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## **APPLICANT DETAILS**

## **Full name of lead applicant / principal researcher**

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## **Name of organisation administering the grant, if approved**

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## **Name of department that will accommodate the research, if the grant is approved**

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## **Registered company or charity number (if applicable)**

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|  |

## **Address**

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| --- |
|  |

## **Postcode**

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## **Email address**

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## **Telephone Number**

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## **Do you have the permission of your organisation to apply for the grant? *Note this will be verified and an organisation confirmation letter is required. Delete as applicable***

YES / NO

## **Have you previously been awarded or applied for a grant from the any of the charities which are part of this collective? *delete as applicable***

YES / NO

**Please provide independent referee details – name, email**

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## **PROJECT DETAILS**

## **Application type – *delete as applicable***

Project Grant / Preliminary Data Award

## **Project title**

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| --- |
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## **Project setting**

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| --- |
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## **Proposed start date**

|  |
| --- |
|  |

## **Proposed end date**

|  |
| --- |
|  |

## **Total project cost**

|  |
| --- |
|  |

## **Amount sought from MCRF**

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## **Project lay summary**

## *Provide a plain English summary. This should be suitable for the wider research community and public [250 words max]*

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## **PROJECT DESCRIPTION**

## **Research team**

*List the members of your team and their roles in this application*

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| --- |
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## **Rationale and objectives**

## *Outline the problem you aim to address and summarise the research questions you intend to answer [max 1000 words]*

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## **Proposal**

## *Provide background information, and outline the intervention or study design you intend to pursue. Please include your research methods and give a detailed timeline and description of the project activities.* *[max 1,500 words]*

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## **References**

*Provide a maximum of 10 references here, not elsewhere in your application. Please include digital object indentifiers (dois).*

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## **How will the project be managed and monitored?** *[max 250 words]*

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## **What will be the potential impacts / outcomes / benefits of the project?** *[max 250 words]*

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## **How will you publish/disseminate the research findings?** *[max 250 words]*

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|  |  |
| --- | --- |
| **Are there any special ethical issues arising from your proposal that are not covered by the relevant professional Code of Practice?** | YES / NO |
| **If required, have you obtained ethical approval from the relevant authority?** | YES / NO |
| **Does the project involve the development of commercial products or services?** | YES / NO |
| **Are there any intellectual property issues that will require addressing?** | YES / NO |

## **Please describe any of the ethical or intellectual property issues that you have identified.**

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## **FUNDING BREAKDOWN**

1. **Total support requested:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| **Total project costs:** |  |  |  |
| **Amount sought from MCRF:** |  |  |  |

1. **Please give details of the use of funds requested (e.g. equipment, staff costs, etc):**
2. **Please itemise the project’s anticipated total costs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Grade/further  details | Year 1 | Year 2 | Year 3 | Total |
| Personal support of applicant |  |  |  |  |  |
| Research staff  Number of posts (full/part-time) |  |  |  |  |  |
| Technical/other  Number of posts (full/part-time) |  |  |  |  |  |
| Addition for superannuation  and national insurance |  |  |  |  |  |
| Materials and consumables |  |  |  |  |  |
| Travel (please specify) |  |  |  |  |  |
| Apparatus and equipment |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |
| Total (VAT is not payable on  any element of the grant) |  |  |  |  |  |

1. **If the cost of your research would not be fully funded by MCRF what other funding has already been raised or what other funders are currently considering the proposal?**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Amount of grant or in-kind support | Duration | Awarded or date decision expected |
|  |  |  |  |
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1. **How will financial expenditure be managed and monitored?**

## **DECLARATION**

I confirm that, I have made this application and to the best of my knowledge, all of the information and statements of fact that I have provided in this application form are true, accurate and not misleading. I fully understand that Meso Collective Research Fund has zero tolerance towards fraud, negligent misrepresentation or negligent misstatement and will seek to prosecute and recover funds in every instance. I further confirm that all necessary licences and approvals have been or are being sought.

Signature of Lead Applicant / Principle Researcher:

Date:

Full name (printed):

Job title:

I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department in accordance with the information provided and Meso Collective Research Fund’s terms and conditions. All necessary licences and approvals have been or are being sought.

Signature of Head of Department: Date:

Full name (printed):

Job title:

I confirm that this organisation will administer the grant, if awarded, and that the financial information quoted above is correct and in accordance with normal practice of the Institution.

Signature of officer responsible for administering grant:

Full name (printed): Date:

Job title:

## **SUPPORTING DOCUMENTATION**

## ***Please attach the following with your application***

Organisation confirmation letter

CVs of lead applicant / principal investigator and any proposed co-applicant