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Research Grant Application Form

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| **Part A: Summary of Application (Please refer to application form guidelines)** |
| **A1: Applicants (please continue on an additional sheet if necessary)** |
|  | **Surname** | **First name** | **Title** | **Post held** | **Tenured post Y/N** |
| **P****rincipal Investigator** |  |  |  |  |  |
| **A****pplicant 2** |  |  |  |  |  |
| **Applicant 3** |       |       |       |  |  |

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| **A2: Collaborators (please also complete Part E)** |
|  | **Surname** | **First name** | **Title** | **Institution**  | **Post held** |
| **Collaborator 1** |  |  |  |  |  |
| **Collaborator 2** |  |  |  |  |  |
| **Collaborator 3** |  |  |  |        |  |

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| **A3: Institution/Authority (administering grant if approved)** | **Address at which the work will be done** |
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| **A4: Full title of the proposed research (maximum 30 words)** |
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| **A5: Summary of funding support requested** |
|  | **Year 1 (£)** | **Year 2 (£)** | **Year 3 (£)** | **Total (£)** |
| **Direct Staff Costs** |  |  |  |       |
| **Consumables** |  |       |  |  |
| **Equipment** |       |       |  |       |
| **Grand Total** |       |       |       |  |

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| **A6: Expected start date** |  | **A7: Duration of project (months)**  |
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Part B: Lay Application

This section of the application form must be completed in simple, lay English that members of the public can easily understand. Please do not use abbreviations or technical language. Failure to comply with this request may result in your application being delayed.

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| **B1: Simple abbreviated title of the research in terms members of the public will easily understand**  |
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| **B2: Simple description of the research in terms that members of the public will readily understand****(maximum 200 words – Please avoid using technical terms or unnecessary acronyms)** |
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| **B3: Simple description of the potential clinical benefit or therapeutic intervention for the patient that will result from the proposed project.** |
| **Benefit for the patient****Also state, if appropriate, the anticipated target date of how and when the first patient will benefit from the proposed project. Please also state the timeline to benefit e.g. from the start of the research/at the end of research/[X] years later.** |
| **Benefit for the clinician** |
| **Benefit for the researcher** |

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| **B4: Involving people** |
| **Does your research involve human participants? Yes/No** (if no, please go to B5)**If yes, how many?** |
| **Have you consulted children/adults with A-T or their families in the design of your study? Yes/No**  |
| **Please explain the role that the participants will play in your research.** |
| **Are there any risks for participants?** |

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| **B5: Communications plan** |
| **Please outline your plans for engagement, communication and dissemination about your research and its outcomes with the research community and, where appropriate, with potentially interested wider audiences such as the public.****Please provide contact details for the Host Institution’s PR office:** |

**Section C: Main Research Proposal**

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| **C1: State the principal research question being asked** **(A single sentence if possible. Where a specific hypothesis is being tested, please give the hypothesis)** |
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| **C2: Scientific summary of research (maximum 200 words)** |
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| **C3: Is this or a related application currently being submitted elsewhere?**  |
| **Yes**  **No** **Please note Action for A-T are unlikely to consider applications which are being submitted to other funders** |

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| **C4: Was this application previously submitted elsewhere in the last 12 months?** |
| **Yes No** **If Yes: Please provide the name(s) of the funding body involved, the outcome and if possible provide copies of external referees.****Please confirm the application has since been revised to take into account external feedback** **Yes No**  |

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| **C5: Is the proposed research likely to lead to patentable or commercially exploitable results?** |
| **Yes No If Yes: Please give brief details****If appropriate, please provide contact details for the Institution’s Intellectual Property Office:** |

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| **C6: Does your project involve the use of: (please tick all that apply)** |
|  **Genetically modified organisms Non – Human tissue Embryonic stem cells** **Genetic manipulation techniques Human tissue Non – Embryonic stem cells** |

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| **C7: Use of animals**  |
| **Will the proposed project involve the use of animals?****Yes No** **If yes, please state the type of animals to be used and how many:** **Do your proposals include procedures to be carried out on animals in the UK under the Animals (Scientific Procedures) Act?** **Yes No** **Have the following necessary approvals been given by:** * **If in the UK - the Home Office (in relation to personal, project and establishment licences)?**
* **If outside the UK – the ethical approvals for animal work as required by your Institution?**

**Yes No Not required** * **Animal Welfare and Ethical Review Body?**

**Yes No Not required** **Do your proposals involve the use of animals or animal tissue outside the UK?** **Yes No** **If your project involves the use of animals, what would be the severity of the procedures?** **MILD MODERATE SEVERE** **Please provide details of any moderate or severe procedures (no more than 250 words)** **Why is animal use necessary; are there any other possible approaches? (no more than 250 words)** **Why is the species/model to be used the most appropriate? (no more than 250 words)** **Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought.****If using animals, please provide information outlining the following if not already covered above:*** **type and numbers of animals to be used,**
* **source of the animals,**
* **how they will be transported and maintained,**
* **evidence that the species chosen is appropriate and that the minimum number used will give statistically valid results,**
* **how you have considered the replacement, refinement and reduction of animals in research (the 3Rs) when designing your protocol.**
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| **C8: Will the proposed project involve patients/human subjects OR patient material/samples?**  |
| **Yes**  **No**  |
| **If Yes: How many patients/subjects will be involved in total?** |  |
| **Please give details of status of ethical committee approval, please tick/circle where appropriate**  |
| **Unnecessary** | **To be submitted** | **Pending** | **Approved** |
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| **C9: What are the key areas of risk that may prevent the project from being completed as outlined in this application and what steps will be taken to mitigate these risks? For example failure to recruit patients to plan, difficulty in collecting samples or failure of a specific technique/model**. |
| **Risk identified** | **How will the risk be mitigated?** |
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| **C10: List recent/current grant support.** **All applicants named in Part A1 must provide this information.** Please only list grants where the applicant(s) is the principal recipient.  |
| **Grant Holder(s)** | **Funding Body** | **Period of Award** | **Amount** | **Title of Project** |
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| **C11: The Protocol**  |
| **Enclose a detailed statement, on the following pages, of the scientific aims and method of proposed investigation. Please ensure points (1) – (8) below are included before submitting the protocol. Applications which do not adhere to these guidelines (please also see the guidance notes) will not be accepted.**  |

1. Provide the background to the proposal with details of previous work in the field both by the applicant(s) and others
2. Describe the purpose of the research, the hypothesis and the likely clinical impact on the A-T patient
3. Provide a plan of investigation including study design, power calculations, methodology, techniques and data analysis
4. Clearly describe the likely time frame to clinical application

5) Provide evidence of the research team’s ability to conduct the research and if appropriate, provide a summary of any pilot work which may be unpublished but will support the hypothesis or validity of the research question and/or any techniques which may be required

6) Provide detailed justification for the support requested including why specific consumables, equipment and specialist staff are required and their suitability for the project. In the event that only consumables/equipment are requested please provide details as to who will conduct the research and their source of funding.

7) Provide details of a clinical salary if requested

8) Provide References

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| **Part D: Financial details**  |
| **D1: Staff details**  |
| **Please refer to Part C11 (7) – The Protocol. If a clinical salary is requested, full justification must be provided stating the rationale behind the requirement for a clinical staff member.** |

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| **1****. Staff name** (if known) |  |
| **Role** |       |
| **Appointment start date** |  | **Appointment end date** |       |
| **Justification** |            |
| **Grade/Scale** |  |
| **Costs** | **YEAR 1 (£)** | **YEAR 2 (£)** | **YEAR 3 (£)** | **TOTAL (£)** |
| Salary |  |  |  |  |
| London weighting (if in the UK) |  |  |  |  |
| NI & Superannuation |  |  |  |  |
| **SUB-TOTAL** |       |       |       |  |

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| **2. Staff name** (if known) |  |
| **Role** |       |
| **Appointment start date** |  | **Appointment end date** |  |
| **Justification** |       |
| **Grade/Scale** |  |
| **Costs** | **YEAR 1 (£)** | **YEAR 2 (£)** | **YEAR 3 (£)** | **TOTAL (£)** |
| Salary |  |  |  |  |
| London weighting (if in the UK) |  |  |  |  |
| NI & Superannuation |  |  |  |  |
| **SUB-TOTAL** |  |  |  |       |

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| **TOTAL DIRECT STAFF COSTS** |       |       |       |  |

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| **D2: Consumable costs**  |
| **Please itemise and justify the consumables costs in Part C11 (6) – The Protocol. Please note Action for A-T will not fund any overhead costs including bench fees or costs for routine clinical care** |

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| **Please detail items applied for below:** | **YEAR 1 (£)** | **YEAR 2 (£)** | **YEAR 3 (£)** | **TOTAL (£)** |
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| **T****OTAL CONSUMABLE COSTS** |  |  |  |  |

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| **D3: Equipment (please itemise and justify in Part C11 – The Protocol)** |
| **Please detail items applied for below:** | **(£)** |
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| **TOTAL EQUIPMENT COSTS** |       |

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| **D4: G****RAND TOTAL D1+D2+D3 (£)** |  |

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| **Declaration** |
| **I/We have read the standard Terms and Conditions of Research Grants and in the event of a grant being awarded agree to abide by them and any amendments which may subsequently be issued. I/We shall be actively engaged in, and in day-to-day control of, the project. Action for A-T will be informed as soon as I/We hear the outcome of any other applications for funding for the proposed project and/or any significant changes to this proposal.**  |

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| **Contact telephone/extension number of Principal Investigator (direct line)** |  |

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| **To be signed by** | **Signature** | **Name in block capitals** | **Date** |
| **Principal Investigator**  |  |       |  |
| **Collaborator 1** |  |  |  |

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| **This application should be submitted by/through (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded. Each should sign the following declaration:****I confirm that I have read this application and standard Terms and Conditions of Research Grants and that, if granted, the work will be accommodated and administered in the Department/Institution. The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution and no University overheads have been added.** |
| **(i) Signature of Head of Department** | **(ii) Signature of Administrative Authority** |
|       | **Title:**(i.e. Director/Finance Officer/Bursar/Registrar/Secretary of Institution) |
| **Print full name of (i) above** | **Print full name of (ii) above** |
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| **Institution Address** | **Institution Address** |
|  |  |
| **Direct Tel**  |  | **Direct Tel** |  |
| **Fax**  |  | **Fax** |  |
| **Date** |  | **Date** |  |
| **Name, address, telephone number and fax number of the officer who should be contacted regarding the administration if awarded, if different from (ii) above.** |  |
| **In the event of an award please state cheque payee** |  |

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| **Part E: Curriculum Vitae of Applicant(s) (No more than one side of A4)** |

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| **E1: Surname** |  | **Forename** |  | **Year of birth** |  |

**E2: Full address and contact details**

**Telephone number and email address**

**E3: Degree(s)/Professional Qualifications etc. (subject)**

**E4: Posts held (with dates); please identify tenure and source of funding of present position**

**E5: Recent publications, also papers in press**

**E6: Short description (200 words maximum) of current research interests and activities**

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| **Part F: Collaborator(s) details** |

**F1: Ensure that the role of each collaborator named in Part A2 is clearly defined here. Please include details of what each collaborator brings to the project e.g. Intellectual Property, funding, expertise, facilities or patient cohort. A signed letter confirming support should also be submitted by each collaborator.**

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| **Part G: Peer Review** |
| **Please suggest four potential independent referees (not current collaborators and at least two from the UK) who are familiar with the field of research in this proposal.** |
| **Full name and title** | **Area of expertise** | **Institute and email address (if known)** |
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**Submission information**

If you have any questions or require help completing the form **before** the submission deadline, please contact Action for A-T: **tania.wheeler@actionforAT.org**

Please complete the form in **font Arial**.

Action for A-T require two copies of the application form:

* An electronic copy with signatures (pdf document version)
* An electronic copy without signatures (word document version) submitted to **tania.wheeler@actionforAT.org**and**Research@actionforAT.org**