

*Together, We Can Be The Change*

**Project Grant**

**(Applicants are advised to read the accompanying guidelines carefully)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** | **Applicant 3** |
| **Full name** |  |  |  |
| **Qualifications** |  |  |  |
| **Post held** |  |  |  |
| **Departmental address** |  |  |  |
| **Telephone No.** |  |  |  |
| **Fax number** |  |  |  |
| **Email** |  |  |  |

|  |  |
| --- | --- |
| **Title of Project** |  |

**Summary of Project**

**(Type within the box below)**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed duration** |  | **Starting date** |  |

**Summary of support requested (not required for studentship applications - please leave blank )**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **Total Salary cost** |  |  |  |  |
| **Recurrent expenses** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Totals £** |  |  |  |  |

**Acceptance of conditions**

I have read the conditions and, if my application is successful, I agree to abide by them. I shall be actively engaged in, and in day-to-day control of, the .

**Signature of applicant(s): Date:**

This application should be submitted by/through (i) Head of Department and (ii) the officer who will be responsible for administering any grant that might 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 conditions required by the UK Stem Cell Foundation. The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution.*

**(i) Signature of Head of Department Title**

|  |  |
| --- | --- |
| **Name and initials of (i) above** |  |
| **Institution** |  |
| **Address** |  |
| **Date** |  |

**(ii) Signature of Administrative Authority**

Please check one of the following:

Finance Officer  Bursar  Registrar  Secretary of Institution   
 Other (please state below)

**Name and Initials of (ii) above Date**

**Address** (**This *must* be completed in full**) **Telephone Number (including code)**

**& email**

**Name, address, telephone number (including code and extension) & email in typescript (or block capitals) of the officer who should be contacted regarding the administration of the grant if awarded, if different from (ii) above:**

**Description of Project in non-technical terms (no more than 100 words) for UKSCF records:**

**Details of Grant requested**

***(not required for studentship applications - please leave blank)***

**Staff**

Medical/Scientific

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Grade** | **Year 1** | **Year 2** | **Year 3** | **Total** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total £** |  |  |  |  |

Technical/Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Grade** | **Year 1** | **Year 2** | **Year 3** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total £** |  |  |  |  |

**Expenses**

**Recurrent Costs:**

*(Please supply details below- use supplementary sheet if required)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total £** |  |  |  |

**Equipment:**

*(Please supply details below)*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total £** |  |

|  |
| --- |
| **Does the project require Local Ethical Committee approval? (Select yes/no from drop down list below)** |
| If yes, please supply appropriate documentation |

|  |
| --- |
| **Does the project require a Home Office Licence? (Select yes/no from drop down list below)** |
| If yes, please state Licence number here: |

|  |
| --- |
| **Is this application currently being submitted elsewhere? (Select yes/no from drop down list below)** |
| If yes, please state organisation and date of decision: |

|  |
| --- |
| **Has this application been submitted elsewhere over the past year? (Select yes/no from drop down list below)** |
| If yes, please state organisation and result: |

|  |
| --- |
| **Is your related research currently being supported by any outside body? (Select yes/no from drop down list below)** |
| If yes, please indicate the topic, supporting organisation, value and tenure: |

|  |
| --- |
| **Is the proposed research likely to lead to patentable or otherwise commercially exploitable results? (Select below)** |
| If yes, please give brief details: |

**List grants held by applicants within the last five years**

Please state name of awarding body, project title, amount awarded and period of support. Use a supplementary sheet if required. Enter details within box below.

**Curriculum Vitae of Applicant(s)**

*(A* ***maximum*** *of 2 A4 sheets, a second page is allowed for within the form, the box will expand)*

**Full name:**

**Qualifications and where obtained:**

**Present Position:**

**Posts held with dates:**

**Recent Publications:**

**Curriculum Vitae of Medical/Scientific Staff (if appropriate)**

*(A* ***maximum*** *of 2 A4 sheets a second page is allowed for within the form, the box will expand)*

**Full name:**

**Qualifications and where obtained:**

**Present Position:**

**Posts held with dates:**

**Recent Publications:**

**Proposed Investigation**

**Research grant (project & programme**) - to include title of project, purpose and background, plan of investigation and reasons for support requested. Proposal should not exceed 2000 words.