# http://information.action.org.uk/system/files/1-logo-positive.jpg

#### 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 hospital or university 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. If you are applying to Action’s wider remit or a different joint call within the same grant round then please complete our shorter outline form.*** *If you are not sure then complete this form with the additional questions so we can check eligibility.*

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

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

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

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

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

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

|  |
| --- |
| Click 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 here to enter text. | Click here to enter text. | Click here to enter text. | Click 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 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, what are the competing solutions and the competitive advantage for your proposed solution? Please also say how close your proposed solution is to clinical application.** (maximum circa 500 words)

|  |
| --- |
| Click 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 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 approached the relevant Clinical Research Network Clinical Studies Group to help with the design of this study? (maximum circa 500 words)

|  |
| --- |
| Click 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)or[**https://www.nihr.ac.uk/nihr-in-your-area/children/young-persons-advisory-group.htm**](https://www.nihr.ac.uk/nihr-in-your-area/children/young-persons-advisory-group.htm)Resources include: [**INVOLVE**](http://www.invo.org.uk/)and [**Nuffield Council on Bioethics report “Children and clinical research: ethical issues”**](http://nuffieldbioethics.org/project/children-research) (maximum circa 70 words)

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

**13. 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 here to enter text. |

**14. 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 here to enter text. |

**15. 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 here to enter text. |

**16. 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 here to enter text. |

#### 17. 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 here to enter text. |

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

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

**19. 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 here to enter text. |

**20. a) Do you or your co-applicants have any grants from Action Medical Research that are currently active? If so, please give the reference number(s).**

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

#### b) If yes to the above, are you up to date with submitting the interim/final reports requested by the charity?

|  |
| --- |
| Click 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 327407.**