**THE BORROW FOUNDATION**

**GRANT APPLICATION FORM**

|  |
| --- |
| **1. ORGANISATION / INSTITUTION ON BEHALF OF WHICH THE APPLICATION IS MADE:** |
|  |

|  |
| --- |
| **2. PRINCIPAL PERSONNEL:**  *Please provide details of the principal personnel and attach a short curriculum vitae* ***(2 sides A4 maximum)*** *for each person*. |
| Title |  | Title |  |
| Surname |  | Initials |  | Surname |  | Initials |  |
| Position |  | Position |  |
| Address |  | Address |  |
| Tel |  | Tel |  |
| E-mail |  | E-mail |  |
|  |
| Title |  | Title |  |
| Surname |  | Initials |  | Surname |  | Initials |  |
| Position |  | Position |  |
| Address |  | Address |  |
| Tel  |  | Tel  |  |
| E-mail  |  | E-mail |  |

|  |
| --- |
| **3. TITLE OF PROJECT:** |
|  |

|  |
| --- |
| **4. SUMMARY OF PROJECT** *(300 words maximum - full details to be given under section 10):* |
|  |

|  |
| --- |
| **5. TOTAL GRANT REQUIRED** *(full details to be given under section 11)****:*** |
|  Amount  |  |
| Confirm currency in words *(i.e. Sterling, US Dollars)* |  |

|  |
| --- |
| **6. PROPOSED COMMENCMENT DATE:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. DURATION OF PROJECT:** | **YEARS** |  | **MONTHS** |  |

|  |
| --- |
| **8. OTHER APPLICATIONS:** |
| In the past year, have any applications been made to other potential funders in respect the project? |  Yes / No*(delete as applicable)* |
| If ‘yes’, please give the relevant details and the outcome, or when a decision is expected: |

|  |
| --- |
| **9. ETHICS:** |
| Is ethical approval required for the project?If ‘yes’, please provide details (attaching any relevant documentation) | Yes / No*(delete as applicable)* |

|  |
| --- |
| **10. PROPOSED PROJECT:** *Please attach a detailed protocol including (but not limited to) the following information:*a) Title b) Background and rationale for the projectc) Aims, objectives and impact statementd) Detailed description of project design, methods, patient and public involvement etc.e) Plans for the implementation of the project, timeline etc.f) Resources available to support the projectg) Detailed justification for the financial support requestedh) Key references |

|  |
| --- |
| **11. FUNDING REQUIREMENTS / INDICATIVE BUDGET:***Please complete the table below providing an itemised breakdown of the project costs, clearly showing the funding requirement for each year of the project.* |

|  |
| --- |
| **PLANNED EXPENDITURE** *(indicate currency)* |
| **Category** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Total** |
| Clinical / medical costs |  |  |  |  |  |
| Consumables |  |  |  |  |  |
| Contingency / unexpected costs |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| IT & computing costs |  |  |  |  |  |
| Monitoring & evaluation |  |  |  |  |  |
| Patient & public involvement (PPI) |  |  |  |  |  |
| Publications & dissemination |  |  |  |  |  |
| Staff costs |  |  |  |  |  |
| Subcontracting / collaboration |  |  |  |  |  |
| Training & development |  |  |  |  |  |
| Travel & subsistence |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Total** |  |  |  |  |  |

|  |
| --- |
| **12. AUTHORISATION:**This application should be submitted jointly by the principal of the organisation / institution and the lead applicant. |
| Principal  |
| Name |  | Title |  |
|  |  |
| Date |  | Signature |  |
|  |
| Lead applicant |
| Name |  | Title |  |
|  |  |
| Date |  | Signature |  |
|  |

***Please send your completed application and supporting documents to*** ***alisontrott@borrowfoundation.org***

***The information should be submitted as ONE document (application form, cv’s and ethics etc to be merged)***