

DIABETES COMMUNITY PRIORITIES GRANT GUIDELINES 2025-2026

*Please read these Guidelines before completing your application
via the SmartyGrants portal open on Monday 9 December 2024*

diabetesaustralia.smartygrants.com.au/DCP2025-26

**Closing date for applications:
28 February 2025**

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OVERVIEW

Diabetes Australia is dedicated to reducing the incidence and impact of diabetes on people, health systems and society. We work with people living with or at risk of diabetes, their families and carers, health professionals, researchers, funders, other diabetes organisations and the community to positively change people's lives.

Diabetes Australia supports and develops outstanding diabetes research in Australia. We do this by funding research towards the prevention of diabetes, living well with diabetes, reducing the health and financial impact of diabetes, or finding a cure for diabetes. We foster young and upcoming diabetes researchers, and diversity in research across many areas of importance.

The Diabetes Australia Research Program has invested more than \$49 million in 800 diabetes research projects across Australia since 2008. The Diabetes Australia Research Program is made possible by the generous support of numerous generous supporters, partners, and donors. Diabetes Australia is pleased to offer the Diabetes Community Priorities Grants for 2025-26. Previous recipients dating back to 2008 are asked to complete the DARP Impact Survey as a condition before a 2025-26 Diabetes Community Priorities Grant can be awarded. The DARP Impact Survey can be found on the DARP webpage along with these Guidelines.

<https://www.diabetesaustralia.com.au/diabetes-australia-research-program/>

Successful applicants for 2025-26 Diabetes Community Priorities grants will be notified in October 2025.

DIABETES COMMUNITY PRIORITIES GRANT

The Diabetes Australia Research Program funds research proposals that enhance current knowledge to improve the lives of people living with and/or at risk of diabetes, their carers and the diabetes community. Through the Diabetes Community Priorities Grant scheme, Diabetes Australia aims to support projects with potential for significant impact to address the unmet needs and challenges that have been identified by people living with and at risk of diabetes and their carers; with the goal to reducing the burden of diabetes on people and the health system. Applications must clearly articulate the excellence of their project which includes consumer and community involvement or evidence it addresses an unmet need of the intended end user and considers the proposed translational path to achieve impact.

A limited amount of funding is available for 2025-26 with an upper limit of \$100,000 available per grant and projects expected to be complete within 2 years. A minimum of four grants will be available.

STRATEGIC GOALS AND PRIORITY RESEARCH TOPICS

Diabetes Australia invites applicants to apply for funding that addresses **one or more of the priority research topics** identified by people living with and at risk of diabetes and their carers that align with Diabetes Australia's strategic goals.

The Diabetes Australia Diabetes Community Priorities Grants are intended for all types of research including basic, clinical, public health / policy, or health services research. Diabetes Australia focuses

on all diabetes types and is dedicated to reducing health inequities and addressing needs of priority populations at greater risk of diabetes including:

- Socioeconomically disadvantaged
- Regional, rural and remote
- Culturally and linguistically diverse
- First Nations People
- People with a disability and/or comorbidities
- Youth, Elderly and Pregnancy

Diabetes Community Priorities Grants will be awarded for a two-year period. The successful grant recipients will be paid in two half-yearly instalments 30 days after an appropriately rendered Tax Invoice has been received.

GENERAL INFORMATION

Stage 1: Submit a Letter of Intent

Stage 1 Letter of Intent applications open **9 December** and close **28 February 2025**. Late applications will not be accepted. Eligible Stage 2 Applications will be invited in May 2025.

All applications are reviewed by a peer review Research Steering Committee made up of lived experience experts, health professionals and researchers. Please refer to the section titled "Assessment Criteria for Diabetes Community Priorities Grant" of these Guidelines for further details. Applications that do not comply with any element of the Guidelines, will be deemed ineligible.

Please note that in order to progress to Stage 2, a LOI must be submitted to Diabetes Australia in Stage 1.

Stage 2: Invitation to submit a full research grant application

Applicants who are successful in Stage 1 (LOI) will be invited to enter Stage 2 of the application process and submit a full application for a Community Priorities Grant. These applications will be assessed with the assistance of subject matter experts. Successful applicants will be notified of Grants in October 2025.

WHO CAN APPLY (ELIGIBILITY)

Diabetes Australia Research Program grants are available to non-profit and public sector organisations concerned with the promotion of health care, education and / or medical research in the area of diabetes. These organisations must possess the requisite facilities to carry out the activities detailed in the application.

The applicant at the time of grant offer, does not have any outstanding reports from other grants, including participation in the [DARP Impact Survey](#) for DARP Grant recipients since 2008.

APPLICATION REQUIREMENTS

The application form must be used and completed in its entirety; any incomplete forms may not be accepted. Only one application per Responsible Investigator (RI) may be submitted for a

Diabetes Community Priorities Grant. The applicant (RI) must have secured the appropriate approval from the supporting organisation prior to submitting an application. The accuracy of the information in the application is solely the responsibility of the applicant and the supporting organisation (institution).

Any proposed research involving humans or animals, must conform to the general principles set out by the NHMRC. **Note:** successful applications requiring ethics approval will need to provide proof that approval has been granted before any funding will be provided.

All personnel whose salaries are funded under the application will be subject to the conditions of employment of the organisation by which they are employed. It is the responsibility of the RI to ensure that the salaries of all personnel listed in the budget are appropriate and include on-costs.

Applications that include equipment costing over \$5,000 or conference travel will be ineligible. An application that seeks funding for administrative or other indirect expenses will not be considered. The budget information needs to be transparent; this will assist Diabetes Australia and the reviewers in the assessment of the application.

One Grant Per Applicant

The Diabetes Australia Research Program will not fund more than one project per applicant per year. Consequently, General Grant, Millennium and Coghlan Award recipients completing existing DARF-funded projects in 2025-26 cannot apply for funding in the 2025-26 round.

Duplicate Funding

Diabetes Australia will not fund activities in a Diabetes Community Priorities Grant application if they are funded through other Research Programs. Applicants are required to advise Diabetes Australia in this circumstance.

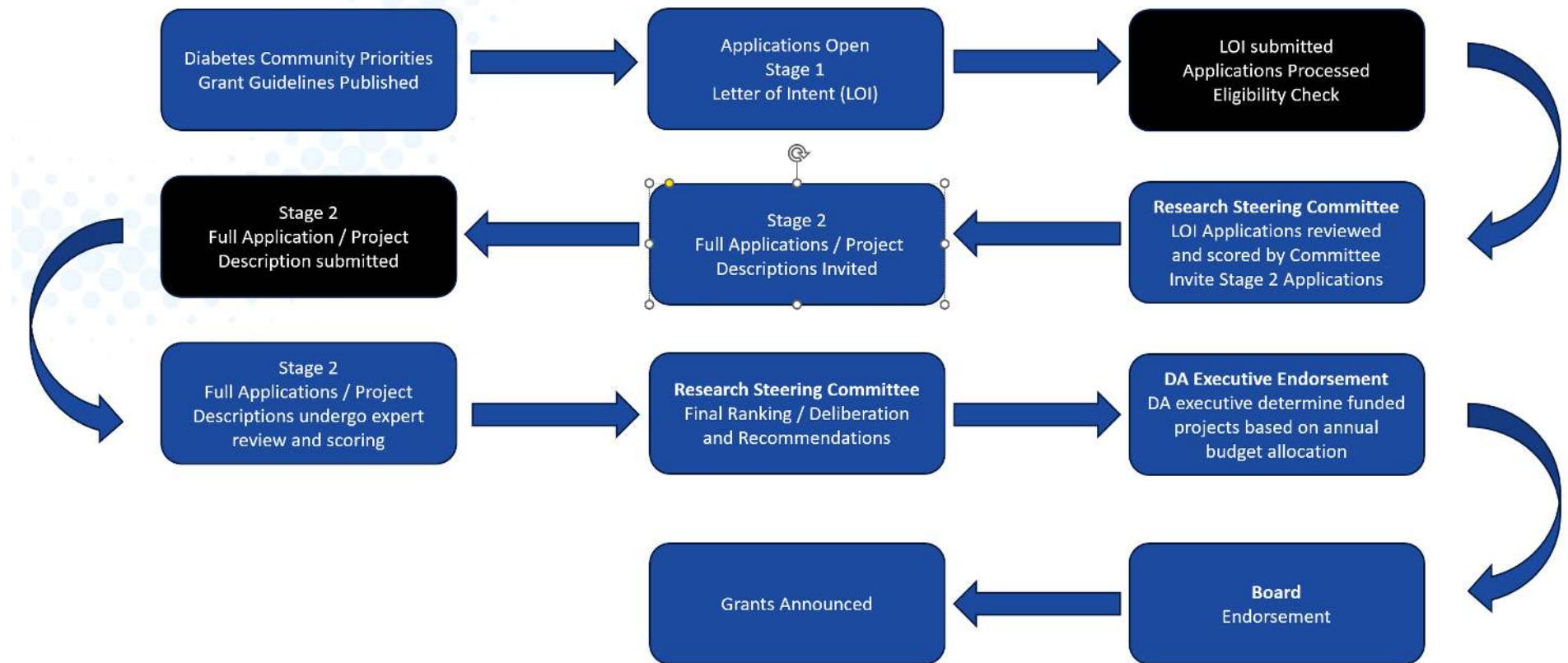
RESEARCH PRIORITY TOPICS

STRATEGIC GOAL	PRIORITY RESEARCH TOPICS
<p><i>Strategic Goal 1 - Prevent Diabetes</i></p>	<ul style="list-style-type: none"> • Improve screening, diagnosis and awareness of all types of diabetes, including less common types. • Better understand causes or triggers of diabetes and develop effective strategies and policy to change them. • Develop greater risk stratification to better understand who is at risk of diabetes and how it can be delayed or prevented. • Better understand the link between diabetes and the gut and other hormones, nutrients, metabolome and microbiome, including the role of inflammatory processes. • Reduce health inequities through co-design development and implementation of prevention programs and supports that target high risk groups including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with low health literacy and people living in rural and remote parts of Australia.
<p><i>Strategic Goal 2 - Live Well with Diabetes</i></p>	<ul style="list-style-type: none"> • Research and translate the most effective diet, exercise and behavioural interventions, education programs, therapeutic treatments, and/or delivery approaches including technology-enabled interventions and models of care to best manage diabetes, related health issues and improve quality of life. Including a focus on targeting different diabetes subtypes, diverse communities, individual heterogeneity, with consideration of other health conditions, physiological states and life stages. • Research and translate the most effective diet, exercise and behavioural interventions, education programs, therapeutic treatments, and/or delivery approaches including technology-enabled interventions and model of care to achieve and maintain remission of type 2 diabetes. • Understand the impact of remission interventions on other health and social outcomes. • Improve screening and awareness of diabetes related comorbidities and complications. • Improve public, health and education system awareness, knowledge, support and response to diabetes and related issues including detection and response to hypoglycaemia. • Better understand the link between diabetes and other health conditions including mental health, other autoimmune disorders, and polycystic ovary syndrome. • Progress development of personalised management and treatment approaches based on individual responsiveness, preferences, cultural, economic, geographical context and life stage. • Improve healthcare services for diabetes through data linkage and integration of evidenced-based tools and technologies to achieve greater coordination, access and health outcomes.

STRATEGIC GOAL	PRIORITY RESEARCH TOPICS
	<ul style="list-style-type: none"> • Understand the long-term safety effects and comparative effectiveness including cost-effectiveness of pharmacotherapies, devices and technologies for all diabetes types. • Ensure interventions that are successful in clinical trials become routine clinical practice and standard care. • Increase understanding, and support the emotional and psychosocial needs, of people living with diabetes, particularly in priority populations. • Understand barriers to health care and technology across diverse population groups with focus on priority populations. • Encourage the use of technology such as artificial intelligence and machine learning in providing education and self-management support to reduce diabetes complication risk and improve quality of life.
<p><i>Strategic Goal 3 - Reduce health & financial impacts</i></p>	<ul style="list-style-type: none"> • Develop and improve technologies and treatments including glucose-monitoring and insulin delivery to reduce diabetes management burden and make them easier to use. • Understand how health technologies can support standard care and reduce the financial burden of diabetes. • Understand how health technologies can be integrated and achieve greater environmental sustainability. • Advance policy-related research to reduce health inequities and improve access to technology, health care and treatments including cost-effectiveness. • Develop and test systems to improve remote monitoring and access to diabetes services and support self-management. • Improve digital diabetes education tools and evaluate the long-term effectiveness, including cost-effectiveness of tailored education programs. • Understand the health economics of diabetes – the costs of living with diabetes and related physical and psychological impacts. • Increase understanding of the psychosocial impacts of diabetes on families and social networks and how this can be reduced. • Reduce the financial costs of diabetes and related physical and mental health impacts. • Reduce diabetes stigma and the psychological, social and relationship impact of diabetes. • Reduce the impact of diabetes in vulnerable populations at high-risk.
<p><i>Strategic Goal 4 - Find a Cure</i></p>	<ul style="list-style-type: none"> • Better understand the biological, physiological and environmental causes and triggers of type 1, type 2, gestational and other types of diabetes in order to find a cure. • Explore beta cell regeneration discoveries including benefits of stem cell technology and islet cell transplantation. • Identify and implement strategies to reverse insulin resistance and improve insulin absorption and/or insulin secretion to restore normal blood glucose response. • Understand the link between diabetes and other health conditions.

APPLICATION AND PEER REVIEW PROCESS

Diabetes Community Priorities Grant Process



GRANT ASSESSMENT CRITERIA

Diabetes Community Priorities Grant Applications will be assessed against the four Assessment Criteria described below: Quality and Feasibility of the Research Proposal (30%), Project Significance and Potential Impact (30%), Consumer and Community Involvement (20%) and Team capability and stakeholders (20%).

Diabetes Australia will generate a single overall score for each application based on the weighted scores for each of the criteria from the panel of reviewers. This overall score will be used to rank the applications.

Scoring guidelines specifically aligned to these assessment criteria will be provided to reviewers (see next section titled "Scoring System").

Quality and Feasibility of Research Proposal (30%)

This criterion is based on the details of the research plan and assesses the appropriateness of the suggested methods and the scientific quality, clarity and feasibility of the study design and research plan. Applications will need to be well-written, clear and concise research questions, aims and objectives; the methodology is robust to deliver the research objectives, well-explained and justified including any intervention(s), and what is being evaluated, and any study endpoints.

Project Significance and Potential Impact (30%)

Diabetes Australia is looking to support innovative research with the potential for high impact that addresses the priority unmet needs of the Diabetes Community.

This criterion is drawn from the literature review, relevance to unmet needs of the Diabetes Community, and the plan to translate and disseminate outcomes to achieve high impact. This refers to the significance and impact of the research proposal on the identified area of diabetes research or clinical care to advance current practices and approaches to improve health care outcomes and/or quality of life for people living and/or at risk of diabetes and their families and carers.

It is important to note that proposals must strive to address health equity areas and priority populations. Applications must provide a rationale for not addressing health inequities and priority populations.

Applications will need to show that the results are likely to impact future diabetes research, treatment, or practice care and translation potential. Impact can be through any combination of knowledge, health, social and /or economic outcomes. Reviewers will need to consider the approaches that would be used to translate and disseminated expected research outcomes to end users and the primary stakeholders engaged to implement the research findings to achieve widespread improvements in diabetes health practices.

Impact Descriptions

Knowledge Impact: *New knowledge, demonstrating the potential benefits emerging from adoption, adaptation or use of proposed new knowledge to inform further research, and/or understanding of what is effective.*

Health Impact: *Improvements in diabetes prevention, diagnosis and treatment and management of health problems (including new therapeutics, diagnostics, diabetes prevention or changes in behaviour) or health policy, healthy systems, and quality of life.*

Social Impact: *Improvements in the health of society, including the well-being to the end user and the community. This may include improved ability to access health care services, to participate socially (including empowerment and participation in decision making) and to quantify improvements in the health of society.*

Economic Impact: *Improvements in the nation's economic performance through creations of new industries, jobs, or valuable products, or reducing health care costs, improving efficiency in resource use, or improving the welfare/wellbeing of the populations within current health system resources. An economic impact may also contribute to social or health impacts, including human capital gains and the value of life and health.*

Consumer Involvement (20%)

Diabetes Australia is looking for applications that clearly define who the consumer/end user they are creating value for is and that these consumers are meaningfully involved throughout the research cycle and supported by appropriate remuneration where relevant.

This includes how consumers have and will be involved in the proposed research, including their contributions throughout the project lifecycle: conceptualisation, design, and implementation. When assessing applications, reviewers will consider who the consumer is (person living with or at risk of diabetes, carers, health care professionals, health system leaders, or the public) to understand the need for all proposals to address consumer engagement in a meaningful way.

We understand that the level of consumer involvement may vary depending on the nature of the research. Where not relevant, applicants must provide a rationale for not involving consumers and stakeholders in their proposal.

If the applicant has identified that consumer involvement is not relevant for the proposed project, the reviewer will consider to what extent has the proposed research and project been validated by the intended end user.

Team capability (20%)

The reviewer will also need to consider the feasibility of project and whether the research team has the necessary skills, experience, and environment to complete the project and achieve its desired impact; in

doing so they should consider the timeframes, sufficiency of the budget and whether the environment in which the research will be undertaken has the necessary resources to be achieved within the term of the grant. This will include the inclusion of team members that are required to achieve impact as well as consideration of any scientific or technical risks and mitigation strategies identified including staff and participant recruitment and access to external data sources if relevant.

SCORING SYSTEM

This scoring matrix is used as a guide when scoring an application against the technical assessment criteria. While the scoring matrix provides reviewers with benchmarks for appropriately scoring each application, it is not essential that all descriptors relating to a given score are met. The scoring matrix employs a “best fit” approach. Reviewers will refer to this scoring matrix to ensure thorough, equitable and transparent assessment of applications.

Assessment Criterion 1: Quality and Feasibility of Research Proposal (30%)

5	4	3	2	1
Excellent	Good	Acceptable	Below Standard	Poor
<p>Clearly articulated, extremely well-founded and justified concept and rationale.</p> <p>Clear objectives with flawless design</p> <p>Highly feasible with high certainty of success with all resources required and relevant expertise available and techniques established.</p>	<p>Well-articulated and justified concept and rationale.</p> <p>Clear objectives with strong design and with a few minor design concerns.</p> <p>Feasible with most resources and relevant expertise available and techniques established.</p>	<p>Generally clear and satisfactory concept and rationale.</p> <p>Clear objectives with solid design with several minor concerns</p> <p>Generally feasible but requires some confirmation and development of resources and relevant expertise and techniques being established.</p>	<p>Rationale and basis for hypothesis and aims lacks some clarity.</p> <p>Unclear objectives, design not appropriate to address the objectives with some major design concerns.</p> <p>Several major feasibility concerns with insufficient resources and relevant expertise and techniques to be established to be successful.</p>	<p>Poorly described rationale with no basis for hypothesis and aims.</p> <p>Poorly described objectives and design that is not appropriate to address the objectives and is unlikely to be successful.</p> <p>Unfeasible and poorly described research plan unlikely to be successful and generate high quality data or evidence.</p>

Assessment Criterion 2: Project Significance and Potential Impact (30%)

5	4	3	2	1
Excellent	Good	Acceptable	Below Standard	Poor
<p>Comprehensively and convincingly addresses an unmet need of the Diabetes Community.</p> <p>Comprehensively and convincingly considers the needs, priorities, views, and values of consumers (particularly those with lived experience and their carers), the community, and health providers and/or end users.</p> <p>If successful, the project will rapidly and significantly improve knowledge, health, social and/or economic outcomes.</p> <p>Clearly and comprehensively articulates a translation plan that can be implemented immediately post research.</p> <p>Demonstrates broad and meaningful engagement of relevant translation partners.</p>	<p>Addresses an unmet need of the Diabetes Community.</p> <p>Effectively considers the needs, priorities, views, and values of consumers (particularly those with lived experience and their carers), the community, health providers and/or other end users.</p> <p>If successful, will improve knowledge, health, social and/or economic outcomes.</p> <p>Adequately articulates a translation plan that has good opportunity to translate findings.</p> <p>Demonstrates good involvement of relevant translation partners.</p>	<p>Generally, addresses an unmet need of the Diabetes Community with minor concerns.</p> <p>Adequately considers the needs, priorities, views, and values of consumers (particularly those with lived experience and their carers), the community, health providers and/or other end users.</p> <p>If successful, is expected to improve knowledge, health, social and/or economic outcomes.</p> <p>Describes a translation plan with potential to implement findings.</p> <p>Demonstrates sufficient involvement of relevant translation partners.</p>	<p>Indirectly addresses an unmet need of the Diabetes Community that is not convincing.</p> <p>Demonstrates limited consideration of the needs, priorities, views, and values of consumers (particularly those with lived experience and their carers), the community, health providers and/or other end users.</p> <p>If successful, may improve knowledge, health, social and/or economic outcomes.</p> <p>Describes a minimal translation plan with translation difficult due to dependencies.</p> <p>Demonstrates narrow or otherwise limited involvement of relevant translation partners.</p>	<p>Does not address an unmet need of the Diabetes Community.</p> <p>Does not demonstrate consideration of the needs, priorities, views, and values of consumers (particularly those with lived experience and their carers), the community, health providers and/or other end users.</p> <p>If successful, will not improve knowledge, health, social and/or economic outcomes.</p> <p>Does not provide a translation plan with little/no translation opportunity.</p> <p>Demonstrates no meaningful involvement of relevant translation partners.</p>

Assessment Criterion 3: Consumer Involvement (20%)

5	4	3	2	1
Excellent	Good	Acceptable	Below Standard	Poor
<p>Clearly and comprehensively articulates extensive involvement and contributions of consumers throughout the research journey.</p> <p>Comprehensively and convincingly demonstrates the team has the skills, experience, and capacity to involve and support consumers appropriately and effectively.</p> <p>Where relevant, demonstrates comprehensive leadership and involvement of priority populations(s) that the research is intended to benefit.</p> <p>Or</p> <p>Clear rationale for not involving consumers and stakeholders with comprehensive articulation of how the project addresses an unmet need of the intended end user.</p>	<p>Strongly articulates involvement and contributions of consumers throughout the research journey.</p> <p>Substantially demonstrates the team has the skills, experience and capacity to involve and support consumers appropriately and effectively.</p> <p>Where relevant, demonstrates effective leadership and involvement of priority population(s) that the research is intended to benefit.</p> <p>Or</p> <p>Strong rationale for not involving consumers and stakeholders with comprehensive articulation of how the project addresses an unmet need of the intended end user</p>	<p>Adequately demonstrates involvement and contributions of consumers throughout the research journey.</p> <p>Sufficiently demonstrates the team has the skills, experience and capacity to involve and support consumers appropriately and effectively.</p> <p>Where relevant, demonstrates adequate leadership and involvement of priority population(s) that the research is intended to benefit.</p> <p>Or</p> <p>Adequate rationale for not involving consumers and stakeholders with comprehensive articulation of how the project addresses an unmet need of the intended end user</p>	<p>Demonstrates minimal involvement and contributions of consumers throughout the research journey.</p> <p>Raises concerns about the skills, experience and capacity to involve and support consumers</p> <p>Where relevant, demonstrates limited leadership and involvement of priority population(s) that the research is intended to benefit.</p> <p>Or</p> <p>Minimal rationale for not involving consumers and stakeholders with comprehensive articulation of how the project addresses an unmet need of the intended end use</p>	<p>Does not consider any involvement and contributions of consumers throughout the research journey.</p> <p>Limited to no evidence of the skills, experience and capacity to involve and support consumers.</p> <p>Where relevant, does not demonstrate leadership and involvement of priority population(s) that the research is intended to benefit.</p> <p>Or</p> <p>No rationale for not involving consumers and stakeholders with comprehensive articulation of how the project addresses an unmet need of the intended end user</p>

Assessment Criterion 4: Team capability and stakeholders (20%)

5	4	3	2	1
Excellent	Good	Acceptable	Below Standard	Poor
<p>Team is highly experienced and have exceptional expertise and access to relevant capabilities in all aspects of the project.</p> <p>Exceptional track record of outcomes and impacts through translation or implementation of research findings in relevant research areas.</p> <p>All relevant organisations engaged during research.</p>	<p>Team has relevant expertise and experience and access to relevant capabilities that covers most of the aspects of the project.</p> <p>Substantial evidence of relevant research outcomes and impacts through translation or implementation of research findings.</p> <p>Most relevant organisations considered during research.</p>	<p>Team has sufficient relevant expertise and experience and access to sufficient relevant capabilities.</p> <p>Some evidence of relevant research outcomes and impacts through translation or implementation of research findings.</p> <p>Some relevant organisations considered during research.</p>	<p>Team has minimal relevant expertise and experience and access to relevant capabilities.</p> <p>Limited evidence of relevant research outcomes and impacts through translation or implementation of research findings.</p> <p>Most relevant organisations not considered during research.</p>	<p>Team has no relevant expertise and evidence or access to relevant capabilities.</p> <p>No evidence of relevant research outcomes and impacts through translation or implementation of research findings.</p> <p>No consideration of relevant organisations.</p>

GRANT REVIEW PROCESS

Overview

SUCCESSFUL GRANT APPLICATIONS

Certification Form

A Certification Form signed by the applicant and the institution will need to be completed prior to payment of any funds. The Certification Form and these Guidelines together form the basis of the terms and conditions of funding for the identified project.

Reporting Requirements

Diabetes Community Priorities Grants are expected to be completed within two years, unless a shorter timeline is requested.

Final / Progress Report

Within three months of the expiry of each granting period, a Final Report must be forwarded to the Diabetes Australia. In the case of Diabetes Community Priorities Grant, a Progress Report on the first year should be provided within three months of the completion of the first year.

The report should be consistent with the information requirements of our Final / Progress Report template, available on our website or by contacting the team at research@diabetesaustralia.com.au

Financial Acquittal

Within three months of the expiry of each granting period, the institution responsible for administering the grant must provide a financial acquittal of the funds received to Diabetes Australia.

The report should include the amount of funding received; expenditure across the categories identified in the application; and should be signed by the finance officer.

Acknowledgment

Any publication arising from work funded by a Diabetes Community Priorities Grant must acknowledge the support of Diabetes Australia and specific sponsors where relevant.

Promotion

Recipients are required to actively promote diabetes research through a range of channels including but not limited to:

- providing a 90-second video, if requested, on why the Diabetes Australia Research Program and your research is important, especially for people living with diabetes;
- Participating in communications, including video presentations, media releases and publications (such as Circle and the Cure Club newsletter); and
- Speaking at Diabetes Australia and other related events.

In addition, recipients are required to:

- Provide a summary the project and its findings
- Present their Diabetes Australia Research Program funded research at least once at an Australasian Diabetes Congress within 3 years of being awarded the grant This requirement may also be met by presenting their research at an Australasian Paediatric Endocrine Group or Australasian Diabetes in Pregnancy Society meeting
- Advise Diabetes Australia of any publication of their findings, preferably prior to the findings being published.

The support provided by the Diabetes Australian Research Program should be appropriately acknowledged in abstracts and publications related to the above requirements.

Change to Grant or Award Terms and Conditions

When a recipient is awarded a Diabetes Community Priorities Grant, they are to refer to these Guidelines and complete other requirements in the offer letter. If the recipient wishes to change any of the terms and conditions, including deliverables, they need to obtain written permission from the Diabetes Australia. This does occur from time to time and the most likely scenarios are:

- Request for extension to the grant period
- Change of institution or responsible investigator
- Change in payment schedule

Unspent Funds

All funds which are unexpended or uncommitted at the end of the grant period are to be returned to the Diabetes Australia.

FURTHER INFORMATION

To obtain forms, guidelines and information, please visit the Diabetes Australia website

<http://www.diabetesaustralia.com.au/research>

For further information, please contact the Diabetes Australia Research on 02 6232 3800 or contact us via email: research@diabetesaustralia.com.au