

RESEARCH GRANT APPLICATION FORM



Please read guidelines and conditions carefully before applying

1. Name of Principal Applicant:

2. Names of co-applicants (not to exceed 3):

3. Department and Institution where the work will be carried out:

4. Title of Project:

5. Summary of proposed work (< 200 words) :

6. Proposed duration of grant and starting date:

7. Summary of Support requested (£):

	Year 1	Year 2	Year 3	Total £
Staff Costs				
Consumable Expenses				
Capital Equipment				
Total £				

DETAILS OF PRINCIPAL APPLICANT

8. Name and title:
9. Present post:
10. Source of salary:
11. Address for correspondence:
12. Phone (direct line):
13. Fax:
14. E-mail:
15. Professional qualifications (with dates):

16. Previous positions held (with dates):

17. Most important recent research publications (up to maximum 7; include title and full references):

18. Number of hours per week to be spent on project:

19. Previous experience of carrying out techniques and procedures in proposal. (If no direct personal experience, please describe how you will compensate.)

20. Current grant support (state awarding body, amount, dates of support and title of project):

21. Have you applied to any other grant giving body in relation to the work proposed in this application ?
YES/NO

If Yes, give full details including funding body and expected date of decision.

PROPOSED RESEARCH

Please describe your proposed research in approximately four to six pages, providing the information requested in questions 22 – 25 inclusive below:

22. Title

23. Aims and purpose of the proposed investigation

24. What previous work is this project based on?

25. Detailed plan of investigation and scientific procedures

26. Expected achievements at the end of each year of the funding period

Year 1

Year 2

Year 3

27. What will the therapeutic benefits of this project be?

28. How long will it be before there can be any therapeutic benefits from the project?

29. How many people may benefit from this research and in what ways?

30. Does this project involve working with people? YES/NO

If **Yes**, please attach your application to the Ethics Committee as well as written approval as granted by your Ethical Committee.

31. Does this project involve the use of animals? YES/NO

If **yes**, please complete Annex I

32. Does your project involve the use of human tissues? YES/NO

If **yes**, please complete Annex II

33. Does this project involve collaboration with other groups not named as applicants ?
YES/NO

If **yes**, please provide a letter of confirmation/ agreement of each collaborator

34. Is the proposed research likely to lead to commercially exploitable results?
YES/NO

If **yes**, please give brief details, including the arrangements normally made for the protection and exploitation of intellectual property rights created both by employees and non-employees, eg PhD students.

35. References (Research Project):

Please give citation in full, including title of paper and all authors. This page may be photocopied if

necessary.

36. Justification of posts, consumables travel and equipment sought

37. Lay summary

Please provide a clear and simple summary of the aims of the project, which can be understood by members of Ataxia UK. Describe how your project will help people affected by ataxia. *This summary must be in language appropriate to a lay audience.*

FINANCIAL DETAILS

38. SALARY COSTS

Name (if known)

Position and Grade

	Year 1	Year 2	Year 3	Total £
Salary				
London weighting				
Employer's costs (NI, Superannuation)				
Sub-total £				

Name (if known)

Position and Grade

	Year 1	Year 2	Year 3	Total £
Salary				
London weighting				
Employer's costs (NI, Superannuation)				
Sub-total £				

Name (if known)

Position and Grade

	Year 1	Year 2	Year 3	Total £
Salary				
London weighting				
Employers costs (NI, Superannuation)				
Sub-total £				

Total Salary costs for years £

39. CONSUMABLE EXPENSES (exclusive of VAT- see below))

Items	Year 1	Year 2	Year 3	Total
Sub-total £				

40. CAPITAL EQUIPMENT (*exclusive of VAT*)

Medical and scientific equipment and consumables purchased with charitable or voluntarily subscribed funds when it is donated to designated non-profit making (hospital or research) institutions, providing it is used for medical research, diagnosis or treatment, is zero rated for VAT. VAT should therefore be excluded when applying for such costs.

Items	Year 1	Year 2	Year 3	Total
Sub-total £				

41. Total Grant Requested	£
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DETAILS OF CO-APPLICANT (Please use separate sheet for each applicant)

42. Name and title:

43. Present post:

44. Source of salary:

45. Address for correspondence:

46. Phone (direct line):

Fax:

47. E-mail:

48. Professional qualifications (with dates):

49. Previous positions held (with dates):

50. Most important recent research publications (up to maximum 7; include title and full references):

51. Number of hours per week to be spent on project:

DETAILS OF KNOWN RESEARCH STAFF FOR WHOM FUNDING IS REQUESTED

(please use separate sheet for each person)

52. Name and title:

53. Present post:

54. Source of salary:

55. Address for correspondence:

56. Phone (direct line):

57. Fax:

58. E-mail:

59. Professional qualifications (with dates):

60. Previous positions held (with dates):

61. Most important recent research publications (up to maximum 7; include title and full reference):

62. Number of hours per week to be spent on project:

I have read and accept the conditions under which grants are awarded. I agree to notify Ataxia UK of any significant changes in the particulars of the grant, occurring either before or during the tenure of the award made. I warrant that no obligations to other bodies have been entered into, which are inconsistent with the terms of this agreement. I will not at any time in the future enter into any such obligations without the previous written consent of Ataxia UK. Where research is carried out on the Ataxia UK's members and/or other patients I agree that they will be treated with courtesy and consideration at all times. I shall be actively engaged in the day to day control of the project.

Signature of principal applicant:

Date:

Signature of co-applicants:

Date:

Signature of co-applicants:

Date:

Signature of co-applicants:

Date:

I have read and accept the conditions under which grants are awarded. I have read and support this application. I confirm that I agree to this research being carried out in my department, and that all necessary licences and approvals have been obtained or are being sought.

Signature of Head of Department:

Date:

Name of Head of Department:

Address for correspondence:

Phone (direct line):

Fax:

E-mail:

If a grant is made I will ensure that the funds provided are used for the purpose for which they have been given. I confirm that I have read and accept the conditions under which grants are awarded and that it is our intention to maintain our support for this department during the period for which this grant is requested. I warrant that no obligations to other bodies have been entered into, which are inconsistent with the terms of this agreement. I will not at any time in the future enter into any such obligations without the previous written consent of Ataxia UK. I confirm that this institution will meet any costs arising from maternity/paternity or sick leave and redundancy.

Signature of Administrative Authority/Finance Officer:

Name of Administrative Authority:

Address for correspondence:

Phone (direct line):

Fax:

E-mail:

I have read the conditions under which grants are awarded. I confirm that relevant arrangements for the protection and exploitation of patentable intellectual property rights will be applied with full rigour. I agree that knowledge gained as a result of the research to be funded will not be exploited without first obtaining Ataxia UK's authority in writing. Ataxia UK shall receive the share of any commercial return set out in the conditions.

Signature of Technology Transfer Officer:

Name of Technology Transfer Officer:

Address for correspondence:

Phone (direct line):

Fax:

E-mail:

ATAXIA UK

12 Broadbent Close, London N6 5JW

Tel: 020 7582 1444 E-mail: office@ataxia.org.uk

Registered Charity No: 1102391 Registered Company No: 4974832

ANNEX II

Work with human tissues

Applicants must be compliant with the latest regulations associated with the Human Tissue Act 2004, or national equivalent.

1. Where research involves working with human tissues please explain
 - the nature and quantity of the tissues required
 - how the sourcing, application, retention, storage and disposal of the tissues meets current best practice guidelines.

2. If the tissues are obtained from human embryos please give full details of
 - the number of embryos
 - the source of the embryos (ie left over from IVF or with nuclear transplant, or both)
 - the procedures to be followed in their use
 - the HFEA licence number and any conditions