

GRANT APPLICATION FORM**THE CHRONIC GRANULOMATOUS DISORDER RESEARCH TRUST**

1. Applicant(s)	Applicant 1	Applicant 2	Applicant 3
Forename(s)			
Title			
Post held			
Department/Institution			
No of hours p/w on project			

**2. Address of Institution/Authority
(Administering grant if approved):**

3. Address where the work will be done:

4. Title of Research (do not exceed 120 characters including spaces):

5. Type of grant sought:

6. Abstract of research (in no more than 200 words):

7. Key words (no more than six):

8. SUMMARY OF SUPPORT REQUESTED (see Section 16)	YEAR 1 £
Salaries	
Consumables	
Travel & Subsistence	
Exceptional Items	
TOTAL COST	

8. Proposed starting date: _____

9. Proposed duration: ___12___ Months

10. Project approved by:

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

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 set out in the 'Conditions for Making a Grant Application' and set out in full in 'Terms and Conditions' which 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 to the Institution /Authority.

(i) Signature of HEAD OF DEPARTMENT**(ii) Signature of ADMINISTRATIVE OFFICER****Name and Initial****Name and Initial****Title****Appointment****Address****Address****Telephone number****Telephone number****FAX number****FAX number****E mail address****E mail address****Date****Date**

11. Name, address, telephone and FAX number of the Officer who should be contacted regarding the administration of the grant (if different from above).

12. Where did you see the advert for CGD Research Trust grant awards?

13. DECLARATION BY 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.

To be signed by	Signature	Name in Block Capitals	Date

14. PROPOSED INVESTIGATION:

*This section should be no longer than **three** pages in length (excluding references relevant to the application). Please complete in single spaced typescript (minimum font 11 pt, preferably 12 pt).*

Please use the following headings: -

A. Title

B. Purpose of the investigation

C. Background to the proposal

D. Detailed plan of investigation and scientific procedures. Please include clear objectives. The applicants should provide information on the role and contribution to be made by named collaborators.

E. Anticipated difficulties.

F. Justification for the support requested and how the proposed work may provide new avenues of investigation into the treatment of CGD.

G. Facilities available to support the proposed project

15. FINANCE REQUESTED (Summarised in section 8):

(A) SALARIES:

Please give the appointment, grade, and salary scale of research, technical staff and any other persons to be employed on this grant. If the person to be employed is already known please complete APPENDIX I.

POSITION:

SCALE:

INCREMENTAL DATE:

EFFORT ON PROJECT (%)

	YEAR 1
	£
Point on Scale	
Basic Salary	
London Weighting	
Other Allowances	
National Insurance and Superannuation	
TOTAL	

POSITION:

SCALE:

INCREMENTAL DATE:

EFFORT ON PROJECT (%)

	YEAR 1
	£
Point on Scale	
Basic Salary	
London Weighting	
Other Allowances	
National Insurance and Superannuation	
TOTALS	

GRAND TOTAL FOR SALARIES: _____

(B) CONSUMABLE EXPENSES:

Please provide details of materials and consumables required, with costing for each year requested.

CONSUMABLES (please specify)	YEAR 1
	£
<i>SUB-TOTAL FOR CONSUMABLES</i>	

(C) ANIMAL PURCHASE AND HUSBANDRY:

(E) EXCEPTIONAL ITEMS:

Please give details of any other expenses requested to support the project.

EXCEPTIONAL ITEMS Please specify	YEAR 1

TOTAL FOR EXCEPTIONAL ITEMS:

16. To help us publicise the research work funded by the CGD Research Trust to its membership please give a lay title for your project and a lay summary of the work proposed and the possible benefits to CGD patients (no more than 250 words)

17. GRANTS AND FINANCIAL SUPPORT CURRENTLY HELD BY THE APPLICANTS

(A) Is your research being supported by an outside body YES /NO

If **YES** please indicate on a separate sheet the following information:

- (2) The title of the grant held
- (3) The supporting organisation
- (4) The value
- (5) The tenure

(i) Has this or a related application previously been submitted elsewhere, including the CGD Research Trust? YES / NO

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

(ii) Is the proposed project likely to lead to patentable or commercially exploitable results? YES / NO
(If yes, please give details).

(iii) Does your project include any procedure that involves the use of patients, normal human subjects and/or human tissue? YES / NO

If **YES**, has Ethical Committee approval and/or Human Tissue Authority approval been obtained?

YES/ NO / NOT APPLICABLE

(If Yes, please enclose copies of the letter of approval).

18. Use of animals

Does the work proposed involve the use of *protected animals* in regulated procedures under the Animals (Scientific Procedures) Act 1986? YES/ NO

If YES please justify below the use of animals, including: how the benefits outweigh the costs; why animals are necessary and why non-animals alternatives are not possible; why the species of animal is most appropriate; how the experimental and statistical design has been used to optimise the number of animals used and what steps have been taken to refine procedures to reduce discomfort.

If **YES**, have the relevant animal licences been obtained? YES/ NO / NOT APPLICABLE
Please provide the project licence numbers.

If **YES**, do the licences cover the full term of the grant? YES/ NO

Are any of the procedures of substantial severity? YES/ NO

Please note that grant-holders must inform the charity of any substantial amendments to project licences relating to the grant or any change in the species of animals.

APPENDIX I

Curriculum Vitae of the Person (s) to be employed on the grant (*if known*):

1. Surname:

Forename(s):

Date of Birth:

2. Degrees (subject, class, university and date):

3. Current post:

4. Summary of previous posts (with dates):

5. Research publications and papers 'in press':

APPENDIX II

Curriculum Vitae of the Applicant – *please use a separate sheet for each person.*

1. Surname:

Forename(s):

Date of Birth:

1. Degrees (subject, class, university and date):

2. Current post:

3. Summary of previous posts (with dates):

5. Recent research publications and papers ‘in press’:

APPENDIX III

Please provide the official postal address and contact details of all applicants.

APPLICANT 1

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

ALTERNATIVE TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS

APPLICANT 2

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

ALTERNATIVE TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS

APPLICANT 3

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

ALTERNATIVE TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS

APPENDIX IV

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

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS

COLLABORATOR 2

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS

COLLABORATOR 3

NAME

DEPARTMENT

INSTITUTION

ADDRESS

POST CODE

TELEPHONE NO

FAX NO

PERSONAL EMAIL ADDRESS
