



www.neuroblastoma.org.uk

Registered Charity No 326385

FOR SOCIETY USE ONLY:

Received:
Reference:

Decision:

GRANT APPLICATION FORM 2014

1. Applicants

	Applicant 1 (see note below)	Applicant 2	Applicant 3
Surname			
First name			
Title			
Post held			
Department/Institution			
No of hours p/w on project			

Please note that Applicant (1) will be considered the lead applicant who will be responsible for submitting reports and acting as the contact point for the Neuroblastoma Society. The lead applicant must be based in a UK or ROI laboratory.

2. Address of Institution or Authority administering the grant if approved:

3. Address where the work will be done:

4. Title of Research (no more than 120 characters including spaces):

5. Scientific abstract of research (in no more than 250 words):

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6. Lay title and summary. *These are requested to help publicise the work funded by the Neuroblastoma Society to its membership*

Please indicate below if you are willing for the scientific and lay abstracts of your proposal to be sent in confidence to other neuroblastoma charities willing to support research.

(6a) Lay title (no more than 120 characters including spaces)

(6b) Lay summary of the work proposed and the possible benefits to neuroblastoma patients
(in no more than 250 words)

7. Please state clearly how your proposed research will benefit neuroblastoma patients.

Please take some time to consider and write this. This section plays a significant part in the review process.

Please indicate below if you are willing for sections 4-7 to be communicated to be sent in confidence to other neuroblastoma charities willing to support research. YES / NO

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8. Summary of support requested (see Section 16)

	YEAR 1 £	YEAR 2 £	YEAR 3 £	TOTALS £
Salaries				
Consumables (total cost)				
Travel & Subsistence				
Equipment/Exceptional Items				
TOTAL COST				

9. Timing

Proposed starting date:

Proposed duration:

(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 OFFICE

Please print for electronic submission

Name and Initials:

Title:

Address:

Name and Initials:

Appointment:

Address:

Telephone:

Email:

Date:

Telephone

Email:

Date:

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

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12. 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 (paper copy only)	Name in Block Capitals	Date

Please indicate below if you are willing for the scientific and lay abstracts of your proposal to be sent in confidence to other neuroblastoma charities willing to support research.

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13. PROPOSED INVESTIGATION

*This section (pages 5 – 10) should be no longer than six pages in length (key references relevant to the application only should be included within these 6 pages). Please complete in single or double spaced typescript (minimum font 11 pt, preferably 12 pt) **and use the following headings:** -*

13a Title

13b Purpose of the investigation (include clear hypothesis to be tested)

13c Background to the proposal

13d Detailed plan of investigation (Please provide clear short and long term objectives with approximate timelines in this section. Please also provide information on the methods to be used and any contributions to be made by collaborators).

13e Anticipated difficulties

13f Justification for the support requested

13g Facilities available to support the proposed project

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14. FINANCE REQUESTED (summarised in section 8):

14a. 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 1

Scale:

Incremental date:

Effort on project (%FTE):

	YEAR 1 (£)	YEAR 2 (£)	YEAR 3 (£)	TOTAL
Point on Scale				
Basic Salary				
London Weighting				
Other Allowances				
National Insurance/Superannuation				
TOTAL				

Position 2

Scale:

Incremental date:

Effort on project (%FTE):

	YEAR 1 (£)	YEAR 2 (£)	YEAR 3 (£)	TOTAL
Point on Scale				
Basic Salary				
London Weighting				
Other Allowances				
National Insurance/Superannuation				
TOTAL				

Position 3

Scale:

Incremental date:

Effort on project (%FTE):

	YEAR 1 (£)	YEAR 2 (£)	YEAR 3 (£)	TOTAL
Point on Scale				
Basic Salary				
London Weighting				
Other Allowances				
National Insurance/Superannuation				
TOTAL				

	YEAR 1 (£)	YEAR 2 (£)	YEAR 3 (£)	TOTAL
TOTAL SALARY COSTS				

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14d. Travel and subsistence

Please state the destination and purpose of the proposed journey(s). Please note that economy fares (2nd class rail travel etc) should be used for all transport. It is expected that research workers and applicants will attend the biennial Neuroblastoma Society Symposium when it coincides with the grant duration. Costs for one overseas conference overseas with modest hotel and meal expenses will be considered during the period of the grant.

TRAVEL	NUMBER OF JOURNEYS	MODE OF TRANSPORT	FARE	SUBSISTENCE	TOTAL (£)
YEAR 1 Within the UK					
Overseas					
YEAR 2 Within the UK					
Overseas					
YEAR 2 Within the UK					
Overseas					
				TOTAL	

14e. Equipment and Exceptional items

Please give details and costs of any other expenses, e.g. equipment, requested to support the project.

Equipment and Exceptional Items Please specify	YEAR 1	YEAR 2	YEAR 3	TOTAL £
TOTAL				

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15. OTHER SUPPORT HELD BY THE APPLICANTS

Grants, financial support and animal/ethical approvals currently held by the applicants.

15a. Is your research being supported by an outside body?

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

- (i) The title of the grant held
- (ii) The supporting organisation
- (iii) The value
- (iv) The tenure

(If you have held or are currently holding a Neuroblastoma Society research grant, please complete APPENDIX II).

15b. Has this or a related application previously been submitted elsewhere, including the Neuroblastoma Society?

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

15c. Is the proposed project likely to lead to patentable or commercially exploitable results?

If **YES**, please give details.

15d. Does your project include any procedure that involves the use of patients, normal human subjects and/or human tissue?

If **YES**, has Ethical Committee approval been obtained? *Please enclose copies of the letter of approval).*

15e. Does the project involve any procedure that requires the use of experimental animals?

If **YES**, have the relevant animal licences been obtained?

Do they cover the full term of the grant?

Please provide the project licence numbers.

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APPENDIX I

Please use a separate sheet for each Neuroblastoma Society grant that has been held by the applicant(s) within the past five years.

1. Project title:

2. NSOC grant reference:

3. Type of grant

4. Start date:

5. End date

6. Sum awarded:

7. Duration in years:

8. Grant holders:

9. Name of person(s) employed on the grant (if appropriate):

10. Please give the major findings obtained from this work – how has this resulted in a greater understanding of the causes / treatment of neuroblastoma?

11. List scientific papers directly resulting from this grant (full papers published or 'in press' in refereed journals with title, pagination and co-authorship).

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APPENDIX II

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

Please copy and complete this sheet for each known person to be employed.

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. Key research publications (maximum of 10) and papers 'in press':

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APPENDIX III

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

1. Contact details

Name	
Date of birth	
Department	
Institution	
Address	
Postcode	
Telephone	
Email	

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

3. Current post:

4. Summary of previous posts (with dates):

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

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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 ONE

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	

COLLABORATOR TWO

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	

COLLABORATOR THREE

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	

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APPENDIX V

Please provide the contact details of **THREE** Referees but please note that the Neuroblastoma Society will also seek reviews from other suitably qualified referees. **PLEASE ASCERTAIN REFEREES' WILLINGNESS TO REVIEW YOUR APPLICATION DURING THE PERIOD FROM MID-JANUARY TO MID-FEBRUARY 2014.**

REFEREE ONE

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	

REFEREE TWO

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	

REFEREE THREE

NAME	
DEPARTMENT	
INSTITUTION	
ADDRESS	
POST CODE	
TELEPHONE	
EMAIL	