Project Grant 2026 (Ataxia-Telangiectasia): Outline application guidance

Please read this guidance carefully. It provides information on the requirements for Action Medical Research (AMR) and Action for A-T (AFAT) Project Grant applications **outline** applications and how to complete the application form. The guidance corresponds to each page of the application form on AMR's Grant Management System (GMS). You can quickly navigate around this guidance using the pdf bookmarks or links in the table of contents.

Applications that do not follow this guidance will not be accepted. If you have any questions about the guidance or what is required email applications@action.org.uk

Application Deadline: 28 January 2026 5pm

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November 2025

Starting an Outline Application

Registration: To start an application you must register on AMR's grant management system (GMS) to access the online application form. If you have applied to AMR in the past on our old GMS, when you register you may receive an email asking you to reset your password. AMR's GMS uses Flexigrant software. If you have an account with another funder that uses Flexigrant you still need to register on AMR's GMS.

Contact details: Once registered, you can fill out your details in the **My contact details** tab on the left-hand side of the screen. This will autofill application forms started after the contact details section has been filled in. Provide a **work** not home address. If you are based in the UK select your organisation from the drop down list - all eligible UK organisations (universities and hospitals) should be available. If you are based outside the UK enter your organisation and click save.

Application forms: Links to application forms for open grant rounds can be found on the **Available grants** tab. Once you have started an application you can access the application form from the **My applications** tab, but as you can only submit one application per grant round it will then no longer appear in the **Available grants** tab.

Summary Page

The **Summary** page of the application sets out the information required to submit an application. For the outline application there are four application pages as well as CV and EDI forms.

Application Form

Number	Page
1	Applicant Details
2	Research Plan and Impact
3	Finance and Resources
4	Previous Applications and Awards

As you progress through the form you can save your progress. If you save and information is incomplete or does not meet the application requirements a warning will appear at the top of the page. We recommend you save the form regularly, if your login is timed out unsaved changes may be lost. **The Submit button appears on the Summary page once all elements of the application are complete.**

EDI form: If this is your first time using the AMR GMS you will need to complete the EDI questionnaire. Equity, diversity and inclusion (EDI) information is used to monitor participation from underrepresented groups, is fully anonymous and will not be associated with your application. If you prefer not to provide this information chose the 'prefer not to say' response to each question.

CV form: Principal Investigators (PIs) need to complete the **CV form** that can be found at the bottom of the **Summary page**. The CV form is generic for all AMR grants and some questions are specific for fellowship applicants and so need not be completed for Project Grant applicants.

Clinical academics: Indicate if you are a clinical academic, this helps Action track the number of clinical academics it is supporting. For the purposes of this application a definition is provided below.

Clinical academics refers to those Health Care Professionals who work in a Higher Education Institute, in a teaching and/or research role, as well as working clinically in a health or social care organisation. The definition is not restricted to doctors, and includes nurses, pharmacists, allied health professionals, midwives and more. A clinical academic will split their time between treating patients and conducting research and/or teaching duties.

Early career researchers (ECRs): We are asking for an estimate of the number of years you have spent in research to identify early career researchers (ECRs). As there is no consistent definition of an ECR please provide an estimate of the number of years you have spent in research since receiving your PhD (scientists) or clinical qualification (clinicians). Please factor in caring responsibilities, part-time working, career breaks or clinical activity etc that resulted in time away from research.

Applicants Page

Eligibility

Projects must be led by research-active professionals based at universities, hospitals or research institutes.

- Applicants and co-applicants must be employed in hospitals, universities or research institutes.
- The Principal Investigator (PI) is normally employed in a permanent position.
- Fixed term employees on a long-term contract may be eligible to be a PI, providing the term of employment extends at least six months beyond the duration of the proposed research project and the host research institution is prepared to give all the necessary support to the individual and the project.
- We would normally expect that co-applicants will have intellectual input into, and ongoing input into the research project. If their input is more limited we would expect them to be listed as collaborators.
- Applications from early career, independent researchers (ECR) (e.g. University Lecturer within 5-years of first appointment) are encouraged.
- For project grants we require one researcher, the PI, to take the lead and responsibility for the award, we do not allow co-PIs. A more experienced co-applicant can support a less experienced PI, such as an early career researcher.
- Research workers who require personal support from a project grant, and who have made a substantial intellectual contribution to the grant proposal, may be named as co-applicants with an established member of staff as the PI.
- **We do not consider more than one application from the same group of researchers per round.**
- **Applicants can be a PI on one application and co-applicant on no more than one other application.**

Collaborators: Collaborations are encouraged where relevant to the project. Where appropriate, there must be plans to put in place suitable collaboration agreements. Collaborators can be:

- Researchers that are not named as applicants but would be collaborating or providing services on the project.
- Subcontractors or patient representatives can be named as collaborators but **not** co-applicants.

Information required from PI

Details of Principal Investigator: Basic details of the Principal Investigator (PI) will be automatically entered into the applicant details question from **My contact details**. Select edit and complete your contact details. Enter a **work** not home address.

Primary institution responsible for administering the award: Add the primary institution responsible for administering the award, in most instances this will be your employing organisation. Please only add one institution. **Only include the organisation (University or hospital) not the department**. If you have filled out the 'My contact details' tab before starting your application the organisation will prefill into the application form. All eligible UK organisations should be

found via the search function, only **Add organisation** if you are adding a non-UK organisation. Do not add departments here.

Where **co-applicants and collaborators** are involved these should be added in the relevant sections.

Research Plan and Impact Page

Project eligibility

AMR and AFAT invite applications for translational medical research projects that have the potential to treat or enable medical interventions for Ataxia Telangiectasia (A-T) in childhood. The call is focused on child health, with interventions being proposed targeting babies, children and young people with A-T.

Projects may advance our understanding of the underlying mechanisms that lead to A-T, identify interventions which will stop or slow down the progression of the condition as well as finding ways to repair the damage done by the disease or develop treatments that delay or prevent the disabling effects of this devastating childhood condition. More information on the research priorities of AFAT can be found here: OUR RESEARCH STRATEGY - Action for A-T

Applications are invited across the fields of this multi-system condition however research must have the potential to bring actual or future benefit to A-T patients in childhood.

Projects can be undertaken at universities, hospitals or research institutes globally.

Applications

Research should be both innovative and of a high standard as judged by rigorous peer review.

Applications should:

- Address a significant, unmet need for babies (including unborn babies) or children and/or young people (CYP)
- Explain how clinical impact could be achieved within the short to medium term
- Have a strong scientific rationale
- Describe a discrete medical research project

There should be no major differences between the outline application and the full application e.g. a change in experimental strategy.

Limitations and exclusions

This scheme is not suitable for studies where there is **not a clear and specific paediatric need.**

We do not provide:

- grants on social research, family relationships or socioeconomic research.
- grants towards service provision or audit studies.
- grants for research into complementary / alternative medicines.
- grants purely for higher education courses.
- grants on how best to train clinical staff.
- grants for medical or dental electives.
- 'top up' funding for work already supported by other funding bodies.
- general appeals from other charities. Applications would normally come directly from research teams and projects need to be passed through our scientific peer review system.
- applicants based in core funded units can apply but need to demonstrate added value.

Information required

Project name: It should be clear what your project is focused on from the project name: do not include any confidential information.

Length of project: Projects may be up to 36 months in duration. The final decision on applications will be in late July 2026 with awards made from August 2026. Awards should ideally start within six months of award.

HRCS and Keywords: The Health Research Classification System (HRCS) is a system for classifying biomedical and health research across all areas of health and disease. Applicants should choose the categories and keywords that best represent their research. More information on HRCS can be found here Home - HRCS Online and the guidance document is available here HRCS_Main_Handbook_Document.pdf. A full list of the Health categories and Research Activity codes is provided in the Annexes HCRS codes. We have included all the HRCS codes, note some codes may not be in the remit of this call.

Age groups: Select as many age groups as your research covers, this may be a subset of the age group the condition affects. **Age groups based on Age - NHS digital service manual.**

Plain English (lay) summary of research: This summary should be a simple description of the research at a similar level that a family doctor would explain it to a patient. Avoid the use of jargon or acronyms as this will be seen by non-scientists. Where more complex terms are unavoidable provide an explanation or use a non-scientific analogy. The statement must explain why the research is important, should be suitable for use in charity publicity materials and should not contain any confidential information. It must be structured as follows:

Background: Briefly and clearly explain the disease/condition and its clinical impact. Describe the need for further understanding or treatment options. Objectives: Briefly state the aim(s) of your project. Clinical benefits: Explain how your research could/will benefit patients, either as a direct result of your findings or to inform future research that may help patients. Maximum 300 words.

Non-confidential scientific abstract of proposed investigation: Provide a non-confidential technical summary of the project. This may also be used to determine if a third party has a conflict of interest in relation to the application. State the aims of the work and the methods to be adopted. Maximum 300 words.

Remit: Briefly describe how this project fits the remit of this call to treat or enable medical interventions for Ataxia-Telangiectasia (A-T) in childhood. The call is focused on child health, with interventions being proposed targeting babies, children and young people with A-T. Maximum 300 words.

Clinical relevance and impact: Describe the clinical relevance of this project and the route to clinical application. Provide a timeframe for its clinical application and impact in 1) the short term 1-3 years, 2) the medium term 3-7 years and 3) the long term 7+ years. Maximum 200 words.

Project aims and research plan: You should describe the project aims and hypothesis to be tested and the methods of research to be used and expected outputs. The plan and study design should be described in sufficient detail for our advisors to understand what is proposed and if applicable, that the study is sufficiently powered. **Do not** include in your plan studies for which funding is not being requested (e.g. supporting studies funded elsewhere or being undertaken by collaborators). Maximum 250 (project aims) + 600 words (research plan).

Supporting figure: This should be a relatively simple diagram that can help the review panel understand your research approach/plan. Overly detailed figures and preliminary results that seek to extend the amount of information presented in the application will not be accepted.

PI Publications: These should be publications that demonstrate your background in the research area and expertise in the experimental techniques described in the application. Use a standard referencing style and list them in the following format

1.
2.
3.
4.
5.

Patient/public involvement: Will you be engaging the public in the research process? Examples of involvement of patients or members of the public in the research process include, choice of research topics, advising on the project design or in carrying out the research or you might consider involving a Young People's Advisory Group. 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. See Children | NIHR or https://www.nuffieldbioethics.org/wp-content/uploads/Children-and-clinical-research.pdf Maximum 70 words.

Finance and Resources Page

The upper limit for funding is **£250,000.**

Input estimates of the total amount being requested, salary costs, consumables costs and equipment costs. Ensure you have factored in inflation. **All costs must be in GBP**.

Eligible costs

AMR and AFAT will support the direct cost of research. Indirect or directly allocated costs such as shared equipment and resources based on estimates, administrative or other overheads (including any depreciation or maintenance costs) should not be included.

Salary costs

Research worker salaries can be included.

- Use salary scales known at the time of application and include an additional sum to cover estimates of future nationally agreed pay awards to cover cost of living increases only.
- Ensure you include any employer's costs e.g. pension, tax and geographical weighting allowances so the total salary cost is included.
- Do not include UK apprenticeship levy, visa costs, costs associated with advertising and recruitment of staff or course fees for degrees.

Salary of a PI or salaries (or percentage of salaries) for those already employed in salaried long-term positions should not be included.

Consumable and equipment costs

- Research expenses, consumables and items of dedicated equipment essential for carrying out the work can be included and must be fully justified.
- The university or research institute should provide standard laboratory equipment and office computers.
- Access charges for specialised equipment can be included but **not** depreciation or maintenance costs.
- **Do not** include tax on exempt items (e.g. VAT on consumables and equipment in the UK).
- **Do not** include costs for ethical or animal-use approvals (e.g. Home Office licence fees in the UK) or training costs associated with licences.

Travel, patient and public involvement and publication costs

The following may be included in the consumable costs if justified by the project.

- Costs of travel for researchers (excluding subsistence) provided they are necessary and integral part of the research proposed.
- **Do not** include an allowance for attendance at meetings and conferences (PIs may apply separately as the need arises during the grant).
- Patient and public involvement (PPI) costs can be applied for up to a maximum of £1,000 per grant. This is in addition to any patient costs (e.g. patient recruitment costs) required to deliver the project.
- Publication costs are limited to £3,000 per grant.

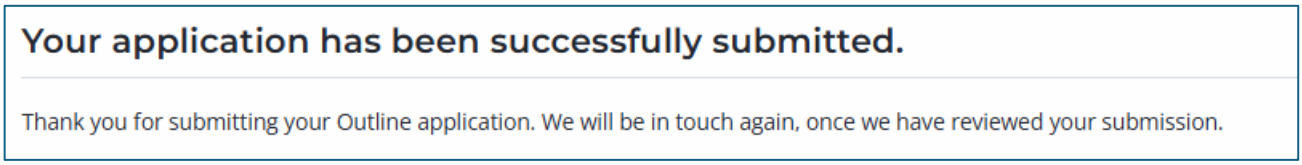
Previous Applications and Awards Page

Please ensure you have provided all the requested information about previous applications and grants from AMR or AFAT.

Application Process

1. Outline applications must meet the guidelines as outlined in the call and guidance. Ensure that you have thoroughly read the scope and exclusions. Late applications will not be considered. Ensure you are aware of and comply with any internal institutional deadlines that may be in place. Your host organisation will also be able to provide advice and support on completing your application.

2. Once you have completed all the required elements of the application the **Submit** button will be visible on the **Summary** page. When you have successfully submitted your application you will see the message below and your application will show as **Under assessment** in **My applications**. You should also receive an email notification that the application has been submitted. You can download a pdf version of the application; there is an option to include the CV.



3. After the deadline outline proposals will be subject to internal checks at AMR and AFAT to ensure fit to remit of the call. Applicants will be notified if their proposal has been rejected at this stage.

4. Outlines will be reviewed by our scientific advisors and those that best match the remit of the call will be invited to submit a full application.

5. Applicants selected to submit a full proposal will be informed by early-mid February and will be able to access the full application form and application guidance on the GMS. There will be a limit to the number of full applications that we can invite. Where the application is considered peripheral to our aims or in cases where demand on our funds is high, we will inform you of our decision not to request a full application.

6. Full applications will be externally peer reviewed and with a subsequent Scientific Advisory Panel review. Prior to consideration by the Scientific Advisory Panel applicants will have a short (approximately 2 week) opportunity to respond to reviewer comments.

7. Applications recommended for funding by the Scientific Advisory Panel are subject to final approval for funding by AMR's and AFAT's Councils.

8. It is anticipated that 4-5 projects will be funded through this call. Please note that competition for these awards is intense.

In the event of this funding opportunity being substantially oversubscribed, AMR and AFAT reserve the right to modify or extend this assessment process.

Assessment Criteria

Proposals submitted to this funding opportunity will be considered using the following criteria.

Remit, Importance and Impact of the work

- The importance and clinical relevance of the problem which the work seeks to overcome including the unmet need and scale of the problem.
- The scientific and/or medical advance in the short and long term that the project could produce with a clear and realistic route to clinical impact.
- Has this work been done before and, if so, will replication be valuable? Is similar or identical research being undertaken elsewhere and are there overlaps?
- Whether the work will further AMR and AFAT's objectives.

Scientific merit of the proposal

- The proposal summarises the previous work and describes how this will be built upon and progressed.
- Level of innovation and whether this is likely to lead to significant new understanding.
- The aims and objectives are understandable and unambiguous; hypotheses are clearly defined.

Feasibility of the project

Has a clearly written and transparent methodology/study design been provided?

- Are the experimental models appropriate?
- Do the experiments address the question asked?
- Are there any problems or flaws in the proposed work?
- Is the cohort appropriately selected and powered to prove or disprove the hypothesis?
- Has preliminary data been included in the proposal?

Has the applicant clearly set out and justified the following:

- Measures for avoidance of bias (e.g. blinding, randomisation)
- Number of experimental and control groups and sample size per group
- How the sample size was calculated, showing power calculations and including justification of effect size
- Overview of the planned statistical analyses in relation to the primary outcomes to be assessed
- Frequency of measurements/interventions to be used
- Circumstances in which power calculations are not appropriate to determine sample size

Is there a well thought out and robust recruitment plan?

Have diversity and inclusion been considered in the study population? If not, is there a clear justification?

Have any risks or difficulties been anticipated and a risk mitigation plan provided?

Is the potential impact to children or adults living with A-T clearly communicated in plain English (lay) terms?

Resources and costs justification

Is the support fully justified or any modifications to the support recommended?

PPI

Is the plan to involve patients or members of the public appropriate to the planned research (more involvement being expected where the research is nearer to clinical application)?

Are there any ethical issues that need specific consideration?

Use of animals justification

If the application involves the use of animals or animal tissue, is this (and the species proposed) justified in terms of the likely outcomes of the research and conforms to guidelines? Is there is potential for improvement in the research approach which could replace animals, reduce the numbers used and/or reduce animal suffering such as more modern methods that are less invasive.

Research team suitability

The research team should have the following:

- the relevant experience to deliver the proposed work
- the track record of the applicant(s) and their departments in the research area
- the right balance of skills and expertise to cover the proposed work
- the appropriate leadership and management experience to deliver the work

Award Conditions and Reporting Requirements

UK grants are awarded under the terms of Action Medical Research grant agreement. Non-UK grants will be awarded by Action for A-T. Projects must be started within 6 months of the award.

If you are successful in securing funding, you will need to provide at least six-monthly reports. Grantholders are expected to speak on their work at fundraising events or scientific meetings if required, displaying funders' logos.

Key Dates

Applications open: December 2025

Outline application deadline: 28 January 2026 5pm

Full applications invited: February 2026

Full application deadline: 17 March 2026

Decision: July 2026

Awards: from August 2026

Earliest start date: August 2026

Contact Details

For help and advice on costings and writing your proposal please contact your research office in the first instance, allowing sufficient time for your organisation's submission process.

Questions regarding the grant round should be directed to Action Medical Research by contacting applications@action.org.uk . Phone: 01403 210406 and press 5 for Research Office hours: Monday - Friday 9am to 5pm.

The Action office will be closed 25 December 2025 to 1 January 2026 (inclusive).

Annexes - HCRS codes

Health Categories

Category	Includes
Blood	Haematological diseases, anaemia, clotting (including thromboses and venous embolisms) and normal development and function of platelets and erythrocytes
Cancer and neoplasms	All types of neoplasms, including benign - malignant cancers (includes leukaemia)
Cardiovascular	Coronary heart disease, diseases of the vasculature and circulation including the lymphatic system, and normal development and function of the cardiovascular system
Congenital Disorders	Physical abnormalities and syndromes that are not associated with a single type of disease or condition including Down's syndrome and cystic fibrosis
Ear	Deafness and normal ear development and function
Eye	Diseases of the eye and normal eye development and function
Infection	Diseases caused by pathogens, acquired immune deficiency syndrome, sexually transmitted infections and studies of infection and infectious agents
Inflammatory and Immune System	Rheumatoid arthritis, connective tissue diseases, autoimmune diseases, allergies and normal development and function of the immune system
Injuries and Accidents	Fractures, poisoning and burns
Mental Health	Depression, schizophrenia, psychosis and personality disorders, addiction, suicide, anxiety, eating disorders, learning disabilities, autistic spectrum disorders and studies of normal psychology, cognitive function and behaviour
Metabolic and Endocrine	Metabolic disorders (inc Diabetes) and normal development and function. Includes all research on pineal, thyroid, parathyroid, pituitary and adrenal glands.
Musculoskeletal	Osteoporosis, osteoarthritis, muscular and skeletal disorders and normal musculoskeletal and cartilage development and function
Neurological	Dementias, transmissible spongiform encephalopathies, Parkinson's disease, neurodegenerative diseases, Alzheimer's disease, epilepsy, multiple sclerosis and studies of the normal brain and nervous system
Oral and Gastrointestinal	Inflammatory bowel disease, Crohn's disease, diseases of the mouth, teeth, oesophagus, digestive system including liver and colon, and normal oral and gastrointestinal development and function
Renal and Urogenital	Kidney disease, pelvic inflammatory disease, renal and genital disorders, and normal development and function of male and female renal and urogenital system
Reproductive Health and Childbirth	Fertility, contraception, abortion, *in vitro* fertilisation, pregnancy, mammary gland development, menstruation and menopause, breast feeding, antenatal care, childbirth and complications of newborns
Respiratory	Asthma, chronic obstructive pulmonary disease, respiratory diseases and normal development and function of the respiratory system
Skin	Dermatological conditions and normal skin development and function
Stroke	Includes both ischaemic (blood clots) and haemorrhagic (cerebral haemorrhage) strokes
Generic Health Relevance	Research applicable to all diseases and conditions or to general health and well-being of individuals. Public health research, epidemiology and health services research that is not focused on specific conditions. Underpinning biological, psychosocial, economic or methodological studies that are not specific to individual diseases or conditions
Disputed Aetiology and Other	Conditions of unknown or disputed aetiology (such as chronic fatigue syndrome/ myalgic encephalomyelitis), or research that is not of generic health relevance and not applicable to the top 19 specific health categories listed above

Overview of the Research Activity Codes

1	**Underpinning Research**
1.1	Normal biological development and functioning
1.2	Psychological and socioeconomic processes
1.3	Chemical and physical sciences
1.4	Methodologies and measurements
1.5	Resources and infrastructure (underpinning)
2	**Aetiology**
2.1	Biological and endogenous factors
2.2	Factors relating to physical environment
2.3	Psychological, social and economic factors
2.4	Surveillance and distribution
2.5	Research design and methodologies (aetiology)
2.6	Resources and infrastructure (aetiology)
3	**Prevention of Disease and Conditions, and Promotion of Well-Being**
3.1	Primary prevention interventions to modify behaviours or promote well-being
3.2	Interventions to alter physical and biological environmental risks
3.3	Nutrition and chemoprevention
3.4	Vaccines
3.5	Resources and infrastructure (prevention)
4	**Detection, Screening and Diagnosis**
4.1	Discovery and preclinical testing of markers and technologies
4.2	Evaluation of markers and technologies
4.3	Influences and impact
4.4	Population screening
4.5	Resources and infrastructure (detection)
5	**Development of Treatments and Therapeutic Interventions**
5.1	Pharmaceuticals
5.2	Cellular and gene therapies
5.3	Medical devices
5.4	Surgery
5.5	Radiotherapy and other non-invasive therapies
5.6	Psychological and behavioural
5.7	Physical
5.8	Complementary
5.9	Resources and infrastructure (development of treatments)
6	**Evaluation of Treatments and Therapeutic Interventions**
6.1	Pharmaceuticals
6.2	Cellular and gene therapies
6.3	Medical devices
6.4	Surgery
6.5	Radiotherapy and other non-invasive therapies
6.6	Psychological and behavioural
6.7	Physical
6.8	Complementary
6.9	Resources and infrastructure (evaluation of treatments)
7	**Management of Diseases and Conditions**
7.1	Individual care needs
7.2	End of life care
7.3	Management and decision making
7.4	Resources and infrastructure (disease management)
8	**Health and Social Care Services Research**
8.1	Organisation and delivery of services
8.2	Health and welfare economics
8.3	Policy, ethics and research governance
8.4	Research design and methodologies
8.5	Resources and infrastructure (health services)