, and successfully complete complex research initiatives. • Demonstrated expertise and track record relevant to the proposed research area, supported by prior publications, successful projects, or clinical experience in high-mortality paediatric cancers. • Evidence of successful previous collaborations, demonstrating the team's ability to work effectively across organisational boundaries.	10%	15%
Budget Suitability & Project Timeline	• Clearly justified budget that demonstrates cost-effectiveness, ensuring each expense is appropriate and necessary to achieve the research objectives. • Realistic and well-structured project timeline, with clearly identified key milestones and deliverables that enable effective progress tracking, including achievable phases with appropriate duration and sequence of each project component.	5%	10%

Evaluation Criteria	Sub-Criteria	EOI Weighting	Full Application Weighting
Collaboration & Partnership	• Collaboration with researchers / clinicians from another Consortium Partner is mandatory, where allocation of funding across multiple institutions is highly encouraged and regarded as evidence of strong shared leadership and resource integration. • Establishment of a multidisciplinary team composition that actively brings together expertise from different fields, including collaborators who have not previously worked in paediatric oncology, to introduce cross-disciplinary perspectives and fresh approaches. • Well-articulated resource sharing and network building activities to demonstrate how their collaboration maximises impact.	15%	10%

5. How to Apply

5.1. Application process

The application process for the Safer Therapies Impact Program funding opportunity involves two stages: an Expression of Interest (EOI) and a full application:

- EOIs are reviewed by a dedicated panel comprising subject matter experts from our Scientific Advisory Faculty, each bringing relevant expertise, alongside representatives from our Patient and Family Advisory Committee (PFAC). This panel shortlists applicants who are then invited to proceed to the full application stage.
- The full applications are evaluated by the Scientific Advisory Committee and representative PFAC members to make the final funding recommendation.

Whilst the evaluation criteria remain consistent across both the EOI and full application stages, different weighting will be applied at each stage to reflect the varying level of information available for review and to ensure appropriate assessment. The review panels will score applications individually before meeting to discuss and reach consensus on the highest-ranking submissions. Please refer to Section 4.4 for detailed evaluation criteria and their respective weighting at each stage.

5.2. Application timeline

Event / Action	Year	Date
Expressions of Interest (EOI) submission period (6 weeks)	2025	September 8th to October 17th
EOI submission closes		**October 17th**
EOI assessment by the review panel		October to November
Applicant notified of EOI assessment outcome – shortlisted applicants will receive an invitation to submit a full application		2nd week of December
Full application submission period (6 weeks)	2026	January 19th to February 27th
Full application submission closes		**February 27th**
Full application assessment by the review panel		March to April
Applicant notified of full application assessment outcome & commencement of grant agreement review		May
Anticipated funding commencement		July 1st

5.3. Application submission

Applications must be prepared in accordance with the structure outlined in Section 4.3, and submitted electronically using the **CoLab grant portal** (https://cccolab.grantplatform.com/) an online grant management system.

Applicants who are not yet registered must do so before they commence their application.

Applications must be submitted by the closing date of the funding call. Late submission will not be considered. Upon submission, you will receive a confirmation of receipt. Applicants are strongly encouraged to retain a copy of their application for their own records.

5.4. Contact information

For any questions or further information, please contact our team at programs@cccolab.org.au.