New Zealand Government
Te Kāwanatanga o Aotearoa

hrc nz Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

2026 Health Delivery Project Full Application Guidelines

Contents

Part 1: The HRC Health Delivery Research Project Grant – key information and requirements

Part 1 sets out the requirements for the **Health Delivery Research Project Grant**, including:

- information about the grant, including the maximum value and duration
- information about the HRC's general requirements
- eligibility criteria that applicants must meet
- an overview of the specific application process and requirements, including key dates
- an overview of the assessment process and assessment criteria.

Parts 2 and 3 contain instructions for applicants on submitting an application, including administrative requirements and how to demonstrate that the requirements for funding are met.

1.1 Description

The Health Research Council (HRC) Health Delivery Research Project Grant provides support for health delivery research of varying values and durations.

The research must be within the scope of the 2026 Health Delivery Research Investment Signal and must directly contribute to improved healthcare delivery at a policy, practice or systems level within 3-5 years (from commencement of the research contract). The research must take place in a healthcare delivery setting, which we define as the physical, virtual, or community-based environment where health services are provided to improve, promote, and protect the health and wellbeing of New Zealanders.[1]

The research team ***must*** include practicing clinicians and/or health policymakers who are involved in all aspects of the project, particularly in shaping the research need, undertaking the research, and identifying translational potential. In this context, identifying translational potential means disseminating health research knowledge and outcomes to key stakeholders for future use (including policy and health service development).

1.2 Health research priorities

New Zealand's investment in health research must contribute to achieving the goals of the health system and the innovation, technology and science system.[2] The HRC is the principal government funder of health research.

For the health system, the Government is committed to improving health outcomes by providing New Zealanders with timely access to high-quality health services.[3] A key focus for the science system is to harness the benefits of research and innovation to drive economic transformation. The Government wants to ensure that the research it funds is progressing its priorities, and that they have a clear pathway to translate new ideas into successful commercial enterprise.[4] Therefore, it is important for researchers and research organisations to identify how research to be funded by the HRC will add value and contribute to these goals and wider system performance.

[1] Health system overview and statutory framework | Ministry of Health NZ
[2] Letters of expectations for health statutory entities | Ministry of Health NZ; https://www.mbie.govt.nz/dmsdocument/32023-science-investment-plan-2026-2036; https://www.hrc.govt.nz/resources/hrc-research-investment-plan
[3] The Government Policy Statement on Health (2024-2027).
[4] Going For Growth | Ministry of Business, Innovation & Employment, https://www.mbie.govt.nz/dmsdocument/31887-report-to-the-prime-minister-prioritisation-in-new-zealands-science-innovation-and-technology-system

In this funding round, Council will **prioritise opportunities to invest** in research that:

- Priority 1: maximises benefit for healthcare delivery, such as:
  - new models of care and treatments
  - improved effectiveness and efficiency
  - innovation and technology in healthcare, and/or
- Priority 2: contributes to achievement of the health and/or mental health and addiction targets, [5] and/or
- Priority 3: enhances the development of clinician-researchers,[6] and/or
- Priority 4: demonstrates a pathway to commercialisation and/or
- Priority 5: supports high-quality clinical trials, including those with a particular focus on cancer and/or blood cancers.

Further information about the HRC's research priorities can be found in the HRC's Research Investment Plan 2026/27 (pages 3-5).[7]

Applicants must clearly articulate in the most relevant sections of your application if your research aligns with one or more of the health research priorities outlined in this section. Council makes final decisions on funding, informed by the assessing committee recommendations, the balance of investments across our portfolios, and consideration of alignment with HRC priorities. Council funding decisions will align with current priorities to the greatest extent possible, subject to the proposals submitted in a particular funding round.

1.3 HRC Requirements

All HRC investment must have a clear line of sight to improving health outcomes for all New Zealanders.

HRC-funded research must meet the following requirements:

1. Research must be focused on health and improving health outcomes and/or the health system, where health outcomes are defined as:
   a. absence or reduction of disease, symptoms or morbidity, and/or
   b. timely access to quality healthcare, for all New Zealanders, including strengthening prevention of disease and injury, earlier diagnosis, earlier patient-specific (precision) intervention, and new and improved models of care, or medicines, treatments and cures, and/or
   c. longer life expectancy, and/or
   d. improved quality of life.
2. Research into the causes of ill health, or the determinants of health (e.g., environmental, socio-economic, cultural, and behavioural factors) must demonstrate a pathway to improvements in health outcomes and/or the health system (as defined above).
3. The research proposal provides an evidence base when describing areas of high health need and population groups with high health need.[8]

Council makes final decisions on funding, informed by the assessing committee recommendations and taking into consideration HRC priorities and the balance of investments across our portfolio.

[5] The five health targets are: faster cancer treatment; improved immunisation for children; shorter stays in emergency departments; shorter wait times for first specialist assessment; and shorter wait times for elective treatment.
The five mental health and addiction targets are: faster access to specialist mental health and addiction services; faster access to primary mental health and addiction services; shorter mental health and addiction-related stays in emergency departments; increased mental health and addiction workforce development; and strengthened focus on prevention and early intervention.
[6] A clinician-researcher conducts research and provides clinical services in any setting, under formal work arrangement and is eligible to undertake clinical practice in New Zealand either under the Health Practitioners Competence Act 2003, through registration with the relevant responsible authority, or as a member of Allied Health Aotearoa New Zealand.
[7] https://www.hrc.govt.nz/resources/hrc-research-investment-plan
[8] CO (24) 5: Needs-based Service Provision | Department of the Prime Minister and Cabinet (DPMC)

Please carefully read the 'out of scope' guidance below before preparing your application.

Out of scope for the 2026 Health Delivery Project Round

This round, the HRC is **NOT** intending to invest in:

- evaluations with a sole focus on audits, surveys and needs assessments undertaken as part of routine operational practice or as part of a government organisation's performance, accountability, or monitoring activities
- research that describes a health need or community with high health need without providing a clear evidence base for that need
- research that duplicates research already undertaken overseas (without articulating the additional value of undertaking it in New Zealand)
- social science research that focuses exclusively on determinants of health (e.g., environmental, socio-economic, cultural or behavioural factors) except where it demonstrates a pathway to improvements in health outcomes and/or the health system (see HRC requirements)
- basic research that focuses exclusively on mechanistic pathways except where it demonstrates a pathway to improvements in health outcomes and/or the health system (see HRC requirements)
- research that is unlikely to inform decisions or changes to health delivery policy, practice or systems in New Zealand within the next 3-5 years.

Applications involving out-of-scope research types will be withdrawn.

1.4 Changes this year

The HRC has made changes to the application and assessment processes for this round.

The changes include:

- Applications must meet all eligibility and formatting requirements. Please carefully read these guidelines to ensure your application aligns with the requirements for this round. Applications that do not meet all of the specified requirements will be withdrawn and will not be assessed.

1.5 Value

- The HRC expects to fund and encourages a range of grant values and durations up to a maximum term of 5 years and a maximum value of $1.4 million.
- Funding requests will be pro rata by months – the maximum amount available per full year is $466,666.
- The HRC encourages applicants to consider the most suitable budget and timeframe for their research, including smaller research projects over a shorter duration.

1.6 Eligibility criteria

Health Delivery Research Project Grant applications must meet **all** of the following requirements:

1. the application must have described the potential to directly inform changes to **health delivery** policy, practice or systems within the next 3-5 years (from commencement of the research contract,[9,10] and
2. the research will be conducted in a **healthcare delivery setting,**[11] and
3. the research has a clear connection to a **healthcare need,**[12] and
4. the research team (named investigators) includes practicing clinicians,[13] or health policymakers.

Applications that do not meet all of these requirements are not eligible for this funding round and will be considered out-of-scope and therefore withdrawn. Carefully consider whether the Health Delivery Project Grant is the best funding opportunity for your proposed research before applying.

Please also take note of the following eligibility criteria, which apply to the lead researcher(s) on a Project Grant application, defined as the first named investigator and co-first named investigator.

The first named investigator will be considered the first point of contact during the application and assessment process and will be understood to be acting for, and in concurrence with, the other named investigators. All correspondence for the application will be addressed to this person and the host.

The co-first named investigator (or co-lead researcher) is an individual with joint overall responsibility for the project.

The HRC welcomes proposals for co-first named investigators to create a research team of exceptional strength, e.g., for interdisciplinary work. In addition, early and mid-career researchers who have not previously held a Project Grant contract are encouraged to apply as co-first named investigator with a mentor/experienced researcher.

To be eligible for a Project Grant, both the first named investigator and co-first named investigator:

1. must have New Zealand as their principal domicile,[14] and principal place of employment. **Note:** Host organisations are responsible for ensuring that this criterion has been met
2. can only submit **one** Project Grant application to the 2026 Health Delivery Research Project Grant round as the first named investigator or co-first named investigator. All additional applications will be withdrawn

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[10] **Health delivery** can include the delivery of healthcare, such as through prevention, detection, diagnosis, prognosis, treatment, care and/or support, at all levels (i.e. primary through to tertiary and community-based care), and at a local, regional and/or national level in New Zealand, acknowledging that international connections can support this.

[11] A **healthcare delivery setting** is the physical, virtual, or community-based environment where health services are provided to improve, promote, and protect the health and wellbeing of New Zealanders.

[12] **Healthcare needs** are expected to be identified with involvement of health delivery sector leadership or meaningful end-user involvement, and substantiated by evidence of a gap in knowledge. As such, end-user engagement is expected, comprising consumer, clinical, health provider, health policy, support worker, community or population collaboration and/or partnership from the outset of the research proposal and throughout the research process.

[13] A **practicing clinician** provides clinical services in any setting under a formal work arrangement and is eligible to undertake clinical practice in New Zealand either under the Health Practitioners Competence Act 2003, through a current registration with the relevant responsible authority, or as a current member of Allied Health Aotearoa New Zealand.

[14] **Principal domicile** means the holding of New Zealand citizenship, or a residence class visa under the Immigration Act 2009, and either be domiciled or residing in New Zealand with the intention of residing here indefinitely, having done so for the immediately preceding 12 months. According to Section 4 of the Immigration Act, “residence class visa” means a permanent resident visa or a resident visa.

3. must complete all progress or end of contract reports that are due from previous contracts in HRC Gateway. HRC Gateway does not allow a new application to be submitted if the first named investigator or co-first named investigator has any outstanding reports.

1.7 Key dates

Event	Description	Date (1 pm)
Project EOI applications open	Applicants start Project EOI applications via HRC Gateway	26 March 2026
Creation deadline	You must create your EOI application on HRC Gateway by this date	22 April 2026
Project EOI applications close	You must submit your EOI application on HRC Gateway by this date	29 April 2026
Project EOI applications assessment	Applications reviewed by HRC assessing committees	June - July 2026
Project EOI outcome date	The date the EOI results will be sent to applicants	16 July 2026
Project Full stage open date	The date the Full stage will be open to invited applicants	16 July 2026
Project Full applications close	You must submit your Full application on HRC Gateway by this date	20 August 2026
Project Full applications assessment	Peer review	September 2026
	Applicant rebuttal	8-22 October 2026
	Applications reviewed by HRC assessing committees	November 2026
Results	Results available on Gateway	17 December 2026

Submission deadline

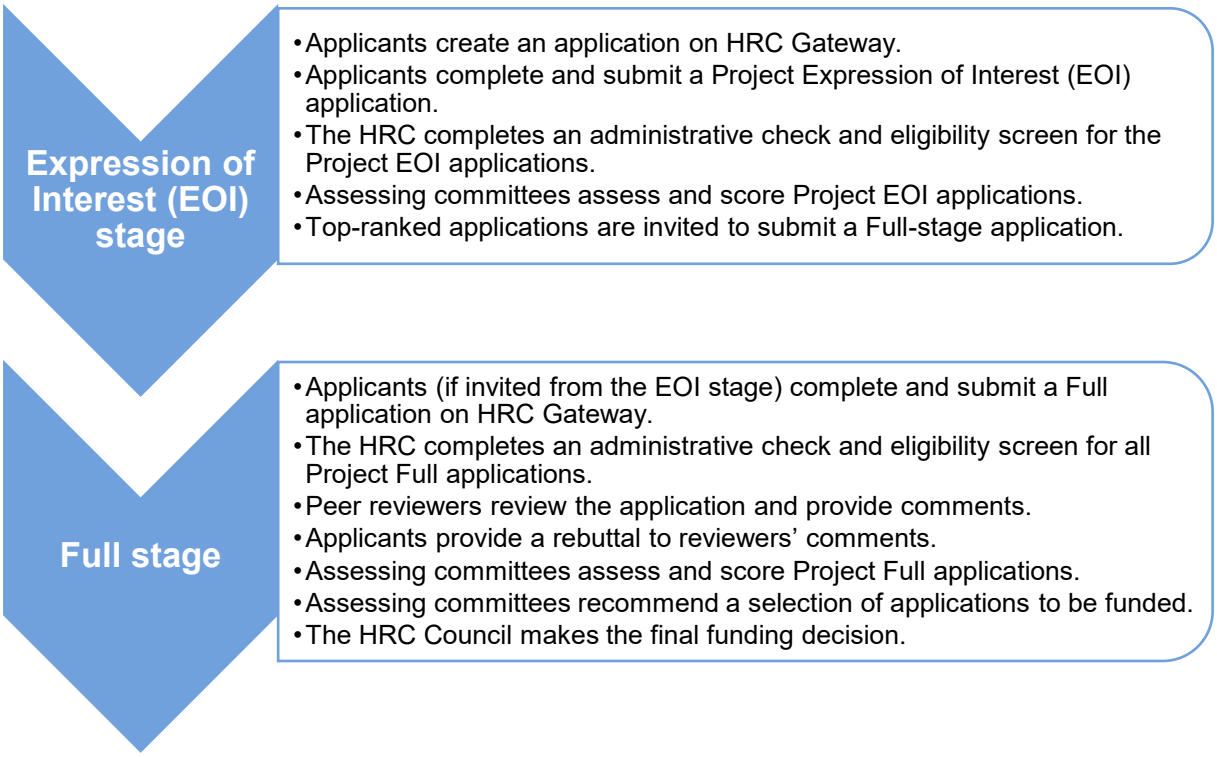
Please submit your Project Full application to HRC Gateway by **1 pm on 20 August 2026.** Your application will not be accepted after 1 pm unless you have written authorisation from the HRC.

Note: Your application will be released to the HRC only after it has been approved by your host organisation's research office or equivalent. You should submit your application before your host organisation's internal submission deadline, which is usually several working days before the HRC closing date. If your host organisation does not have a research office, your application will be forwarded directly to the HRC.

Commencement date

Contracts must commence between **1 February 2027** and **1 April 2027**.

1.8 Application process overview



Refer to Appendix 1 for further information on the assessment process.

1.9 Grant reporting

All recipients of a Health Delivery Research Project Grant are required to submit annual progress reports and an end of contract report within three months of the contract end date.

Recipients are also invited to complete post-contract surveys two and five years after the completion of the contract to capture more information on the impact of the research.

Part 2. General information on applying for a Health Delivery Research Project Grant

This section includes general information on how to apply for a Health Delivery Research Project Grant.

The information provided in this section includes:

- instructions for using HRC Gateway to submit an application
- formatting requirements for applications
- guidance about the privacy of application content
- contact information if you need assistance with your application.

Please follow the instructions set out in this section.

2.1 Preparation

HRC Gateway user account

You will need an HRC Gateway account to apply for a Project Grant. Use your existing account or create a new one if you do not have one, via the following URL: https://gateway.hrc.govt.nz. If you have issues logging into your HRC Gateway account, contact info@hrc.govt.nz.

Note: All members named on your proposed research team must have an HRC Gateway user account so that their details can be included in the online form. Individual HRC Gateway accounts must be updated each year.

Before submitting an application

Please read the following resources:

- 2026 Health Delivery Research Investment Signal
- 2026 Health Delivery Project Full Application Guidelines (this document)
- Government Policy Statement on Health (2024-2027)
- New Zealand Health Research Strategy (2017-2027)
- New Zealand Health Research Prioritisation Framework
- HRC Research Ethics Guidelines
- Guidelines for Researchers on Health Research Involving Māori
- HRC Māori Health Advancement Guidelines and supporting resources
- Guidelines for Pacific Health Research
- HRC Research Impact Assessment Slideshow
- ARRIVE guidelines for animal research (if applicable)
- SPIRIT 2025 checklist (if your application includes a randomised trial)
- HRC Peer Review Manual (accessed via the Health Delivery information page on HRC Gateway)

Click the document name to access the file. These documents can also be found on HRC Gateway.

Forms

You will need to download and complete both forms below when submitting a Health Delivery Project full application.

- **2026 Health Delivery Project Full Application Form** (Microsoft Word template)
- **2026 Health Delivery Project Budget Form** (Microsoft Excel template)

The HRC templates for these forms must be downloaded from HRC Gateway. Do not use any other templates; otherwise, your application will be withdrawn.

The application form should be completed in Microsoft Word, and the budget form should be completed in Microsoft Excel. Once completed, upload these documents to your application in HRC Gateway.

Note: The application form must be uploaded as a **PDF**, while the budget form must be uploaded in both **Excel (.xlsx)** and **PDF** formats. When converting your budget form into a PDF format, make sure all Excel spreadsheet tabs are included.

Host organisation

The host organisation is the organisation, institution or company that will be offered a contract with the HRC to deliver the activities described in your application if it is successful. The host organisation will be responsible for ensuring that the activities are completed according to the contract, the HRC Rules, and the HRC Project Grant requirements.

If your organisation has not been previously funded as the host organisation by the HRC and your application is successful, your organisation will need to provide due diligence information before a contract can be offered. The HRC will provide further information and relevant forms for your organisation to complete.

Ethical requirements

All Project applications approved by the HRC must identify and obtain all consents necessary to carry out the research (including but not limited to all biosafety, regulatory, human and animal ethical consents) at or prior to the time the consent is necessary.

For contract monitoring and HRC accountability reporting, if your research requires biosafety, regulatory, human or animal ethical consents, or clinical trial registration, these must be identified as separate Year 1 milestones, even if you expect to gain these consents before starting the proposed research.

Please refer to your institution's policies or the website of the Health and Disability Ethics Committees for further guidance.

2.2 Writing your application

General formatting

Please write your application in a clear, concise manner with sufficient detail. The assessing committee reviewing your application includes a broad range of expertise. It is important that they can understand the scope and implications of your application.

Applications must be in English or te reo Māori; if in te reo Māori, a translation in English must also be provided (any translation will not be included in the page limit).

Please:

- use Arial 10-point type font or larger
- use default margins

- use single line spacing
- keep to the page limits.

Application formatting compliance

The HRC will conduct an initial compliance check. Your application will be considered ineligible and withdrawn from this funding round if it does not comply with the application formatting requirements stated in these guidelines or in the application form. This includes using the incorrect font size and style; altering margins and spacing around headings and subheadings; or exceeding page limits.

Please:

1. Download the correct application form directly from HRC Gateway and use the stated font sizes and styles.
2. Keep within the stated page limits.
3. Ensure **all individuals** involved in the research are listed as either a named investigator or collaborator on HRC Gateway.
4. Ensure you complete all modules, including Module 1 which must be completed in HRC Gateway. Incomplete applications after the closing date will be considered withdrawn and deleted from HRC Gateway.
5. Do not include any additional material (e.g. slides, protocols, CVs, other funding applications) as 'supporting documents' on HRC Gateway and avoid using hyperlinks in the application form. The HRC will remove all additional material and hyperlinks from your application.

If your host organisation has a research office (or equivalent), **your application must be approved by the research office first**. The application will then be released to the HRC. Please allow enough time for this approval process before the HRC's closing deadline. All queries regarding applications should be directed to the host organisation's research office.

If you are new to the HRC application process and need assistance with using HRC Gateway, please contact the HRC on info@hrc.govt.nz. There are also helpful user guides available.

2.3 Allowed changes between the Expression of Interest and Full application stage

If you are invited to the Full stage, your full application should be an extension of your EOI application. Significant changes at the Full stage, beyond expanding on the EOI research proposal in greater depth, may result in your Full application being considered ineligible and not assessed.

All changes between the EOI and Full stage must meet the scope for the 2026 Health Delivery Research Project round and the HRC requirements.

Changes to the research team

You can add named investigators to the team at the Full stage in HRC Gateway, such as:

- for additional statistical, methodological or cultural expertise
- in response to feedback from the EOI stage
- replace an existing named investigator with clear justification.

Changes to FTE commitments

At the EOI stage, you must select an FTE band for each named investigator:

- 3% - 10% (Low FTE)
- 11% - 40% (Medium FTE)
- 41% - 100% (High FTE)

At the Full stage, you will be asked to provide a defined FTE value for each named investigator (i.e. 15% FTE). This value should fall within the band that was selected in your EOI application (i.e. 15% FTE falls within the 'medium FTE' band).

Change request forms

You can find the change request forms on the 2026 Health Delivery Project information page on HRC Gateway.

- 2026 Health Delivery Project - FTE Change Request Form
- 2026 Health Delivery Project – Replace Named Investigator Change Request Form

You must complete a change request form with clear justification and email it to HRC via info@hrc.govt.nz if you wish to **replace** a named investigator, or you wish to **change FTE** bands between the EOI and Full application stage. You do not need to complete a change request form to add named investigators. The HRC reserves the right to determine whether sufficient justification has been provided in the change request form. Unapproved changes to named investigator or FTE commitments may result in your Full application being withdrawn.

2.4 Privacy provisions

Statistical and reporting purposes

The information you provide will be used for assessing your application. In a non-identifiable form, some information will be used for HRC's statistical and reporting purposes. The HRC stores all applications in a secure place, which may include the New Zealand Research Information System (NZRIS) curated by the Ministry of Business, Innovation and Employment (MBIE) with details provided by funders of the science sector.

Personal information

Personal information contained in your application will be available to members of the HRC assessing committees and to external reviewers reviewing your application.

Public announcements

The HRC publishes details of research contracts including named individuals, host organisation, research title, lay summaries, and funding awarded, for public interest purposes and to meet the statutory requirements of the Health Research Council Act 1990. This may include publishing details on research activities you provide to the HRC in media releases, on the HRC website, in newsletters, and in publications and reporting.

Official Information Act

Official Information Act requests for information about an application or research contract, beyond information that has already been publicly disclosed, will be discussed with the host organisation and first named investigator before responding to the request. Where appropriate, the request may be transferred to the host organisation.

2.5 Enquiries

If you have any questions about HRC applications, please contact your host organisation's research office.

You can contact the HRC at info@hrc.govt.nz if:

- your organisation does not have a research office
- your organisation's research office cannot assist you
- you have any technical difficulties (i.e. with HRC Gateway).

HRC Gateway will show the status of any application. Please do not contact the HRC for an update on your application.

2.6 Additional eligibility requirements

Eligibility restrictions on publicly funded research

The HRC cannot accept applications made by a department of the public service, as listed in Schedule 2 of the Public Service Act 2020. Named investigators from these departments cannot claim salary support.

As part of the New Zealand Government's broader response to Russia's invasion of Ukraine, your application must not benefit a Russian state institution (including but not limited to support for Russian military or security activity) or an organisation outside the government that may be perceived as contributing to the war effort.

This is not a broad ban on collaborations with individual Russian researchers. The focus is on ensuring that New Zealand government funding does not support scientific research collaborations that could further Russia's ability to continue its aggression in Ukraine.

As a Crown agent, investing in health research for the public good with taxpayer funding, the HRC reserves the right to make ineligible any funding application that will benefit a state institution or other organisation identified for exclusion by the New Zealand Government.

Trusted Research Guidance

Please familiarise yourself with the Trusted Research Guidance for Institutions and Researchers. New Zealand has an open and collaborative research and innovation system, and values academic freedom and research conducted independently by individuals and organisations. As part of preserving trust, the HRC screens proposals for risk related to sensitive technologies,[15] and may require funded projects to identify, mitigate, and monitor risks as part of the contractual conditions of the project.

2.7 False or misleading information

Once submitted to the HRC, a funding application is considered final and no changes will be permitted, although it may be withdrawn. The application is the primary source of information available for assessment. As such, it must contain all the information necessary for assessment without the need for further written explanation or reference to additional documentation at the assessing committee meeting. All details in the application, particularly concerning any awarded grants, must be current and accurate at the time of application.

If an application contains false or misleading information, it may be excluded from any further consideration for funding.

[15] Technologies become sensitive when they are or could become dual-use i.e. have both a civil and military/security application; or underpin, or have the potential to underpin, significant economic value for New Zealand.

If the HRC believes that omission or inclusion of misleading information is intentional, it may refer the matter to the host organisation for the situation to be addressed under the provisions of the organisational code of conduct. The HRC also reserves the right not to accept future applications from the relevant investigators and/or to pursue legal action if appropriate. Examples of false or misleading information in an application include:

- violating the standard codes of scholarly conduct and ethical behaviour
- providing fictitious CVs or biographical sketches, including roles in previous research
- omitting advice of publications which have been retracted or are to be considered for retraction
- falsifying claims in publication records (such as describing a paper as accepted for publication when it has only been submitted).

Part 3. Instructions on completing and submitting your application

This section contains instructions for completing and submitting your application. It includes prompts for providing certain information that will be used to score your application.

3.1 The Health Delivery Project Full application

The 2026 Health Delivery Project Full application consists of six modules.

Module/Section	Action required
Module 1	Complete in HRC Gateway
Module 2	Complete in the **2026 Health Delivery Project Full Application Form** (Microsoft Word template)
Module 3	Complete in the **2026 Health Delivery Project Full Application Form** (Microsoft Word template)
Module 4: Sections 4A-4C	Complete in the **2026 Health Delivery Project Full Application Form** (Microsoft Word template)
Module 4: Section 4D	Upload Letters of collaboration/support documents as separate PDF files to HRC Gateway
Module 4: Sections 4E-4G	Complete in **2026 Health Delivery Project Budget Form** (Microsoft Excel spreadsheet)
Module 5	Upload CVs as separate PDF files to HRC Gateway
Module 6:	Complete in HRC Gateway

The complete application with all Modules will be generated by HRC Gateway for downloading and printing.

Note: By submitting an application on HRC Gateway, you confirm that your application complies with all requirements, including formatting requirements and page limits. The HRC will not accept changes after the closing date.

3.2 The Health Delivery Project Full Application Form

The **2026 Health Delivery Project Full Application Form** is compatible with Windows PC and MAC computers. The form has default formatting that conforms to HRC requirements.

Please:

- Use the original HRC application form template, downloaded directly from HRC Gateway.
- Complete all sections following the instructions on the application form and described in these guidelines.
- Enter the HRC Ref ID# and the first named investigator's surname on the coversheet. HRC Gateway will remove the coversheets from the final system-generated PDF.
- Enter information only in the indicated form fields.
- Do not reformat module and section headings.
- Upload the completed application form to the HRC Gateway in PDF version.

3.3 Module 1: General information

Module 1 is completed in HRC Gateway, and most information will have been provided at the EOI stage. Most fields cannot be edited or updated. Update Module 1 in HRC Gateway to include the following information.

Research title

The research title should be succinct, written in plain language, and clearly describe the proposed research without using metaphorical terms. The title must not exceed 80 characters, including spaces and punctuation (e.g., 'growth factors' contains 14 characters). Please use sentence case. The HRC reserves the right to amend the title of funded applications.

Lay summary

The lay summary must be 150 words or fewer and clearly state: 1) the purpose of the research and why it is needed; 2) how the research will be completed including the research activities; and 3) anticipated contribution to improvements in health outcomes and/or the health system and value for money (being specific about the anticipated outcomes where possible).

If your proposal receives funding, your lay summary will be published on the HRC website to communicate to the public the aims, activities, impact and value of your research.

Please use plain language that can be easily understood by members of the public and avoid using technical terms, with any acronyms fully written out in the first instance. A good way to check whether your lay summary is easily understood is by sharing it with colleagues in a different discipline or sector, or friends or family members not involved in research. The HRC reserves the right to amend the lay summary of any HRC-funded research in terms of its readability for a lay audience.

Commencement date

Enter the proposed commencement date. This should be between **1 February 2027** and **1 April 2027**.

Support personnel

Examples of support personnel include individuals who will help you with the project application process (i.e. upload your application to HRC Gateway). Do not list named investigators, collaborators or your host organisation's research office staff. All support personnel need to have an HRC Gateway account to view and edit your application.

Named investigators

The research team from your EOI application should match the research team in your Full application. You cannot remove or replace a named investigator without HRC's approval, please see Section 2.3 for details. You can add named investigators for additional statistical, methodological or cultural expertise or in response to feedback from the EOI stage.

A named investigator is an individual with a significant role in the design, conduct, or reporting of a research project. **All key team members** who contribute to the research, have a specific role and are named in the body of your application should be added as a 'named investigator' in Module 1 on HRC Gateway.

Each named investigator must have an HRC Gateway account before they can be added to Module 1 of your application. Information from Module 1 will be used to assess eligibility. It is very important that all named investigators check and update their HRC Gateway profile, including their professional details and health practitioner qualifications, before you submit your application. All details provided at the time of submission will be considered final.

Refer to the next section for information on how named investigators differ from collaborators.

Click the ‘Update’ button to enter additional information as requested.

Under 'role type’ you can assign a role to each individual as follows:

- Co-first named investigator: A co-lead investigator with joint responsibility for the project. Note that the co-first named investigator must fulfil the same eligibility criteria as the first named investigator (outlined in Section 1.6).
- Named investigator: A team member involved in the design, conduct or reporting of the study.
- Student/Intern: A master's or PhD student or research intern named in the project application.
- Technician: An individual who will complete specific tasks and critical study procedures that require technical knowledge and experience.

Certain information (i.e. ethnicity, gender, and whether the researcher is a clinician) is used for HRC information purposes only and will automatically populate from the individual’s profile. All named investigators on successful applications may be cited by the HRC in its various communication channels.

Role in project should include brief information on what the named investigator will undertake (1-2 sentences maximum). It should be clear which individual(s) is contributing in a mentoring capacity.

Enter a defined FTE value for each named investigator. Use the FTE value for the first year of that investigator’s involvement (from the budget spreadsheet).

A **CV** is required for all named investigators and must be uploaded into this section using the ‘Upload CV’ button.

Collaborators

Collaborators are individuals who are not named investigators (i.e. not listed as members of the research team) but who contribute in-kind or paid support to assist in conducting the research. Their involvement may include providing expertise, resources, or services to support research activities. Generally, collaborators do not have the same level of responsibility as named investigators.

Collaborators do not need to be registered Gateway users. When adding collaborators, provide the person’s title, name, organisation, country and support level. You will also need to provide brief details on the purpose of the collaboration.

A letter of support for each collaborator **must be uploaded** to HRC Gateway. Refer to Section 3.6 for detailed guidance.

Research costs

Click the ‘Update’ button to enter the totals for staff costs, overhead, working expenses and the total cost of research. The totals entered must match the totals in the uploaded **2026 Health Delivery Project Budget Form**).

Unacceptable peer reviewers

You can identify up to two individuals who are not acceptable as peer reviewers for the application. Click the ‘Update’ button to enter the name, organisation, and reason for exclusion.

Objectives and milestones

Objectives and milestones are assessed, included in a resulting research contract, and used for contract monitoring in progress and end of contract reports. Objectives and milestones must be measurable and achievable within the term of a contract.

Objectives

Briefly describe the intended objectives of your Project application. Objectives should relate to the overall goal or aim of the research. The HRC suggests a minimum of three objectives, with sufficient standalone operational detail and scientific information to assess your performance in subsequent years.

All objectives must be added before milestones can be added. There is no limit to the number of objectives and milestones.

Milestones

Provide key milestones that you aim to achieve by the end of each year of a resulting contract. Each milestone must relate to one or more of the objectives previously added.

Note: For contract monitoring and HRC accountability reporting, if your research requires biosafety, regulatory, human or animal ethical consents, or clinical trial registration, these must be identified as separate Year 1 milestones, even if you expect to gain these consents before starting the proposed research.

Please refer to your institution's policies or the website of the Health and Disability Ethics Committees for further guidance.

Example milestones:

Year	Milestone	Objective(s)
1	Gain animal ethics approval	Objective 1
1	Complete animal study, data collection, and analysis	Objective 1
1	Register clinical trial prospectively in ANZCTR	Objective 2
1	Gain ethics approval for clinical trial	Objective 2
2	Publish results of lab-based study	Objective 1
2	Recruit 200 participants to clinical trial	Objective 2
3	Complete recruitment to clinical trial (300 total)	Objective 2
3	Complete statistical analysis of clinical trial	Objective 2
4	Submit manuscript to NZMJ	All objectives

3.4 Module 2: Research

You must use the section headings provided in the application form as they correspond to the score criteria that will be used by the assessing committee. The assessing committee is broadly discipline-based, matched to the range of applications assigned to that committee. Therefore, not all members will have specialist knowledge of every research topic. Try to write your application for members with a general understanding of the research area/field.

If you wish to include figures and tables, it is best to copy and paste these from a separate Word document instead of creating them directly in the application form. Ensure that any non-text content is compatible with PDF conversion software.

Section 2A – Summary of proposed research (1-page limit)

This section should clearly summarise the research proposal and should be no more than one page. A clear and succinct summary, including all the important points of the application can help reviewers get an overview of the proposal and is useful as a quick reference for the assessing committee members. Use the suggested headings and add subheadings if required.

Section 2B – Description of proposed research (10-page limit, excluding references)

Rationale for research

All Health Delivery Projects must be within the scope of the 2026 Health Delivery Research Investment Signal. Demonstrate that your research is in scope of the investment signal and has the potential to directly inform decisions or changes to policy, practice or systems in the New Zealand health and disability sector and therefore can be supported by public funds.

Demonstrate the critical healthcare need for your research. Healthcare can include prevention, detection, diagnosis, prognosis, treatment, care and/or support, at all levels (i.e. primary through to tertiary and community-based care), and at a local, regional and/or national level in New Zealand.

Outline any potential impacts of the proposed research for reducing or avoiding exacerbating health inequities.

Demonstrate the involvement of key health sector organisations, groups, communities, consumers, and expertise in the research process (e.g., with identifying the research need/gap, developing and undertaking the research, and being in a position to ensure uptake and translation as required).

Clearly show that you have adequately reviewed what is already known in the area and that there is a clear case for further research. For example, refer to systematic reviews or an otherwise robust demonstration of a research gap.

Consider the following:

- What is the significant/important gap in health delivery at a policy, practice or system level that your research will address?
- Why is this research of importance to health delivery in New Zealand, and how will the research evidence directly meet the needs of the sector?
- How does your research contribute to, or align with, research currently being undertaken either nationally or internationally?
- Where does your proposed research fit relative to the worldwide perspective? For example, is it unique to New Zealand?
- Do your hypotheses build on existing knowledge?
- How original is the approach?
- What is the significance of the health issue for New Zealand health and society?
- How will your research contribute to achieving health equity?

Research design and methods

Include sufficient detail of study design and methods so that an assessment can be made of its appropriateness, robustness and/or innovativeness. This might include a description of sample recruitment and characteristics (including number, gender and ethnicity, where relevant), study methodology, and proposed methods of data collection and analysis.

Include indicative timelines for the research. The HRC recommends you consult with specialists such as methodologists, statisticians, health economists and key stakeholders (including communities or patient groups) before finalising your research design. Where possible, detail the validity of the proposed analyses, and the feasibility of attaining the statistical power sought (if appropriate).

Where appropriate, it is essential to provide power calculations and an estimate of the likely effect size and the sample size required to detect this (power analysis), after consultation/involvement with a statistician.[16] Clinical trial applications must include a description of statistical guidelines for early termination and a description of data and safety monitoring arrangements, where appropriate.

The reviewers need this information to judge and appropriately score this criterion, so ensure that the practicalities are clearly stated, i.e. what will be done, how, by whom, where and when.

Research impact

Please consider the following:

What types of benefits are expected to arise from your research, and who will benefit?

Give a realistic description of how your research findings have the potential to influence health delivery policy, practice, or systems in New Zealand, with a clear pathway to improved health and associated economic impacts within 3-5 years of contract commencement. Identify the more immediate benefits and users of the research who will form a focal point for your action plan (below).

The HRC's Research Impact Assessment slideshow outlines the elements that should be covered in this section, including the types of benefits and research users, and the geographical distribution of benefits (such as how contribution to international research effort will benefit New Zealand). Research-related benefits, such as capacity and capability gains for New Zealand, and influence on future research agenda-setting, may be included where relevant.

What specific activities will you undertake, throughout the life of the research project, to maximise the use and benefits of your research?

Describe what targeted actions have been, or will be, taken to improve the likelihood of research uptake and impact, and to ensure that the next users or end-users (identified in the previous section) can meaningfully contribute to, and/or benefit from, the research. Describe other planned dissemination activities that are designed to reach broader audiences. Who can enable the uptake of your research, and how have they been involved in your research? Identify uncertainties to uptake, or systematic/institutional barriers, and your mitigation strategies (where relevant).

What elements of the team's track record of knowledge transfer provide confidence in the likelihood of research uptake? For example, existing links, relationships, or networks with relevant research next-users or end-users; demonstrable examples of knowledge mobilisation, or changes in health outcomes or societal impact generated from similar research. This component is considered relative to opportunity.

Māori health advancement

The HRC expects applicants for HRC research funding to consider all potential ways in which their application will advance Māori health, and to outline what actions they will undertake to help achieve this potential. Assessment of Māori health advancement will explicitly consider two components:

- An outline of contributions the research may make to advancing Māori health.
- Specific actions that have been, and will be, undertaken to realise the contribution to advancing Māori health through the life of the project and also beyond it.

[16] Note: the HRC provides an independent Data Monitoring Core Committee (DMCC) with appropriate trial-specific expertise that follows best international practice if required. For more information on trial monitoring in general and the HRC DMCC in particular, see (www.hrc.govt.nz/about-us/committees/data-monitoring-core-committee).

Researchers are encouraged to consider the four domains of Māori health advancement (see the Māori Health Advancement Guidelines for more details) during the development of their research, as this may identify aspects of the research not previously considered. It is not a requirement that all four domains are specifically addressed in the application, but researchers are advised to consider each in formulating the strongest rationale for the application.

Alignment of the response to the 'Māori health advancement' criterion and other assessment criteria will strengthen an application.

1. **How will the outcomes of your research contribute to Māori health advancement?**

Provide a realistic description of how this research could contribute to improved Māori health outcomes or reductions in inequity over time. Consideration should be given to potential short-term and/or longer-term Māori health gains, within the specific context of the research and where it is positioned along the research pathway (cf. potential 'line of sight' or 'pathway' to impact). In addition, more immediate users and beneficiaries of the research who can utilise the research findings for Māori health gain should be identified.

2. **What activities have you already undertaken (that are relevant to this project), and what will you undertake during this project, that will realise your research contribution to Māori health advancement?**

Describe specific actions that have been, and will be, undertaken (from the development of the research idea through to the completion of the project) to maximise the likelihood that this research will contribute to Māori health advancement. Outline actions taken to ensure that the next users or beneficiaries of the research can utilise the findings for Māori health gain.

Consideration of Māori health advancement is context-specific, as determined by the nature and scope of the research.

If your research is not expected to make direct contributions to Māori health, identify actions that will be undertaken throughout the life of the project to contribute to other facets of Māori health advancement. Where relevant, identify barriers to actioning your aspirations for advancing Māori health and your mitigation strategies. Identify elements of the team's track record that provide confidence that this research will optimally contribute to Māori health advancement. For example, existing links, relationships, or networks with relevant Māori communities and next-users or end-users of research; demonstrable examples of knowledge translation and uptake; or changes to practice or policy that have enhanced equity and advanced Māori health. This component is considered relative to opportunity (i.e. stage of career progression, nature of research, and organisational capacity and capability).

In responding to these questions, consider how your research is informed by the four domains of Māori health advancement (see the Māori Health Advancement Guidelines for more details). The HRC encourages you to consider these domains when developing your research, as this may identify aspects of the research not previously considered. You do not need to specifically address all four domains in your application; however, doing so could help create the strongest rationale for your application. Consideration of Māori health advancement is context-specific, as determined by the nature and scope of the research.

Expertise and track record of the research team

Provide evidence that the team has the qualifications, experience and knowledge in the proposed research area; right mix of expertise, and appropriate networks and collaborations; history of productivity and delivery; and the right research environment/infrastructure to deliver the research and disseminate results.

Demonstrate the involvement of key health sector individuals in the research process (both in identifying the research need/gap, undertaking the research, and being in a position to ensure uptake

and translation as required). These individuals may include clinical leaders, educators and healthcare managers, or individuals who make decisions about/influence health policy, practice or systems.

Describe any career disruptions, and their impact, that may be relevant to your career history. A career disruption is defined as a prolonged interruption to your capacity to work due to pregnancy, major illness/injury, parental leave, and/or carer responsibilities.

The expertise and track record of each member of the team (i.e. named investigators) must be described. Consideration will be given to the FTE of senior named investigators and weight their scoring on the expertise and track record of the research team accordingly, i.e. high scores should not be allocated based on a senior named investigator who has a small percentage FTE involvement in the research. Include a brief description of the team's track record related to the research area, to demonstrate the ability to deliver proposed study outcomes. Highlight important skills, expertise and previous collaborations in the team that would support delivery of the proposed research. A justification for staff roles should be provided.

The HRC recognises that applicants with experience in sectors other than public sector research may have gained valuable expertise or produced outputs (e.g. patents) relevant to research translation, and this may have limited the applicant's opportunity to produce more traditional research outputs.

The research team in the full application must be added to the application on HRC Gateway and included in any subsequent contract.

3.5 Module 3: References

Start this section on a new page. There is no page limit. Provide the references cited in Module 2 with a full list of authors, article title, journal, year, volume, and page numbers. Place an asterisk beside all named investigators' publications. You can limit the author list to a more convenient number to fit any space limitations.

Reference lists generated by bibliographic software may need to be first copied into a blank Word document and then copied into the form.

A reference to Māori terms in your application with a brief interpretation should be included here.

3.6 Module 4: Contract information and budget

Note: Sections 4A – 4C are part of the **2026 Health Delivery Project Full Application Form**.

Section 4D are letters of collaboration/supporting documents/memorandums of understanding. These documents will need to be uploaded to HRC Gateway; your uploaded documents will be added to the end of your application.

Sections 4E – 4G are to be completed on the separate Excel file - **2026 Health Delivery Project Budget Form**.

Please complete all modules and then upload the budget form as both .**xlsx and PDF formats** to your application in HRC Gateway.

Section 4A – Justification of expenses

Justification of research staff

Justify the role and FTE of the named investigators and any other research staff listed in Section 4E (Research proposal budget) and Section 4G (FTE summary). Please include the following (if applicable):

- An explanation of each person's role (named or unnamed, funded or not funded by the proposal), who will be actively associated with the research. These may be research assistants, technicians, medical staff, interviewers and support staff or similar, whose names or position titles are listed in the budget under 'research staff' and who have specific FTE involvements. Time-only staff require clear justification.
- A justification for unnamed postdoctoral fellows. Named postdoctoral fellows should be included as named investigators and provide their CVs.
- Evidence that biostatisticians, data managers and health economists are integrated into the team as appropriate, e.g. sufficient FTE is allocated for each year of the contract.
- Whether a role is involved in mentoring junior team members.

Request for funding may be declined for roles that are not fully justified or are only described as a 'training opportunity'. It is your responsibility to ensure that no personnel in this section will exceed 100% FTE of their combined commitments during the term of the contract. The roles of students and casual staff should be justified in the next section, 'Justification of working expenses and casual staff'.

Justification of working expenses and casual staff

All items listed under 'Materials' and 'Research expenses' in the budget should be justified, with costs broken down per item, and full costs for number of units requested. Costs associated with knowledge transfer activities can be included.

The assessing committee will consider the appropriateness of the budget and working expenses. If there are exceptional requests for working expenses, ensure they can clearly understand why the requested materials, travel, research tools or significant one-line items are necessary.

Justify the roles of students and casual staff so that the assessing committee can appreciate how these individuals are necessary for the proposed research. For students, stipends must be included at the per annum values approved by the HRC: $30,000 for PhD students, $20,000 for master's students and up to $7,500 for summer students, or pro-rata for part-time students.

Students should be named if they have been identified at the time of application, along with a description of how their expertise relates to their role. Unnamed students can be included in the application budget, e.g. "PhD student (not yet appointed)". Once you have appointed an unnamed student, please advise the HRC of the student's name and relevant expertise. If you include an unnamed student, you cannot include any information about your intention to recruit and appoint a student with any particular expertise or other characteristic, such as ethnicity or gender. Any such detail on unnamed students is considered unjustified and will be disregarded in the assessment process.

It is your responsibility to ensure that students do not exceed 100% FTE on their combined commitments with the host organisation during the term of the contract.

Quotes must be provided to support discretionary costs, where available. These can be uploaded as PDF files to HRC Gateway as supporting documents.

Section 4B – Previous/current contracts and awards

Using the table provided, outline current and previous funding contracts from any agency that have been received in the last 5 years by the **first named investigator (and co-first named investigator if applicable) as principal investigator**. Copy the table and repeat for each received grant as required. This section provides the HRC reviewers and assessing committees with an overall summary of your abilities to secure funding for research.

For 'Nature of support', indicate whether the funding supports salaries only, working expenses only, both salary and working expenses, equipment, a junior research fellow, etc.

If applicable, please detail how this previous/current contract relates to and/or overlaps with the application.

Note: You can replace the table with an Excel spreadsheet. If doing so, please use the same layout as the original table.

Section 4C – Other support

Other research applications awaiting decision

List any relevant research applications pending with other funders that might alter the project's budget. If applicable, indicate in the spaces provided any overlap (research, resources and personnel) that the listed application might have with this application. By providing this information, you agree that the HRC may seek clarification details from the other funders if required.

Co-funding

Provide details if you have approached other funders for co-funding of this research. If applicable, detail the joint funding arrangements.

Financial and other interest(s)

For the purposes of HRC processes, a financial interest is anything of economic value, including relationships with entities outside of the research host organisation. Examples of financial interests include positions such as consultant, director, officer, partner or manager of an entity (whether paid or unpaid), salaries, consulting income, honoraria, gifts, loans and travel payments. A financial conflict may compromise, or have the appearance of compromising, the individual's professional judgment in conducting, assessing or reporting research.

Examples of other interests include aligning with special interest groups seeking to advance or promote a particular worldview or policy.

Please disclose and provide details of any significant relationship to third parties (e.g. commercial sector entities contributing to project costs, equipment, staff joint appointments). Clearly describe how the current application relates to those relationships.

If you can identify financial or other interests in your funding application, outline the specific details of your proposed conflict management strategy. Assessing commercial links is not part of the HRC peer review process.

Section 4D – Letters of collaboration/support documents

Any additional documentation (including subcontracts/Memorandum of Understanding (MOU), letters of collaboration/support) should be uploaded as separate PDF files under 'Letters of collaboration/support documents' on HRC Gateway.

HRC Gateway will automatically generate a list of uploaded documents.

A letter of collaboration should outline how the interested party intends to implement the findings of the research upon its completion, or provide material or actual support for the research, **not simply state that the research is necessary**. Please ensure that any organisation providing a letter of collaboration recognises their intended commitment to conduct the proposed research and the timeline of their involvement.

Your application should contain all the information necessary for assessment without the need to refer to additional documentation. Supplementary materials, such as slides, protocols, CVs, and other funding applications, should not be included. Any additional documents containing information beyond the main body of the application may be removed at HRC's discretion.

You can upload up to 15 letters of collaboration/support documents. Your uploaded documents will be added to the end of your application.

Section 4E – Research proposal budget

Further instructions are contained in the Notes tab of the **2026 Health Delivery Project Budget Form**. For more information, please refer to the HRC Rules.

Budget calculations and spreadsheet

All calculations are **GST exclusive and in whole dollar amounts**, i.e. no cents or decimals.

The 'Salary', 'Working expenses' and 'Total cost of this research' are components of Section 4E. The spreadsheet automatically calculates totals for each year of costs. Insert more rows into the table if required.

The 'Total cost of research' shaded section automatically calculates all of the figures in this box. Do not enter any details into any shaded areas as these are completed automatically.

FTE and salary

Only enter **named investigators** and **contract research staff** employed or to be employed by the host organisation (including academics) in this section.

For each individual, specify their grade/level, FTE and salary; time only is permissible. The monetary value ($) should be the **actual** salary amount that the named staff member is expected to receive for their part of the research proposed each year.

The budget form does not accept FTE less than 3%. The HRC assessing committees do not favour listing numerous investigators with a very low FTE, and salary requests should only be for significant input and involvement in the project. Advisory groups of contributors, who have FTE commitments of less than 3%, may be justified and included as research working expenses ('advisory group fees').

Salary associated costs (i.e. the employer's contribution to approved superannuation schemes and accident compensation levies) should be entered in the 'Research working expenses' section.

Note: The proportion of the contract budget allocated to overseas named investigators must not exceed 20% for this Health Delivery Project application.

Overheads will be paid at a negotiated rate for each host organisation on all eligible contracts.

Materials and research expenses

The direct costs of the research include all the disbursements that can be identified, justified and charged to a contract. Estimates of costs should be expressed in current prices **exclusive of GST.**

Costs may include the following:

- Research consumables (these should be itemised at current cost per unit and full cost for number required).
- Other costs **directly** related to the research – telephone calls/communications, mail and freight.
- Computer-related license fees for research-specific software; access to High Performance Computing infrastructure (NeSI).
- Minor research equipment (to a total of $5,000).

- A proportionate part of new specialised equipment (equipment to be acquired) may be included and fully justified on research applications (upload budgetary supportive documents separately via HRC Gateway and list in Section 4D).
- Depreciation on specialised equipment: depreciation and capital costs on existing equipment are included in the overhead rate. If an organisation's auditors have certified that specific items of equipment have been excluded from the research rate, then depreciation on the excluded equipment can be included in research applications and justified in the same manner as other direct costs.
- Expenses of research participants.
- Costs associated with knowledge transfer activities.
- Travel costs **directly** related to conducting the research. Contract funds may be used to assist with overseas travel provided the HRC is satisfied that this travel is directly relevant to conducting the research and that alternative funding sources are not available. This is not intended to relieve your host organisation of its obligation to assist with the costs of overseas travel by its employees.
- Disseminating research results. Contract funds can be used to pay fair and reasonable charges to publish HRC-sponsored research in journals, reports, monographs or books. Also, costs incurred from other forms of dissemination, such as meeting with community groups or conference dissemination, can be claimed if reasonable and justified.

Note: If you intend to ask the HRC's Data Monitoring Core Committee (DMCC) to monitor this study, there is no cost involved. However, your application must include adequate provision for statistical support to provide the DMCC with all data and analysis they request to carry out their monitoring including the preparation of biannual statistical reports. Also, costs for members of the study team (including the study statistician) to attend the meetings need to be included in the application's budget. If you have any questions, please contact the DMCC secretary at dmcc@hrc.govt.nz.

Casual staff

Casual staff (those persons without an ongoing role or commitment to the research but providing one-off services to the research on a part-time, hourly or per diem basis, e.g. interviewers) should also be requested under 'Research working expenses'.

Postgraduate student costs

Costs for stipends can be requested for master's and PhD students under 'Research working expenses'. Stipends must be included at the HRC-approved rates (master's $20,000 per annum; PhD $30,000 per annum).

Both named and unnamed students can be included; in both cases, describe the student's research project/contribution to the research activity in Section 4A. Students should be named if they have been identified at the time of application. Unnamed students can be included in the application budget as e.g. "PhD student (not yet appointed)". The HRC must be advised of the student's name once appointed.

Funding for stipends will be conditional upon the host organisation arranging a tax-free stipend that satisfies the Inland Revenue Department and host organisation's rules.

Note: Students' fees and thesis costs cannot be claimed.

Subcontract MOU budget salary

Subcontracted staff are those who are not employees of the host organisation. The salaries for these staff and all other expenses requested for the subcontract (e.g. working expenses) should be broken down into appropriate categories on a detailed subcontract/Memorandum of Understanding (MOU) between the host organisation and non-host organisation using 'Section 4F' of the budget spreadsheet.

Enter the subcontract/MOU total, **exclusive of GST**, under 'Subcontract MOU budget' for each year. The total figure should be all-inclusive, including overhead calculations for salaries.

Note: the HRC does not cover overheads for overseas-based organisations.

A *pro forma* MOU is available upon request from the HRC. If a subcontract/MOU budget is more than $50,000, all expenses requested should be broken down into the appropriate categories in Section 4F of the budget spreadsheet (MOU budget).

Please provide MOUs for time-only subcontracted staff who are not employed by the host organisation. If MOUs cannot be provided by the application deadline, you can include a letter of support that describes the individual's role and level of involvement. If your application is successful, copies of MOUs that were not provided for any time-only individuals may be required at the contracting stage.

Please upload all MOUs and letters of support as separate PDF files on HRC Gateway. Refer to 'Section 4D: Letters of collaboration/support documents' for further details.

Salary associated costs

Amounts requested for the employer's contribution to approved superannuation schemes and accident compensation levies for research staff should be entered in the 'research working expenses' section. Enter the amounts for each year separately in the budget form. The percentage rates for both ACC and superannuation for each individual (and justified in Section 4A where required, i.e. for non-standard rates).

International expenses

The HRC will not contribute to the overhead of overseas investigators, and the total proportion of the contract budget allocated to overseas investigators must not exceed 20%.

Total cost of research

Enter the appropriate overhead rate (OHR) in the budget. Please seek advice from your host organisation's Research Office on the costing of your application and the OHR negotiated with the HRC.

After entering the appropriate overhead rate, the total cost of the research will be automatically calculated. Enter the staff costs, overheads, working expenses and total cost of research from the budget form into the HRC Gateway section named 'Research costs'.

Section 4F – Subcontract MOU budget

If a substantial proportion of the total budget is contained in a subcontract/MOU, the expenditure must be itemised in the same way as the overall research proposal budget (see above).

Use Section 4F to provide budget details for all MOUs requesting more than $50,000; add a copy of Section 4F for each subcontractor. Use the overhead rate for the subcontracted staff member's host organisation, not your host organisation. The total dollar amount for each year should then be entered under 'Working expenses – subcontracts' in Section 4E of the budget spreadsheet.

Upload a copy of the subcontract/MOU to HRC Gateway as a supporting document.

A CV must also be provided in Module 5 for all named investigators on MOUs to help the assessing committee determine whether their expertise is appropriate and necessary. Without this information, the assessing committee may not support the budget for the MOU. CVs are not needed for employees of commercial enterprises providing service for fees.

If there are no subcontracts/MOUs for this application, or none requesting more than $50,000, you can ignore Section 4F.

Section 4G – FTE summary (include subcontracted staff)

When completing this section, please:

- List the time involvement of all personnel (including those on a subcontract/MOU) in full-time equivalents, e.g. 10% FTE. Half percentages (e.g. 4.5%) are not allowed. Ensure the FTE figures match the budget, MOU budget sections (Sections 4F and 4G), and Module 1.
- Give all names. Unnamed positions can be indicated as 'technician', 'research nurse', 'postdoctoral fellow', etc.
- Indicate when named investigators are time-only (i.e. not receiving salary for their involvement in the project).
- Identify all postgraduate students by master's or PhD.

Note: For successful applications, host organisations will need to provide written confirmation that all research staff named and paid, in full or in part, from the funding provided will be given sufficient workload relief to fulfil the research contract objectives and milestones (Principles of full cost funding).

3.7 Module 5: New Zealand Standard CV

Upload a CV for all named investigators (including those on a Memorandum of Understanding). HRC Gateway will automatically compile CVs under Module 5 of your application.

CVs must be prepared using the NZ Standard CV template. Please use the default font and stay within the page limits. The HRC will not accept any other forms of CV.

The information provided in your CV must match the information provided elsewhere in the application and in your HRC Gateway profile.

Your CV may indicate when career breaks (including pandemic-related disruptions) have taken place as your track record will be assessed relative to opportunity.

3.8 Module 6: Research classification

Click the 'Update' button on HRC Gateway next to each of the classifications required.

This information is for HRC data collection purposes only.

Australian and New Zealand Standard Research Classification (ANZSRC)[17]

Categorise the proposed research using the ANZSRC codes for the Fields of Research (FOR) and Socioeconomic Objective (SEO). Enter the percentage to the nearest 10% for each category to a total of 100%.

Keywords

Enter keywords that categorise the research.

[17] https://www.mbie.govt.nz/science-and-technology/science-and-innovation/research-and-data/anzsrc

Economic benefits

Briefly describe any potential economic benefits which may arise from your research. If you do not anticipate any direct economic benefits, please state this rather than leaving the field blank. The HRC's interpretation of economic benefits is broad and includes:

- contributing to maintaining a healthy and productive population
- contributing to an efficient and cost-effective health system, and
- value generated from IP and innovation.

Health issues

Enter the requested information on HRC Gateway. Select the health issue that best describes your research and, if required, one secondary health issue.

Mapping category

Select the category that best describes the starting point for your research. The following table provides a description of each category.

Mapping category	Description
Biomedical	
Gene	Research into the genetic basis of disease or identification of genes involved. Linkage analysis falls here and not under clinical studies.
Cell biology	Analysis of molecular-level interactions. This includes protein-protein interactions, determination of the function of genes involved in diseases, and whole cell studies (e.g. immunological studies, transfections, etc).
Physiology	All physiology and anatomy, including animal models of disease and studies on host-pathogen interactions.
Diagnostics	Innovations and the development/refinement of new or existing diagnostic tools.
Pharmaceuticals / treatments	The development of new pharmaceuticals (drug design and development), as well as new treatments for diseases (e.g. vaccines, other therapies).
Clinical	
Clinical studies	Research involving human subjects. This excludes research in which samples from human subjects are used for fundamental biomedical research, such as genetic linkage analyses.
Clinical trials	Randomised clinical trials usually randomised controlled clinical trials.
Health services	
Health economics	Research into the cost-effectiveness of treatments/services, etc.
Clinical services	This includes primary and secondary care services. Access to and appropriateness of services are also included, and safety of services and compensation. Macro-level analysis of health system changes falls into this area.

Public health	
Knowledge resources	All epidemiology, underpinning social science (qualitative and quantitative), development of tools and new methodologies, and development of indicators.
Risk factors	Research linking life experiences, behaviours, exposures etc. with health outcomes.
Interventions	Research that includes the design and evaluation of interventions.
At-risk populations	Includes research on specific population groups. These groups may be based on age, ethnicity, occupation, etc. Includes research using diagnostics in a particular group.
Community services	Research around community-run services and community groups, e.g. marae-based healthcare services.

Appendix 1: Health Delivery Project application assessment process and criteria

1. Assessment overview

Project applications are evaluated through a two-stage process comprised of an Expression of interest (EOI) application followed by a Full application.

The process enables a wide range of applicants to submit an EOI application. From the pool of EOI applicants, a smaller group is invited to submit the longer, more detailed Full application.

The HRC uses a range of compliance and evaluation tools so that the number of applications at both EOI and Full stage is appropriate given the amount of funding available and the resource-intensive nature of high-quality scientific evaluation.

Peer review of EOI applications is provided by assessing committees convened by the HRC whose members are experts in relevant areas of research. Full applications undergo peer review by external experts and by the relevant assessing committee.

In the final stages of the process, assessing committees provide a list of recommendations for fundable applications to the HRC Council who make the final funding decisions, taking into consideration priorities in relation to health research and the balance of HRC investments.

Stage One: EOI application

The purpose of the EOI application stage is to identify which applicants will be invited to submit Full applications in the second stage of the process.

EOI applications are peer reviewed by members of the relevant assessing committee and scored. Top-ranking applications will be invited to submit a Full application in the second stage of the process.

Stage Two: Full application

The purpose of the Full application is to demonstrate in greater depth the quality and scientific rigour of the research project, including the research rationale, design and methods, impact, Māori health advancement, the expertise and track record of the research team.

Full applications are first assessed by external peer reviewers, and applicants have an opportunity to provide a rebuttal to reviewers' comments. The relevant assessing committee will then review the application, external peer reviewer reports and the applicants' rebuttal. Each application is discussed at the assessing committee meeting and allocated an overall score and ranking.

The assessing committee membership required to assess Project Full applications may differ from the EOI stage to ensure experts are matched to the applications. Potential conflicts of interest are managed as outlined in the Appendix 2, and statistical normalisation is applied to minimise the effect of scoring variation between committees.

Each assessing committee provides a recommendation for funding to the Council, who makes the final funding decisions. Their decisions take into account the quality and scientific rigour of the application (the key assessment criteria) as well as the HRC's priorities for health research and the balance of the HRC investment portfolio.

Appendix 2: Health Delivery Research Project Full application assessment process and criteria

1. Assessment of Project Full applications

1.1 Assessing committee membership

The membership of the assessing committee required to assess Project Full applications may differ from the EOI assessing committee. The number of members on an assessing committee and their expertise will depend on the scope of the applications, taking into account conflicts of interest.

To minimise potential conflicts of interest, the HRC has specific guidance for assessing committee membership.

Anyone who is a **first named investigator, co-first named investigator** or a **named investigator** on an application should not sit on the committee that is reviewing their application. However, they may sit on or chair a different committee.

All assessing committee members are required to declare all potential conflicts of interest on HRC Gateway before they can access any application-related information. These declarations are then reviewed by HRC staff in accordance with the HRC Conflict of Interest Management Policy.

1.2 Assessing committee pre-meeting procedure

The 'Design and methods' and 'Expertise and track record of the research team' score criteria are assessed by 2-3 external peer reviewers chosen for their scientific expertise. Two assessing committee members will concurrently assess the 'Rationale for research', 'Research impact', and 'Māori health advancement' score criteria.

Each reviewer allocates a score for each assigned score criterion with feedback/justification in the form of a written report. Applicants will have an opportunity to provide a rebuttal to the comments or questions raised.

Before the committee meeting, the assessing committee will review all applications, along with their peer review reports, committee member reports, and the applicants' rebuttal. It is expected that most or all Full applications will be discussed at the meeting. However, if it is necessary to limit the number at this stage to ensure the meeting has sufficient time to discuss the most competitive applications, pre-scoring may be applied to identify the lowest quality applications before the assessing committee.

In this case, the assessing committee members will independently allocate pre-scores on the same 1-7 scale used at the upcoming meeting to all applications assigned to the committee. The average pre-scores will be collated to identify a preliminary ranking, and some of the lower-ranked applications may not be discussed at the meeting. Where there is a marked scoring discrepancy for an application, it may be taken through to the meeting for full discussion.

1.3 Full assessing committee meeting procedure

Each application will have an assigned committee reviewer whose role is to summarise how the application aligns with each score criterion. They will also use the committee's discussion to inform the application's review summary (written feedback to the applicants).

The assessing committee chairs are responsible for ensuring the committee's discussion is fair and balanced. General discussion by all assessing committee members is essential for a balanced committee opinion, not unduly influenced by one committee member, and should not be cut short nor unduly extended.

Applications to be discussed by the assessing committee will be in random order, with 25 minutes of discussion time allocated to each application:

- declaration of conflicts of interest - 2 minutes
- committee reviewer comments - 5 minutes
- general discussion of the application - 15 minutes
- scoring – 1 minute
- committee reviewer confirms points raised in the review summary - 2 minutes.

1.4 Assessing committee meeting scoring criteria

Project Full applications are scored on a 7-point word ladder using five equally weighted criteria. These are listed below with a full description. Reviewers may only allocate whole scores; the total maximum score is 35.

Scores are submitted via HRC Gateway and collated confidentially by the HRC staff. Once the applications have been scored following discussion by the assessing committee, scores cannot be further reviewed or adjusted.

Score	Criteria descriptor
7	Exceptional
6	Excellent
5	Very good
4	Good
3	Adequate
2	Unsatisfactory
1	Poor

Scoring criteria	Points	%score
Rationale for research	7	20%
Research design and methods	7	20%
Research impact	7	20%
Māori health advancement	7	20%
Expertise and track record of the research team	7	20%
Total	**35**	**100%**

A. Rationale for research

The research is important, worthwhile and justifiable because:

- it is in the scope of the 2026 Health Delivery Research Investment Signal, and can contribute to improved healthcare delivery by informing decisions or changes to policy, practice or systems in the New Zealand health and disability sector
- it addresses a critical healthcare need that is unique or important to New Zealand healthcare delivery, with a clear demonstration of the evidence gap
- the aims, research questions and hypotheses build on existing knowledge and address the evidence gap
- it is shaped by health sector, policy, consumer, community, or system involvement, and this involvement will continue throughout the research. Clear evidence of this ongoing involvement is provided in the application.

B. Research design and methods

The study has been well designed to answer the research questions because it demonstrates some or all the following:

- comprehensive and feasible study design that is achievable within the timeframe
- appropriate study design to address the objectives of the research
- awareness of statistical considerations/technical or population issues/practicalities
- evidence of availability of materials/samples
- culturally appropriate methodology
- sound data management and data monitoring arrangements
- well-managed patient safety issues.

C. Research impact

The proposed research is likely to add value and benefit to New Zealand because:

- applicants have described a credible pathway for how their research will influence health delivery policy, practice, or systems in New Zealand, with a clear pathway to improved health outcomes (and other associated economic impacts) within the next 3-5 years (from the commencement of the research contract)
- the research is conducted in a healthcare delivery setting to maximise the potential for impact
- the research team is undertaking steps to maximise the likelihood of impact beyond the production of knowledge (with appropriate consideration to knowledge translation and implementation) and has the necessary skills, networks and experience to achieve this.

D. Māori health advancement

The proposed research is likely to advance Māori health because:

- applicants have described how their research could lead to improved Māori health or reductions in health inequity over time
- the research team is undertaking activities to address Māori health advancement, as appropriate to the nature and scope of the research. This may include, but is not limited to, activities such as:
    - establishing meaningful, collaborative, and reciprocal relationships with Māori
    - undertaking research that addresses Māori health need and inequity
    - forming appropriate research teams
    - developing current and future workforce capacity and capability, including upskilling of research team members
    - adhering to culturally appropriate research practices and principles (as appropriate to the context of the research).

E.	Expertise and track record of the research team

The team, relative to opportunity, can achieve the proposed outcomes and impacts because they have demonstrated:

- appropriate qualifications and experience
- the right mix of expertise, experience and FTEs, including consideration of capacity building
- the capability to perform research in the current research environment
- demonstrated connections with the health sector and communities, including having practicing clinicians and/or health policymakers as named investigators
- named investigators are based in healthcare delivery settings and communities, with the ability to shape the research need, undertake the research, and identify translational potential
- networks to maximise knowledge transfer and research uptake, with any plans for dissemination tailored towards specific end-users
- history of productivity and delivery on previous research funding.

The committee also takes into consideration and may make recommendations on:

- the appropriateness of the timeline for the proposed research
- the appropriateness of the milestones and objectives
- the appropriateness of the requested FTE involvement of the researchers and any direct costs requested, and
- the total cost of the research project with respect to ‘value for money’.

1.5 Recommendation of fundable applications

After scoring, HRC staff generate a ranked list of applications according to the total score. The committee, noting conflicts of interest, then identifies the applications assessed as fundable.

The fundable/not fundable line refers to the position in the ranked list of applications below which all applications are of insufficient quality that, irrespective of available budget, they should not be funded. Fundable applications are then included in the normalisation process.

1.6 Funding decisions – HRC Council

The assessing committees’ recommendations of fundable applications are presented to the Council who make the final funding decision. Council take into consideration the available investment budget, assessing committee recommendations, the balance of investments across our portfolios and consideration of alignment with HRC priorities, to support their decision making.

1.7 Feedback to applicants

At the conclusion of the funding round, applicants who were invited to submit Full applications will receive a review summary and can access their application outcome via HRC Gateway. The assessing committee reviewer writes a brief review summary of the assessing committee discussion for each of their assigned applications (see Appendix 3). This is to provide the applicant with a brief, balanced, objective statement of the committee's response to the research application.

Review summaries should be constructive and may include:

- key strengths of the application
- key areas for improvement and/or further consideration

- other comments (e.g. budgets, FTE, objectives).

Review summaries will not mention scores or the identity of assessing committee members.

Individual outcomes will be available on HRC Gateway and will also be forwarded to the applicant's research office/host organisation.

2. Score normalisation

Statistical normalisation will be applied to minimise the effect of scoring variation between committees. Statistical normalisation calculates the z-score of a number using the mean and standard deviation of a distribution (assessing committee total scores) corrected for the mean and standard deviation of the larger distribution (all assessing committee total scores).

Appendix 3: Applicant rebuttal and review summary templates

Applicant rebuttal template

This form is provided to applicants via HRC Gateway and is used to respond to questions and comments raised by external peer reviewers and committee reviewers before the Full-stage assessing committee meeting.

Applicant surname		**HRC reference #**	
Funding round		**Due date**	
Title of research			

Instructions *(delete after reading): The rebuttal has a 2-page limit, which includes references. Please ensure you address all the issues raised by reviewers and remain objective in your response. Do not change the default margins and font (size 11), although you can write in bold and underline for emphasis. Try to leave spaces to improve legibility.*

Review summary template

This form is provided to assessing committee members via HRC Gateway and is used to provide applicants with feedback on their Full application.

HRC reference #		**First named investigator's surname**	
Title of research			
Host			

Note to committee reviewers: Using bullet points, summarise the application's key strengths and potential areas for improvement. The points should reflect the committee's discussion. Carefully consider the information and wording provided below. The summary should be no more than one page long; aim for 6-8 bullet points in total. (Please delete this text before you submit the completed form to the HRC).

With regard to the criteria for assessing and scoring research applications:

1. The committee noted the following key strengths of the application

2. The committee noted the following aspects that could be improved and/or considered further

3. Other comments/suggestions