

Diabetes SA Research Grants Program 2026: ***The Sieglinde Hannelore Darsow Type 1*** ***Diabetes Award Application Guidelines***

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Please read the Guidelines before completing the grant Application form.

Overview

Diabetes SA is a not-for profit member-based Association dedicated to reducing the risk and impact of diabetes in the South Australian community and to support all people at risk or with diabetes to live well.

For more than seventy years, Diabetes SA has supported people with all types of diabetes — as well as their carers', families and the wider community — through the provision of information, education, products and services, and by funding research.

With a dedicated internal research team focused on the delivery of the best evidence-based programs and services and an external Research Grants Program that supports the brightest researchers in diabetes, together we strive to change the future for all people at risk of diabetes and those living with diabetes.

We are committed to:

- Reducing the incidence of diabetes
- Reducing the personal, societal and financial impact of diabetes.

We do this by funding research focussed on:

- Preventing people from developing diabetes and/or diabetes complications
- Detecting diabetes as early as possible
- Supporting and empowering people to manage their diabetes
- Enhancing current or creating new knowledge that translates to better health outcomes for people at risk or living with any type of diabetes.

Diabetes SA has been able to support research into diabetes almost since our inception. Thanks to the generosity of our members, community donors, and more recently, the estate of Ms Sieglinde Hannelore Darsow, Diabetes SA has supported 13 leading Australian researchers with \$1,070,750 through four rounds of the Diabetes SA grants program.

In July 2026, Diabetes SA awarded two outstanding projects in the following categories

- 1 x \$100,000 grant for any type of diabetes (2-year award)
- 1 x \$50,000 grant for any type of diabetes (1-year awards).

The funds for the 2-year Sieglinde Hannelore Darsow – Type 1 Award were not awarded and therefore Diabetes SA is inviting new applications for this Award.

Please note applications previously submitted to Diabetes SA Research Grant Round 5 in April 2026, will not be eligible for consideration in this round.

Relevance to Diabetes

The Diabetes SA Research Grants are intended to support the brightest Australian researchers to develop and lead innovative and creative diabetes research projects in one of the priority areas of diabetes prevention, detection or management.

We are looking for research projects that seek to challenge and change ideas to create more effective processes, therapies and products, and/or have a major impact on diabetes health research.

Funding will support any area of diabetes health and medical research proposed by researchers of any career stage from discovery to implementation, with applications assessed on merit - every application will be evaluated using clear, pre-defined criteria. Greater weighting will be applied to research led by South Australian researchers and/or research with strong potential to generate major benefits for South Australians living with, at risk of diabetes, or those for caring for people with diabetes.

For research projects to be considered innovative and/or creative they must:

- Present new or non-traditional research concepts, approaches, methodologies, technologies or interventions that have potential to lead to new discoveries and/or meaningful improvements in healthcare for people living with or at risk of diabetes;
- The innovations or creative ideas must be realistic to achieve and clearly described in the application, and the Innovative and Creativity statement be distinct from the Significance statement.

Diabetes SA research grants can be supplemental grants for projects funded from other sources, but the Lead Chief Investigator must clearly describe how the proposed project activities they are requesting funding for are distinct from activities that have been previously funded or are currently or may soon be funded by other programs.

The Diabetes SA Research Grants Program is not intended to support research where a clinical trial or a cohort study is the primary objective.

Eligible Criteria

Applications for research project grants will be accepted from appropriately qualified health professionals and researchers aligned to a research institution. The institution may be a university, affiliated to a university or major hospital, or an independent medical or scientific research institute.

To ensure that Diabetes SA fulfils its aims of supporting and advancing diabetes research across a broad base in Australia, applications are open to researchers at all career stages.

Diabetes SA will not support recipients listed as the Lead Chief Investigator to hold concurrent Diabetes SA project grants.

An investigator can only be listed as the Lead Chief Investigator on one Diabetes SA grant application per funding round. Any other Chief Investigators may not hold more than two Diabetes SA grants at any one time.

At the time of acceptance and for the duration of a grant, the Lead Chief Investigator must be an Australian citizen or permanent resident of Australia or have an appropriate work visa in place.

The Lead Chief Investigator must be based in Australia for at least 80% of the funding period.

Proposals led by South Australian researchers and/or that demonstrate strong potential to deliver significant impact for South Australians living with, at risk of diabetes, or those for caring for people with diabetes, will receive a higher weighting in the assessment process.

The listed Lead Chief Investigator is responsible for:

- Ensuring that the funding rules outlined in the Diabetes SA Research Funding Agreement are followed, and that appropriate approvals have been sought from the administering institution prior to applying.

Application Procedure

- Applications should be submitted online (via Google Forms) using the Diabetes SA Application Template on the Diabetes SA website. You will need to create a Google account if you do not already have one. To create an account, visit <https://accounts.google.com/signup>
- Applications will open on Thursday 6 August 2026 and close on Thursday 27 August 2026 (5 pm ACST).
- The Association will not accept copies by email, hard copies are not required, and late applications will not be considered.

The role and contribution of all Chief Investigators must be described in the grant application. All Chief Investigators are expected to remain on the grant activity for the duration of the grant.

Only the highest ranked eligible applications will be considered for funding, and priority will be given to high quality projects that are led by South Australians and/or that demonstrate impact for the South Australian community.

Applications that do not comply with the following rules will not be considered for funding.

Diabetes SA may not necessarily fund:

- Projects that are substantially similar in aim(s) to a project funded by another funding body.
- The full cost of a project, particularly where other sources of funding have been secured or are likely to be secured. In such cases:
 - Applicants must declare all actual or potential external funding sources, including the funding body, duration, amount, and the specific aspects of the research to be supported by Diabetes SA.
 - Applicants must explain how the project will benefit the South Australian diabetes community, clearly distinguishing the benefits linked to each funding source.
- Applications requesting funding for equipment if the cost of equipment exceeds 10% of the total funding requested.
- Applications requesting funding for conference or travel-related expenses unless the applicant clearly justifies why travel expenses that are critical to completing the research, and the expenses do not exceed 10% of the total funding request.

If any Chief Investigator fails to declare other applications or funding while the application is under review, and this is later identified, the application will be deemed ineligible.

All applications will be considered by the Diabetes SA Research Advisory Committee and the Board in terms of fit to the priority research areas and the focus placed on innovation and creativity.

Timeline

Applications open:	Thursday August , 2026
Applications close:	Thursday 27 August 2026 (5 pm ACST)
Review Period:	Wednesday 3 September – 7 October 12026
Advice of final decision:	~ Wednesday 14 October 2026
Payment of first instalment	Upon Agreement execution

Grant Review Process

The Diabetes SA Research Grants Program utilises a merit-based peer review process that scores applications based on clear, pre-defined and weighted assessment criteria (see Appendix 1 - Scoring Matrix).

The review will be performed by members of Diabetes SA's Research Advisory Committee which is comprised of six appointed members; two senior academic researchers, two diabetes specialists and two consumer representative members of

Diabetes SA. This committee is chaired and deputised by Diabetes SA Board members of to assure the process is conducted with integrity and transparency. A robust conflict of interest process is used to manage real or perceived conflicts.

A detailed Terms of Reference has been established to guide the committee's work. The Research Advisory Committee will also oversee and manage any conflicts of interest that may arise when applicants request support from Diabetes SA for the consumer or community engagement criteria.

Diabetes SA practices are consistent with the Australian Code for Responsible Conduct of Research.

Grant Assessment Criteria

The Diabetes SA Research Grants Program will be assessed against the five Assessment Criteria described below:

1. *Quality & Feasibility of the 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, with clear and concise research questions, aims and objectives. The methodology must be robust to deliver the research objectives, well-explained and justified including why treatment(s)/intervention(s) have been selected, what study outcomes/endpoints are being evaluated and why.

It is expected that the research proposal will include some element of anticipated or actual risk and applicants should demonstrate an appreciation of any foreseeable moderate to high risk and incorporate strategies to address any uncertainties as part of the research plan.

Appendix 2 contains information that may help Chief Investigators identify and manage actual or potential/foreseeable risks for the project.

2. *Innovation & Creativity (20%)*

Diabetes SA define 'Innovation & Creativity' as research that presents new or non-traditional research concepts, approaches, methodologies, technologies or interventions, that have potential to lead to new discoveries and/or meaningful improvements in the healthcare for people living with, at risk, or caring for people with diabetes.

The innovations or creative ideas must be realistic to achieve and clearly described in the application. The 'Innovative and Creativity' statement be distinct from the 'Significance & Impact' statement.

3. *Significance & Impact (20%)*

Diabetes SA define 'Significance & Impact' as research that delivers significant outcomes and outputs to advance scientific knowledge, practice, or policy underpinning

diabetes healthcare. Impacts may be considered as knowledge impact; health impact; social impact or economic impact.

Proposals that demonstrate strong potential to deliver significant impact for South Australians living with, at risk of diabetes, or those for caring for people with diabetes, will receive a greater weighting in the assessment process.

Applicants should consider the following impact descriptions when addressing the Significance & Impact criteria.

- Knowledge Impact: New knowledge, demonstrating the potential benefits emerging from adoption, adaption 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 healthcare 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 healthcare 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.

4. Team Capability (20%)

Defined as the appropriateness of the applicant team and their expertise, the resources and access to additional personnel necessary to achieve the project aims. The Lead Chief Investigator must demonstrate their ability to lead the project including demonstrating all relevant stakeholders are engaged in the research and the research has a high probability of achieving the intended aims and impacts.

Proposals led by South Australian researchers will receive a greater weighting in the assessment process.

5. Consumer and/or Community Engagement (10%)

Diabetes SA encourage applicants to clearly define who the consumer or community is that they are creating value for and describe how consumers or communities will be meaningfully involved at all stages of the research cycle and how they will be supported by appropriate remuneration. Contributions throughout the project lifecycle may be related to conceptualisation, design, and implementation.

When assessing applications, reviewers will consider who the consumer or community is (i.e., person living with or at risk of diabetes, carers, healthcare professionals, health system leaders, or a specific community within Australia/South Australia) to understand the need for each proposal to address consumer engagement in a meaningful way.

While consumer and community involvement will vary by project, investigators must explain and justify any absence of consumer involvement in their research.

Successful Applications

A Research Services Agreement will be required to be signed by both parties with this agreement forming the basis of the terms and conditions of funding for the identified project.

Grant or Award Terms & Conditions

1. Reporting Requirements

Diabetes SA require the provision of regular reports on the progress and the outcome of research projects funded by the Association.

As part of Project Milestones, the Lead Chief Investigator will be required to submit progress reports at six monthly intervals following the execution of the grant agreement. A Diabetes SA Report template will be emailed to the Lead Chief Investigator two months prior to each reporting deadline as part of the Diabetes SA Research Agreement.

At the completion of the project, the Lead Chief Investigator will be required to submit a final report and budget acquittal statement that outlines what has been achieved, and how funding has been expended against the expense categories they request funding for in the application.

As part of the reporting process, researchers will be expected to:

- Inform Diabetes SA if the Additional Funding for research outlined in the Project Research Plan is awarded or is likely to be reduced, suspended or terminated early
- Provide progress information using language that will be easy for consumers and the broader public to understand so the quality and potential benefits of the supported research can communicate to Diabetes SA Members, and community donors
- Report changes to any actual or potential/foreseeable moderate or extreme risks that were listed in the project application and add new risks should they arise during the project.

2. Promotion

Successful applicants must showcase their research at various events and through Diabetes SA publications, website, and social media in support of the Diabetes SA Research Grants Program.

This may include:

- Video content for the Diabetes SA website promoting the individual's research and/or the Diabetes SA Research Grants program
- Participating in communications – articles for the Diabetes SA website, social media posts, member magazine My Life, annual report and other publications as required to promote the Diabetes SA Research Grants program and the individual recipient of project funding including reports and final findings
- Presenting their findings at least one research showcase event over the duration of the grant.

Where relevant, Diabetes SA will support each funded applicant to promote – at no charge - their research in any of our usual promotional channels for the specific purpose of recruiting research participants, but researchers will need to provide their ethics approved research flyers, advertisements.

3. Acknowledgement

The support provided by the Diabetes SA Research Grants Program must appropriately acknowledge Diabetes SA including in any presentations and any publications arising from work funded by the Diabetes SA Research Grants Program.

The organisation reserves the right to follow up on at regular intervals beyond the funding period to establish outcomes from the research project.

4. Payment of Funding

Funding for a two-year grant will be paid in four equal instalments and upon the provision of a tax invoice - i.e. upon execution of the agreement and at 6, 12 and 18 months after execution of the agreement.

Funding for a one-year grant will be paid in two equal instalments upon the provision of a tax invoice - i.e. upon execution of the agreement and at 6 months after execution of the agreement.

Payment of funds may be withheld if reporting requirements are not meet as per agreed deliverables in the executed agreement.

All funds must be acquitted as part of the final report (unless arranged otherwise by writing to Diabetes SA to request and extension). Any funds that are unspent or uncommitted at the end of the grant period must be returned to Diabetes SA.

Change to Grant or Award Terms & Conditions

Any changes to a grant or terms and conditions must be directed in writing to the CEO of Diabetes SA. Changes may include a request for extension, change in institution or responsible investigator or payment schedule. The CEO of Diabetes SA must also be

notified if any additional funding—intended to be leveraged for the same research—is subsequently awarded.

The CEO and Diabetes SA's Research Advisory Committee will consider the request and may seek further information to justify the request before a recommendation is made to the Board of Diabetes SA for approval.

Entity Obligations and Warranties

The Entity must:

- Ensure that the Project is undertaken by the Approved Researcher and obtain the prior written consent of Diabetes SA (which may be withheld in its absolute discretion). In the event that the Approved Researcher is unable or unwilling to undertake the Project and a replacement researcher is proposed;
- Ensure that the Approved Researcher, or such other replacement lead researcher as Diabetes SA may approve from time to time in writing, is primarily responsible for carrying out the Project.

Further information

To obtain forms, guidelines or information (including responses to any Frequently Asked Questions about the program), please visit www.diabetessa.com.au/research

For further information, please email all enquiries to research@diabetessa.com.au

Appendix 1 - Scoring Matrix

1. Quality & Feasibility of the Research Proposal (30%)				
5-Excellent	4-Good	3-Acceptable	2-Below Standard	1-Marginal/Poor
Clearly articulated, extremely well justified concept & rationale.	Well-articulated & justified concept & rationale.	Generally clear & satisfactory concept & rationale.	Rationale for aim(s) & hypothesis(es) lacks clarity.	Rationale for aim(s) & hypothesis(es) is poor.
Near flawless design with well-considered strategies to mitigate most foreseeable risks.	Strong design with only a few minor design concerns. Many foreseeable risks have been identified & mitigation strategies have been described.	Solid design with only minor concerns. A few foreseeable risks & mitigation strategies have been described & appear effective.	Major concerns around the design. A few foreseeable risks have been described but mitigation strategies may only be partially effective.	Poorly described design is not appropriate to address the objectives.
Highly feasible with high certainty of success with all resources required & relevant expertise.	Feasible with most resources & techniques established, & relevant expertise is available.	Generally feasible despite some resources & techniques need to be developed. Relevant expertise is available.	Several major concerns related to feasibility including insufficient resourcing &/or lacks relevant expertise to successfully establish new techniques/methods.	Research plan is unfeasible & unlikely to successfully generate high-quality data or evidence.

2. Innovation & Creativity (20%)				
5-Excellent	4-Good	3-Acceptable	2-Below standard	1-Poor
The project delivers outstandingly innovative aims that clearly redefine current approaches and are highly likely to generate transformative advances, major breakthroughs, or substantial improvements in health outcomes for the diabetes community.	The project outlines strongly innovative aims that have the potential to considerably advance current approaches and contribute to noteworthy progress, leading to meaningful improvements or emerging breakthroughs in health outcomes for the diabetes community.	The project includes some innovative aims that could improve aspects of current practice and may contribute to incremental progress, offering potential for modest yet meaningful benefits for the diabetes community.	The project shows only limited innovation, with aims that may offer minor refinements to existing practice but are unlikely to drive meaningful change or significantly improve health outcomes for the diabetes community.	The project demonstrates little to no innovation, with aims that are unlikely to influence current practice or generate meaningful benefits for health outcomes within the diabetes community.

3. Significance & Impact (20%)				
5-Excellent	4-Good	3-Acceptable	2-Below standard	1-Poor
Strongly prioritises one or more unmet needs for the South Australian diabetes community.	Largely prioritises one or more unmet needs for the South Australian diabetes community.	Considers and prioritise one or more unmet needs for the wider Australian diabetes community.	Indirectly considers but does not prioritise any unmet needs for the Australian diabetes community.	Does not consider or prioritise any unmet needs for the Australian diabetes community.
The project has potential to rapidly and significantly improve knowledge, health, social &/or economic outcomes for Australians including South Australians.	The project has potential to significantly but slowly improve knowledge, health, social &/or economic outcomes for Australians including South Australians.	If successful, the project will somewhat improve knowledge, health, social &/or economic outcomes for Australians but not necessarily South Australians.	If successful, the project will have limited potential to improve knowledge, health, social &/or economic outcomes for Australians.	The project has no potential to improve knowledge, health, social &/or economic outcomes for Australians.
Comprehensively articulates a plan that can see translation and/or implementation of key findings immediately post project.	Adequately articulates a plan that can see translation and/or implementation of key findings immediately post project.	Articulates a plan with limited potential to feasibly implement findings post project.	Articulates a plan with no potential for translation post project.	Does not articulate plan post project.

4. Team capability (20%)				
5-Excellent	4-Good	3-Acceptable	2-Below standard	1-Poor
Highly experienced team with access to relevant capabilities for all aspects of the project.	Experienced team with access to relevant capabilities for all aspects of the project.	Experienced team with sufficient access to relevant capabilities for the project.	Team has minimal relevant expertise & no clear access to relevant capabilities.	Team has no relevant expertise or access to relevant capabilities.
Exceptional evidence of relevant outcomes & impacts including translational or implementation research.	Strong evidence of relevant research outcomes & impacts including translational or implementation research.	Some evidence of relevant research outcomes & impacts including translational or implementation research.	Limited evidence of relevant research outcomes & impacts.	No evidence of relevant research outcomes and impacts.
The Lead Chief Investigator & at least one additional Investigator is based in South Australia.	The Lead Chief Investigator OR at least one additional Investigator is based in South Australia.	At least one Chief Investigator is based in South Australia.	No Chief Investigators are based in South Australia.	No Chief Investigators are based in South Australia.

5. Consumer or community engagement and/or collaboration (10%)				
5-Excellent	4-Good	3-Acceptable	2-Below standard	1-Poor
Comprehensively articulates meaningful engagement of consumers/ community throughout all stages of the research.	Comprehensively articulates meaningful engagement of consumers/ community throughout many stages of the research.	Somewhat articulates meaningful engagement of consumers/ communities throughout many stages of the research.	Limited description of how consumers/ community will be involved or contribute to the research.	No description of how consumers/ communities are involved or contribute to the research.
Comprehensively describes the teams' skills, experience, & capacity to involve & support consumers appropriately & effectively.	Clearly describes the teams' skills, experience, & capacity to involve & support consumers appropriately & effectively.	Adequately describes the teams' skills, experience, & capacity to engage & support consumers/ community.	Raises concerns about the team's capability & capacity to engage & support consumers/ community.	Limited to no evidence of the team's capability & capacity to engage & support consumers/ community.
Or – provides clear & very strong rationale for not involving consumers or community. Also, comprehensively articulates of how the research may in the future address an unmet need of the intended consumer target group.	Or - provides clear & strong rationale for not involving consumers or community. Also, comprehensively articulates of how the research may in the future address an unmet need of the intended consumer target group.	Or - provides adequate rationale for not involving consumers or community. Also articulates of how the research may eventually address an unmet need of the intended consumer target group.	Or – provides minimal rationale for not involving involving consumers or community & does not articulate how the research may eventually address an unmet need of the intended consumer target group.	Or – provides no rationale for not involving involving consumers or community or how the research may address an unmet need of the intended consumer target group.

Appendix 2 - Risk Management

Your application should demonstrate the overall value and risk of the Project including that you have robust risk identification and management processes in place. Using the 5 x 5 risk matrix below to detail any potential risks that may be considered moderate or extreme in severity. For each risk, you will be required to create mitigation actions for to ensure the risk is managed & the project objectives can be achieved.

See the example below which uses the below 5 x 5 risk Matrix, and the Likelihood and Consequence definitions based on Diabetes SA Risk Management Framework and NHMRC Risk Management Framework from several Schemes including the Partnership Project, the Clinical Trials & Cohort Studies, Targeted Calls and Development Grants.

Likelihood

Almost Certain	5
Likely	4
Possible	3
Unlikely	2
Rare	1

5 x 5 Risk Severity Matrix

Moderate	High	Extreme	Extreme	Extreme
Moderate	Moderate	High	Extreme	Extreme
Low	Moderate	Moderate	High	Extreme
Low	Low	Moderate	High	High
Low	Low	Low	Moderate	Moderate
1	2	3	4	5
Insignificant	Minor	Moderate	Major	Critical

Consequence

Likelihood	Definition Description
Rare (1)	Highly unlikely to occur; would require exceptional circumstances.
Unlikely (2)	Could occur at some time but not expected.
Possible (3)	Might occur occasionally.
Likely (4)	Expected to occur in many circumstances.
Almost Certain (5)	Expected to occur frequently or regularly.

Consequence Level	Consequence Description
Insignificant (1)	No impact on safety, ethics, data quality, budget, or timelines.
Minor (2)	Minor delays (<1 month), minor budget adjustments, limited data impact.
Moderate (3)	Moderate delays, manageable ethics issues, partner disruption, protocol amendments needed.
Major (4)	Significant delays, major data issues, partner withdrawal, governance escalation required.
Severe (5)	Project failure, major safety risk, ethics termination, or inability to deliver outcomes.

Example of Completed Risk Management Register to Identify and Manage Project Risk

Risk No.	Risk Description	Severity Rating- Before Control	Mitigation Strategy	Responsible	Severity Rating– After Control
1.	Delays in ethics approval	Moderate	Submit application to the appropriate HREC as early as possible to ensure you have approval prior to executing agreement	CI-A	Minor
2.	Partner delays provision of their	High	Maintain partner agreement & have plan to minimise delays	CI-B	Moderate
3.	Recruitment slower than expected	High	Expand sites; include collaboration partners specifically for recruitment	CI-A & CI-C	Moderate
4.	Data quality issues	High	Implement a quality assessment plan including log of required equipment and	CI-A & CI-B	Moderate
5.	Issue with critical piece of equipment	Extreme	Plan project with enough time to mitigate extreme impact	CI-A & CI-B	Moderate