|  |
| --- |
| FOR NBUK USE ONLY |
| Date received |  |
| Acknowledged |  |
| Reference |  |
| Final decision |  |



www.neuroblastoma.org.uk Registered Charity No 326385

# GRANT APPLICATION FORM 2018

Please refer to the 2018 Guidance Notes for applicants when completing this form.

1. **Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Applicant 1  | Applicant 2 | Applicant 3 |
| **Surname** |  |  |  |
| **First name** |  |  |  |
| **Title** |  |  |   |
| **Post held** |  |  |  |
| **Department or Institution with address and postcode** |  |  |  |
| **No of hours p/w on project** |  |  |  |
| **Email address** |  |  |  |
| **Telephone** |  |  |  |

1. **Institution or authority administering the grant if approved**

1. **Institution or Laboratory where the work will be carried out**
2. **Title of research project** (no more than 120 characters including spaces)

**5. Scientific abstract of research** (in no more than 250 words)

1. **Lay title** (no more than 120 characters including spaces)
2. **Lay summary of the work proposed** (no more than 250 words)
3. **Potential benefit of the proposed research to neuroblastoma patients** (no more than 300 words)

**Is the proposed project likely to lead to patentable or commercially exploitable results?**

If **YES**, please give details.

**9. Please indicate whether you are willing for sections 4-7 to be communicated in confidence to other neuroblastoma charities willing to support research.** YES / NO

**10. Summary of support requested (as given in Section 15)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YEAR 1**£** | YEAR 2**£** | YEAR 3**£** | TOTALS**£** |
| Salaries |  |  |  |  |
| Consumables (total cost) |  |  |  |  |
| Travel & Subsistence |  |  |  |  |
| Equipment/Exceptional Items |  |  |  |  |
| **TOTAL COST** |  |  |  |  |

**11. Timing**

Proposed start date:………………………….

Proposed duration:………………………

**12. Declaration made on behalf of the Institution/Authority**

I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department/Institution. I also confirm that the staff grading and salaries quoted are correct and in accordance with the normal practice of this Institution.

I further confirm that I have read the Terms and Conditions that will apply to the Grant if this application is successful and confirm on behalf of the Institution/Authority that the Terms and Conditions are acceptable.

**(i) Signature of HEAD OF DEPARTMENT (ii) Signature of ADMINISTRATIVE OFFICE**

**Name: Name:**

**Address: Address:**

**Telephone: Telephone:**

**Email: Email:**

**Date: Date:**

**13. Name, address, telephone and email address of the Officer who should be contacted regarding the administration of the grant (if different from above)**

**14. Declaration by the applicants**

I have read the Terms and Conditions of the Grant and I confirm that I will co-operate with the Institution/Authority to enable it to comply with its obligations under the Terms and Conditions of Grant, together with any special conditions which may be set in the Letter of Award.

|  |  |  |
| --- | --- | --- |
| **Signature** | Name in Block Capitals | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**15. Details of proposed investigation**

Please read the notes to applicants and use the structure requested to complete this section in no more than 6 sides of A4.

**16. Finance requested** (summarised in section 10):

**(a) Salaries**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Position 1** | **Year 1**  | **Year 2**  | **Year 3**  | **TOTAL (£)** |
| Scale used(and point) |  |  |  |  |
| Salary |  |  |  |  |
| NI/Superannuation |  |  |  |  |
| Effort on project (%FTE) |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position 2** | **Year 1**  | **Year 2**  | **Year 3**  | **TOTAL (£)** |
| Scale used (and point) |  |  |  |  |
| Salary |  |  |  |  |
| NI/Superannuation |  |  |  |  |
| Effort on project (%FTE) |  |  |  |  |
| **TOTAL** |  |  |  |  |
|  |  |  |  |  |
| **TOTAL SALARY COSTS** |  |  |  |  |

**(b) Consumable expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consumables (please specify) | **Year 1**  | **Year 2** | **Year 3** | **TOTAL (£)** |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**(c) Animal purchase and husbandry (this must correspond with the numbers of experimental animals justified n paragraph 18)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1**  | **Year 2** | **Year 3**  | **TOTAL (£)** |
| **Purchase** **Husbandry** |  |  |  |  |
| **TOTAL**  |  |  |  |  |
|  |  |  |  |  |
| **Total Consumable Costs (b+c)** | **Year 1**  | **Year 2**  | **Year 3**  | **TOTAL (£)** |
|  |  |  |  |  |

**(d) Travel and subsistence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TRAVEL | **Year 1** | **Year 2** | Year 3 | **TOTAL (£)** |
| Transport (describe journeys and purpose) |  |  |  |  |
| Subsistence  |  |  |  |  |
| TOTAL |  |  |  |  |

**(e) Equipment and Exceptional items**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment and Exceptional Items**  | **Year 1** | **Year 2** | **Year 3** | **TOTAL (£)** |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

###

**17. Justification for the use of experimental animals**

Please refer to the Guidance notes for applicants and provide the information requested on a separate sheet if necessary.

**18. Justification for projects using procedures that involve the use of patients, normal human subjects and/or human tissue**

Please refer to the Guidance notes for applicants and provide the information requested on a separate sheet if necessary.

**19. Other support held by the applicants**

**(a) Please list any research grants you are receiving, or have received, from the Neuroblastoma Society or Neuroblastoma UK and provide further details in Appendix I**

**(b) Please list any other support you hold in the form of grants from a body other than Neuroblastoma UK or the Neuroblastoma Society**

**(c) Has this, or a related application, previously been submitted elsewhere?**

If **YES** to which organisation and by what date is a decision expected?

**20. Please provide the official postal address and contact details of all collaborators on whom the viability of the proposal is dependent.**

Please attach a copy of a letter stating the collaborators willingness to cooperate and a description of their contribution to the project.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Collaborator 1** | **Collaborator 2** | **Collaborator 3** |
| **Name** |  |  |  |
| **Postal Address**  |  |  |  |
| **Email address**  |  |  |  |
| **Telephone** |  |  |  |

**21. Please provide the contact details of 3 external referees who have no conflict of interest with this proposal. Please ascertain referees’ willingness to review your application during November/December 2018.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Referee 1** | **Referee 2** | **Referee 3** |
| **Name**  |  |  |  |
| **Postal Address** |  |  |  |
| **Email address**  |  |  |  |
| **Telephone**  |  |  |  |

**APPENDIX I: Curriculum Vitae of the Applicants**

1. **Name**
2. **Date of birth**
3. **Degrees (subject, class, university and date)**
4. **Current position**

1. **Previous posts (with dates):**

**6. Please list up to 6 key research publications and papers ‘in press’:**

###### APPENDIX II: Curriculum Vitae of the person(s) to be employed on the grant (if known)

1. **Name**

1. **Date of birth**

1. **Degrees (subject, class, university and date):**
2. **Current post:**
3. **Summary of previous posts (with dates)**
4. **Key research publications (maximum of 6) and papers ‘in press’ in refereed journals**

**APPENDIX III: Details of previous and current grants awarded by Neuroblastoma Society or Neuroblastoma UK** **within the past 5 years**

1. **Project title**
2. **Start date**

1. **End date**
2. **Date of submission of final report for previous awards**

**5. Sum awarded**

**6. Grant holders**

**7. Name of person(s) employed on the grant**

**8. Please give the major findings obtained from this work and how the work has contributed to a greater understanding of the causes, diagnosis or treatment of neuroblastoma?**

**9. List scientific papers directly resulting from this grant (full papers published or ‘in press’ in refereed journals)**