****

**BCI Project Grant Application Form**

**Submit completed applications forms online at**

[**www.bci-edinburgh.org/apply**](http://www.bci-edinburgh.org/apply) **under Project Grants**

Selection Process

****

**Confidentiality & Data Protection**: Please note that your application will be kept confidential by BCI and will not be shared with third parties other than for the purposes of assessing the application, awarding the grant and providing summary details on the BCI website about the award if funded and when completed.

**Completion Guide:** Please complete this form in Arial 10 point font size

* **Research project applicants should complete sections 1 through 17.**
* **Non-research project applicants should complete sections 1 through 15 omitting sections 8, 9C, 9D, 10, 12 and 15 (parts 2,4,5,7).**

**1. Project title** *(not more than 25 words in language accessible to a non-expert audience)*

**2. Duration of Project** *(months)*

**3 (a) Directly Incurred Costs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Staff | Travel | Other\* | Equipment | CTR\*\* | Exc. Items | **Sub-Total** |
|  |  |  |  |  |  |  |

*\*Including consumables and lab experimental costs OR costs for non-research projects (excluding staff/travel)*

*\*\*Direct Costs associated with the Clinical Trial Regulations*

**3 (b) Directly Allocated Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff | Investigators | Estates Costs | Equipment | Other\* |  **Sub-Total** |
|  |  |  |  |  |  |

*\*Including consumables and lab experimental costs OR costs for non-research projects (excluding staff/travel)*

|  |  |
| --- | --- |
| **3 (c) Indirect Costs** |  |
|  |  |
| **3 (d) Total Funds Requested from BCI\*** |  |
| *\*Up to £100,000* |  |
| **3 (e) Source of funding for outstanding costs (over and above that requested from BCI - if applicable) – please indicated if these have been secured/approved** |
|  |

**4. Chief Investigator/Main Applicant**

|  |  |  |
| --- | --- | --- |
| Name and title | Position | Institution |
|  |  |  |

**5. Project lay summary** *(not more than 250 words, which will be published on the BCI website. This must be accessible to a non-expert audience and the text will be assessed for clarity during review of the application)*

**6. Dates**

|  |  |
| --- | --- |
| Proposed start date |  |
| Proposed finish date |  |

**7. Applicants’ details – up to one principal applicant and 3 co-applicants are permitted**

|  |  |
| --- | --- |
| Title and full name *(Principal applicant)* |  |
| Full address |  |
| Telephone no./ext. | E-mail  | Hours per week on project |
| Organisation | Department | Position |

|  |  |
| --- | --- |
| Title and full name *(Co- applicant)* |  |
| Full address |  |
| Telephone no./ext. | E-mail  | Hours per week on project |
| Organisation | Department | Position |

|  |  |
| --- | --- |
| Title and full name *(Co- applicant)* |  |
| Full address |  |
| Telephone no./ext. | E-mail  | Hours per week on project |
| Organisation | Department | Position |

|  |  |
| --- | --- |
| Title and full name *(Co- applicant)* |  |
| Full address |  |
| Telephone no./ext. | E-mail  | Hours per week on project |
| Organisation | Department | Position |

**8. Permissions (research projects only)**

**Clinical Trial Authorisation (CTA) details for Trials subject to the Clinical Trial Regulations**:

If co-sponsor arrangements apply, a description of the distribution of responsibilities between the partners should be provided below, as required in the CTA application provided to the Medicines and Healthcare products Regulatory Agency (MHRA).

**CTA/EudraCT Number** *(please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| Not required |  | Requested/To be Requested |  |

**Ethical approval** *(please tick)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attached  |  | Not Required |  | Requested/To be Requested  |  |

**Animals** *(please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| Not required  |  | Requested/To be Requested |  |

**9. Other Support**

|  |
| --- |
| A: This project has been submitted within the past year to: |
|  |
|  |
|  |

|  |
| --- |
| B: This project is currently being submitted to: |
|  |
|  |
|  |

|  |
| --- |
| C: Other research grants currently held *(organisation, project title, funding and period of support) – (only if applying for a research project)* |
|  |
|  |
|  |

|  |
| --- |
| D: Is there any overlap between this application and the other grants that you hold or are applying for? *(organisation, project title, funding and period of support) (only if applying for a research project)* |
|  |
|  |
|  |

**10. Commercial exploitation (research projects only)**

|  |
| --- |
| Is the proposed research likely to lead to patentable or other commercially exploitable results? *(please give details)* |
|  |
| Does the project involve collaboration with industry? (*please give details*) |
|  |

**11. Declaration and authorisation**:

**Applicants**

To my knowledge the project described here represents the ideas, concepts and writings of myself and co-investigators and is not a modification of projects submitted by others elsewhere.

|  |  |  |
| --- | --- | --- |
| Signature of applicants | Name *(Capitals*) | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**12.** **Grantholder (research projects only)**

I confirm that the work outlined in this application, if successful, will be accommodated and administered in this department/institution. The staff gradings and salaries proposed are correct and in accordance with the normal practice of this institution. I accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform BCI/Edinburgh & Lothians Health Foundation if there is any indication of scientific misconduct or misuse of grant funds**.**

**Head of Department**

|  |  |
| --- | --- |
| Signature | Date |
| Title and full name *(block capitals*) | Department |
| Department/institution |

**13. Finance Office of Grantholder – please provide the contact details of an appropriate finance officer who can be contacted to manage the transfer of funds in the event of a successful application. Please note that applications from the University of Edinburgh should be setup on worktribe ahead of application submission.**

|  |  |
| --- | --- |
| Title and full name *(block capitals)* | Position held |
| AddressPostcode |  |
| Telephone no./ext. |
|  |

**14. When NHS Lothian Support Costs are identified, the R&D Officer(s) must sign the following:**

This project application has been discussed with me/us (delete as appropriate) and I/we (delete as appropriate) note the NHS Lothian Support Costs associated with the application.

|  |  |
| --- | --- |
| Signature(s) | Date(s) |
| Title(s) and full name(s) *(block capitals)* | Position(s) held |
| Address(es)Postcode(s) |
| Telephone no.(s)/ext.(s) |

**15. Proposed project (not more than 8 pages including references – figures and tables are permitted)**

1. Introduction
2. Results of any pilot studies (research projects only)
3. Aims
4. Research questions (research projects only)
5. Translation (research projects only)

6. Plan/proposal

7. Methods, expertise available, statistical power (research projects only)

8. Timetable

9. Existing facilities/infrastructure

10. Justification of requirements

11. Patient and public involvement in the study and the benefits of this proposal to patient care. Include details of planned public engagement and dissemination activities if relevant.

12. Key references

13. Relevant additional material

**16. Curriculum vitae of applicants/proposed staff (if known) – copy this page for each applicant/proposed staff member – no more than 1 page per person – Research Projects Only**

(Maximum 1 page per applicant. This form may be copied as necessary. Do not attach separate CVs)

|  |  |  |
| --- | --- | --- |
| Surname | Title  | Position |
|  |  |  |
| Degrees |
|  |
|  |
|  |
|  |
| Posts held *(with dates)* |
|  |
|  |
|  |
|  |
|  |
|  |
| Relevant recent publications *(with title and reference)* |
|  |
|  |
|  |
|  |
|  |

**17. R&D Project Details Proforma (Research Projects Only)**

**1. Methodology** *(please tick)*

|  |  |
| --- | --- |
| Clinical trial |  |
| Randomised controlled trial *(specify comparison groups below)* |  |
| Systematic review |  |
| Case-control study |  |
| Other *(please specify in free text)* |  |

**2. Sample group description**

|  |
| --- |
| Describe the notional population from which your study sample will be drawn |

**3. Outcome measure description**

|  |
| --- |
| Endpoints or measures used to evaluate health status, such as survival, quality of life, reduction in blood pressure, etc. |

**4. Project related website**

|  |
| --- |
| If there is a web site which contains further related information for an individual project, provide the URL. |