#

####  Project Grant

####  Outline Proposal Form

**

*Please note that only one application is allowed per research team each grant round. The principal applicant should be employed and normally hold a permanent post in a UK university, hospital or research institute but fixed term employees on long term contracts may be eligible. Please read the guidelines for project grant applications on our website for details of restrictions on applications. The principal applicant e-mail address will be used for all communication.*

***This form is for the joint funding call with LifeArc.***

This form does not accept text formattin*g* or images. If you have diagrams or preliminary data that is essential to understanding the proposed research please submit a one page A4 document along with your outline proposal form.

1. **Details of principal applicant** – please see notes above before starting your form

|  |  |
| --- | --- |
| Name: Full title, all initials and surname | Click or tap here to enter text. |
| Institution | Click or tap here to enter text. |
| Present position of Principal Applicant | Click or tap here to enter text. |
| Contact address | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| E-mail (for all communication) | Click or tap here to enter text. |

**Details of UK-based co-applicants.** Co-applicants must be employed in UK universities, hospitals or research institutes.

|  |  |
| --- | --- |
| Co-applicant names: Use full titles, all initials and surnames | Click or tap here to enter text. |
| Institutions | Click or tap here to enter text. |

1. **Collaborators** If relevant, please give the names of any researchers and their research institutes and/or subcontractors or patient representatives that are not named as applicants but would be collaborating (or providing services) on the project. Collaborators may be based outside the UK

|  |
| --- |
| Click or tap here to enter text. |

1. **Technology Transfer Office Contact** Please provide the name and position of your technology transfer office contact. It is advised that this person assists with completing this form (where appropriate).

|  |
| --- |
| Click or tap here to enter text. |

1. **Title of project** (maximum 25 words)

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| Click or tap here to enter text. |

1. **Length of project** (in months – maximum 36 months)

1. **Estimated costs.** Please do not include full economic costings. The charity will not cover indirect costs such as administrative or other overheads (for example depreciation or maintenance costs). You should not include percentages of salaries for those already employed in permanent/long term positions, such as the Principal Applicant. Please add total salary costs before tax (gross salary) for the whole project including employer costs of National Insurance, pension and London weighting (if applicable)**.**

|  |  |  |  |
| --- | --- | --- | --- |
| Salary (£) | Consumables (£)  | Equipment (£) | **Estimated total project cost to the charity (£)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Briefly describe the aims of this project using non-technical terminology and describe how this project fits the remit of Action Medical Research**. Please note that this section may be seen by non-scientists. (maximum circa 200 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **What is the health, clinical or product need you are seeking to address, what is your proposed solution to meeting this need? Please state how close your proposed solution is to clinical application.** (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **What are the competing solutions and the competitive advantage for your proposed solution?** (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **What is the scientific rationale for your proposed intervention?** Please include data and experimental supporting evidence. (maximum circa 500 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **Explain the experimental design of your project and provide a statistical justification. Specifically animal numbers must be justified. Please also list the Objectives/Milestones of the proposed project**. If this is a clinical study, and if appropriate, have you contacted the NIHR Clinical Research Network to see how they can help to support the delivery of your study? Action Medical Research is a National Institute for Health Research (NIHR) non-commercial Partner. This means the studies that we fund may be eligible to access the NIHR Study Support Service which is provided by the NIHR Clinical Research Network.
In partnership with your local R&D office, we encourage you to involve your [local Clinical Research Network team](http://dev.nihr.ac.uk/documents/study-support-service-contacts/11921) in discussions as early as possible when planning your study. This will allow you to fully benefit from the support available through the NIHR Study Support Service. To find out more about how you can apply for this additional support to help deliver your study, please visit [www.nihr.ac.uk/study-support-service](http://www.nihr.ac.uk/study-support-service). (maximum circa 500 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **Patient/public involvement**. If appropriate please state if you have involved or plan to involve patients or members of the public in the research process. For example, involvement in the choice of research topics, advising on the project design or in carrying out the research. This is a different process to carrying out research on patients or disseminating findings. It involves working with patients or the public rather than simply doing research to, about or for them.

For example, if appropriate, you might consider involving a Young People's Advisory Group. Please see [**http://www.crn.nihr.ac.uk/children**](http://www.crn.nihr.ac.uk/children)Resources include: [**INVOLVE**](http://www.invo.org.uk/)**,** [**NIHR involve patients**](https://www.nihr.ac.uk/health-and-care-professionals/engagement-and-participation-in-research/involve-patients.htm) and [**Nuffield Council on Bioethics report “Children and clinical research: ethical issues”**](http://nuffieldbioethics.org/project/children-research) (maximum circa 70 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **What are the key risks in delivering the proposed project, how likely are they to occur, what would be their impact be, and how will they be mitigated?** (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **Does the project have freedom to operate or does it require access to background IP? If access is required, what IP does the project need access to and has access been agreed? If not, why do you believe you will be able to access the required IP on reasonable terms?** Detail all institutions or individuals holding relevant background IP. (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **What will the project generated IP be and how will it be managed and exploited to support the project in meeting its targeted need? Detail the organisation/individuals who will own any arising IP and any live, pending or envisioned agreements governing management or exploitation of that IP.** (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **Please describe your plans and strategy for the further development of the project outputs.** Please provide details of any potential additional sources of funding, collaborations or other partnerships. (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

1. **Outline the likely route to market/patient benefit.** If licensing is anticipated, list potential partners and describe the required data package to be offered for licensing. (maximum circa 250 words)

|  |
| --- |
| Click or tap here to enter text. |

#### Please give details of all previous awards that have supported the project. Provide details of the funder, grant title, amount awarded and grant period.

|  |
| --- |
| Click or tap here to enter text. |

1. **Please list up to 5 relevant publications of the principal applicant and /or co‑applicants.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Have you applied to Action Medical Research with this or a related application before?  If so, please give the reference number (for a full application) or state if this was an outline application and give brief reasons for the resubmission.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Have you or your co-applicants previously had a grant from Action Medical Research? If yes, please briefly explain whether our award led to follow on funding from the MRC, Wellcome Trust, NIHR or other competitive national or international funding.** Please give the reference number(s) if available and brief further details. If it is a current grant, please confirm that you are up to date with submitting the interim/final reports requested by the charity.

|  |
| --- |
| Click or tap here to enter text. |

#### Please name the file with the principal applicant’s surname (for example smithoutline.doc) and return this form by e-mail to: applications@action.org.uk

**Please note that if you do not receive an acknowledgement within 7 days of submitting your outline proposal form it may mean that your email has not been received so please contact 01403 210406 to provide the Principal applicant contact details so we can check our records.**