

Midland Way, Thornbury, Bristol BS35 2BS UK Tel +44 (0)1454 280405 FAX +44 (0)1454 281094 www.meningitis.org

## Research Grant Application Form

### 1. Applicants:

	Principal Applicant	Applicant 2	Applicant 3	Applicant 4
Surname				
Forename(s)				
Age				
Title				
Post held				
Number of hours per week on project				

The principal applicant is normally the corresponding applicant. If correspondence should be addressed to another applicant, please use an asterisk to indicate this in the table above. If there are more than four applicants, please attach details on a separate page.

### 2a) Institution/Authority (administering grant if approved):

### b) Address at which work is done:

### 3. Title of Investigation (not to exceed 120 characters including spaces)

### 4. Summary information

a. Proposed start date*	b. Duration (in months)	c. Total funding requested
		£

\*Please choose a realistic start date. You will not learn the outcome of your application until April, and it takes time to obtain signatures and return Terms and Conditions, and to recruit staff once the paperwork is done.

## **5. Research Summaries**

**a) Scientific Abstract** (not to exceed 250 words)

**b) Please state clearly the aims and objectives of your study.**

**c) What is your study design?**

**d) Title in layperson's language** (should not exceed 120 characters including spaces)

**e) Summary of research proposal for the layperson** (not to exceed 250 words). Please summarise the actual work you plan to do, in layperson's language. The summary should include a brief outline of the clinical benefit / potential value of this study in relation to the prevention, diagnosis or treatment of these diseases and their complications. Grantholders are expected to refer to this when discussing outcomes of the project in their final report.

**6a) Summary of support requested in £ sterling:**

	Project Year 1 £	Project Year 2 £	Project Year 3 £	Project Year 4 £	Project Year 5 £	Total £
Staff						
Consumables						
Travel and Subsistence						
Exceptional items						
Equipment						
<b>Grand Total</b>						

**b) Breakdown of costs by financial year in £ sterling (1 April to 31 March):**

	Financial Year 1 £	Financial Year 2 £	Financial Year 3 £	Financial Year 4 £	Financial Year 5 £	Financial Year 6* £	Total £
Staff							
Consumables							
Travel and Subsistence							
Exceptional items							
Equipment							
<b>Grand Total</b>							

\*5 years is the maximum duration for grants, but 5-year grants starting after April will incur expenditure over 6 financial years.

**7. Does this project involve the use of human participants or human tissue? Yes  No**

If yes, please attach copies of your submission to the relevant Ethics Committee(s) along with your letter of approval if available. The Foundation will consider applications before ethics committee approval is obtained, but expects a copy of the ethics approval letter within six months of notification of grant. **If you answered yes but are not attaching a letter of approval or your submission to Ethics Committee, please explain when you expect to be able to provide this.** If you answered yes and are applying from outside the UK, please attach copies of documents that show compliance with your country's research ethics regulations (along with translation into English, for documents in other languages).

**8. Other research grants and grant applications**

**a) Is this application currently being submitted elsewhere? Yes  No**

If yes, to which organisation, and by what date is a decision expected?

**b) Has this, or a similar application been submitted elsewhere over the past year? Yes  No**

If yes, to which organisation, and what was the result?

**c) Do you hold, or are you currently applying for another research grant(s) on a similar or related topic? Yes  No**

If yes, please give details, and explain how this does not overlap with your current application to Meningitis Research Foundation.

**d) Is this application a resubmission of an application previously considered by the Foundation?**

Yes  No

If yes, please attach a covering letter briefly stating how this application differs from the original.

**e) Have you previously held (a) grant(s) from Meningitis Research Foundation? Yes  No**

If yes, please list project titles and start dates along with details of any resulting publications and other outcomes.

**8. Other research grants and grant applications** (continued)

f) Please list other current grants you hold, including name of awarding body, title of project, amount awarded and dates of support

**9. Declaration:**

**Applicants:**

I have read the Terms And Conditions of Grant Aid and agree to abide by them. If a grant is made, I

- i. will take all reasonable actions to ensure that the Foundation's contribution to funding the research is suitably acknowledged in all publications arising from it, and ensure that copies of any such publications are forwarded to the Foundation.
- ii. will comply with policies on intellectual property rights and commercial exploitation as set out in the Terms and Conditions
- iii. will inform the Charity of any changes to details set out in the application

I shall actively be engaged with the project, and in day-to-day control of the project.

To be signed by:	Signature	Name in block capitals	Date
Principal Applicant			
Applicant 2			
Applicant 3			
Applicant 4			

**10.** This application should be submitted by/through (1) the Head of Department and (2) the Officer who will be responsible for administering any grant that may be awarded. Each should sign the following declaration:

**I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department/Institution in accordance with the terms and conditions of grant aid of Meningitis Research Foundation. The staff grades, salaries and other costs quoted are correct and in accordance with the normal practice of this institution. I confirm also that this institution is subject to external audit.**

	Head of Department	Administrative Authority
Signature:		
Title:		
Name and Initials (Block Capitals):		
Institution:		
Address:		
Date:		

**11. Full official contact details of all applicants**

	Principal applicant	Applicant 2	Applicant 3	Applicant 4
<b>Name:</b>				
<b>Department :</b>				
<b>Institution:</b>				
<b>Address:</b>				
<b>Telephone No:</b>				
<b>Fax No:</b>				
<b>Email:</b>				

**12. Proposed Investigation:**

**Please use a standard sized font (no smaller than 10 point). Text should not exceed six pages.**

Additional pages may be used for the reference list, as well as data tables, graphs, photographs and pilot data where these are included. Please integrate these pages into the application form, rather than sending them as a separate document.

1. Title:
2. Purpose:
3. Background:
4. Plan:
5. Methods:
6. Detailed justification for support:  
(Items of equipment, travel, staff, etc. should be justified here in relation to the demands of the work.)

**13. Details of support requested broken down by project year (summarised in Section 6)**

Details of posts by name	Grade	Start Point	Incremental date	Start Salary	London weight	Other	Superan and Nat Ins	Total costs Yr 1
Research staff 1 2 3 4								
Technical staff 1 2 3 4								
Other staff 1 2								
Annual Costs of above posts	Effort on project per cent months		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Research staff 1 2 3 4	%	months						
Technical staff 1 2 3 4	%	months						
Other staff 1 2	%	months						
<b>Grand Total:</b>								



**13. Continued**

Travel and subsistence, destination and purpose	Number of journeys/ days	Mode of transport	Fare/ mileage	Su bsistence	Fees	Total £
Within the UK						
Overseas						
Total Annual Costs £	Year 1	Year 2	Year 3	Year 4	Year 5	

The Foundation will not normally meet costs associated with travel to conferences. See Guidance.

Exceptional Items						Total
Total Annual Costs	Year 1	Year 2	Year 3	Year 4	Year 5	

**13. Continued**

Equipment Description of items and country of manufacture	Expiry date of quotation	Likely Delivery Date	Basic Price £	Import Duty	Total £
1					
2					
3					
4					
5					
6					
7					
Annual cost of above items	Year 1	Year 2	Year 3	Year 4	Year 5
1					
2					
3					
4					
5					
6					
7					
Total Annual Costs					

Medical / scientific equipment purchased with charitable funds, when donated to designated non-profit making (hospital or research) institutions to be used for medical research is zero rated for VAT. VAT should therefore be excluded when applying for equipment costs from the UK and Republic of Ireland.

**14. Curriculum Vitae of applicant** (please complete a copy of this page for each applicant and for any named staff for whom salary support is requested in section 14)

**Name:**

**Age and Date of birth:**

**Degree etc. (subject, class, university, and date):**

**Posts held (with dates):**

**Do you have assured salary support for the period of the grant?**

**Yes**  **Salary applied for in current proposal**

If neither of the above is true, please explain the circumstances below. If applying for part of your salary please explain the source from which the remainder of your salary is funded.

**Do you have links (eg. consultancies, equity holdings) to companies or other organisations that are relevant in any way to the current proposal?** **Yes**  **No**

If yes, please give details.

**Recent Publications; also papers in press:**

## 15. Experiments involving animals

Applicants must have regard to animal welfare and advances in the refinement, replacement and reduction of animal use. Meningitis Research Foundation will not support research involving live animals unless there is no alternative, and it is essential to the outcome of the research. If the proposed research project involves research on live animals, their use must be minimised and optimised. The number of animals requested must be fully justified. Meningitis Research Foundation emphasises the importance of refining procedures to minimise any pain or distress caused.

Please refer to the Foundation's policy on the use of live animals before answering these questions:

**15.1 Do the experiments you propose involve the use of protected animals in regulated procedures under the Animals (Scientific Procedures) Act 1986?** (For the information of non-UK applicants, this includes all vertebrates as well as octopus.) Yes  No

If no, skip to question 15.9.

If yes, which species and how many animals?

Are any of the procedures of substantial severity? Yes  No

**15.2 Has a project licence, under the terms of the Animals (Scientific Procedures) Act 1986, been granted which authorises the proposed experiments?** Yes  No

If yes, please state the name and address of the licensee, Home Office reference and date of issue and attach a copy of the front page of the project licence.

If not, has it been applied for? Yes  No

Does each individual carrying out work on animals have a personal licence? Yes  No

If you are applying from outside the UK, please explain what efforts have been made to comply with local procedures regulating the use of animals in scientific experiments.

**15.3 Have all those involved in the care and use of animals before, during and after the experiments, received appropriate training in animal care and in the procedures involved? Has this training included attendance at the relevant courses?**

**15.4 Does your institution have an Ethics (or Animal Care and Use) Committee for animal experiments? If so, have the proposed experiments received its approval?**

If not, what steps have been taken to gain its approval?

If no such committee exists, what alternative measures have you taken?

**15.5 Will the animals be conscious for all or part of the experiments? If so, explain why this is necessary, what, if any, discomfort they are likely to experience and how it is ameliorated.**

**15.6 If the animals are to be anaesthetized, will they be allowed to regain consciousness? Unless the animals are to be the subject of survival studies, explain why this is being allowed.**

**15.7 Have the appropriate power calculations been performed to determine the number of animals required? If so, please give the calculations.**

**15.8 Does the proposed experimentation on live animals duplicate any other research which has already taken place, or which is known to be currently taking place in any research establishment?**

**15.9 Will you be engaging any other establishment to carry out experiments on live animals as part of this research project? If so, please provide full details.**

## **16. Scientific Integrity**

The Foundation expects the highest standards of integrity to be adhered to by researchers whom it funds. Institutions in the UK and Republic of Ireland are required to have in place their own published standards of good research practice and formal written procedures for the investigation of allegations of scientific misconduct. These must comply with the Association of Medical Research Charities' Guidelines on Good Research Practice (<http://www.amrc.org.uk/HomePage/default.aspx?Nav=485,523>).

**Please direct us to the precise URL on your Institution's website where the policy on good research practice/scientific integrity is located (and ensure that the URL is not password-protected). Otherwise, please attach one copy. If attaching the policy document, please send it as a separate file and do NOT integrate it into the text of this application form.**

## **17. Dissemination**

The Foundation has a responsibility to ensure that all useful knowledge acquired from research it funds is disseminated to the public and to others able to utilise or benefit from it. Annual and final reports are required which specifically indicate the relevance of research progress and outcomes to meningitis and associated infections. Grantholders are expected to seek publication of findings in peer reviewed journals as soon as possible, even where results prove negative. The Foundation must be notified in advance of publication, and acknowledged in all publications and presentations arising from research it funds.

**Please outline proposed arrangements for dissemination.**

## **18. Monitoring and Evaluation**

The Foundation's Trustees have a responsibility to ensure that work of the highest quality is produced. The Foundation therefore requires that the Research Institution ensures that all funded work is adequately supervised at all times, monitored and evaluated. The results of the research must be subject to proper evaluation before they are published.

**Please indicate what arrangements are in place for monitoring and evaluation.**

**19. Collaboration on a research project**

Any individuals named as collaborators (NOT as applicants) in this research application should complete a copy of this form.

**Name of principal applicant:**

**Principal applicant's department and institution:**

**Name of collaborator:**

**Full address of collaborator, including department and institution:**

**Title of research grant application:**

**Extent and nature of collaboration:**

**I confirm that I am willing to collaborate as stated above on this research project:**

**Signed:**

**Date:**