## **Prevent Breast Cancer Grant Application Form**

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## **Please type throughout in Lato typeface (font size 10) and do not change or re-paginate the form.**

|  |  |
| --- | --- |
| **Name of Lead Applicant** | **Name of Proposed Research** |
|  |  |
| **Amount Requested** | **Length of Grant (months)** |
|  |  |

## **For Prevent Breast Cancer Office Only:**

|  |  |
| --- | --- |
| **Date Received** | **Date of Trustees Meeting to be discussed** |
|  |  |
| **Approved / Rejected** | **If Approved, Prevent Breast Cancer Grant ID** |
|  |  |

**Key Principles**

Prevent Breast Cancer is committed to funding research into breast cancer prevention strategies, as we believe that prevention is better than cure. Our research grants are carefully directed, often in collaboration with other charities and organisations. We continue our emphasis on building a portfolio of world-class research and we are a non-commercial partner of The National Institute of Health Research.

**Our Funding Process**

We are happy to receive applications for a Prevent Breast Cancer grant from research workers in the UK who need funding for a project related to prediction, prevention and early detection.

We do not fund projects involving animal experiments.

Applications are submitted to a Scientific Advisory Board (SAB) including external referees and recommendations sent to the Trustees of the charity.

Approval by the SAB does not guarantee funding because we are a small charity with limited funds. However, we would be pleased to read your application and help whenever we can.

To read more about our Funding Process and to see our Terms and Conditions, please visit <https://www.preventbreastcancer.org.uk/breast-cancer-research/applying-for-research-grant/>

**1. APPLICATION DETAILS**

(Office use only) Scientific Advisory Board meeting:

(Office use only) Prevent Breast Cancer reference number:

**Category:** Project PhD studentship

 Small pilot grant

Type of application: New application Further funding of a current grant

 Invited resubmission ‘Follow-on’ from Prevent Breast Cancer

 Small Pilot Grant

Please indicate where you initially saw this grant funding opportunity advertised:

 Prevent Breast Cancer Website University R&D notification

 Recommended by a colleague Email from Prevent BC

Other (please specify)………………………………………………………………………………….

Prevent Breast Cancer Research Pillar – indicate which research pillar your project falls under.
 Gene Research Early Detection & Improved Screening

 Preventative Drugs Diet & Lifestyle

Applicant Name :

Institution :

Address :

Email address :

Contact Phone No. :

Co-applicant Name(s) :

Institution :

Proposed start date :

**Lay Abstract** (200 words max) - Please outline details of your research, which clearly outlines to a non-scientific audience the background, methods and purpose of your project.

**Lay Overview** (200 words max) – This information will be used to describe your research to relevant stakeholders. It may also be used for fundraising purposes. Please make sure you clearly demonstrate how your project fits with our research strategy.

**Scientific Abstract of Research** (300 words max) – please include background, aims & methodology)

**PPI** – Please explain the role of PPI in all stages of the research project from early design to dissemination

**Impact of this Research** – why is this research important in terms of improving the health of the public and / or patients

**Research Proposal** (1200 words max) – however for funding requests over £10K, applicants may submit additional details (up to 5 pages, Century Gothic, Font 10) alongside this application. This can include for examples, pilot data and further details on your research methodology.

**Please outline below:-**

Background of the Project

Aims and purpose of the proposed investigation – Need for the project

Plan of investigation and methodology (include sample size and statistical analysis)

Timescale of investigation and milestones

Potential problems / challenges

**Ongoing Work** - Please describe how this project and any preliminary data integrates into the ongoing work of the main applicant

**Plans for dissemination of results**

**2. COSTS**

**Personnel costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Initials(or to be appointed) | Qualification | Age | Grade | Scale point | %time  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

Financial details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name & Initials(or to be appointed) |  |  |  |  |  |  |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Salary or stipend |  |  |  |  |  |  |
| Studentship fees |  |  |  |  |  |  |
| Employer’s on-costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. Name & Initials(or to be appointed) |  |  |  |  |  |  |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Salary or stipend |  |  |  |  |  |  |
| Studentship fees |  |  |  |  |  |  |
| Employer’s on-costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Name & Initials(or to be appointed) |  |  |  |  |  |  |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Salary or stipend |  |  |  |  |  |  |
| Studentship fees |  |  |  |  |  |  |
| Employer’s on-costs |  |  |  |  |  |  |

Totals

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| 1. Total |  |  |  |  |  |  |
| 2. Total |  |  |  |  |  |  |
| 3. Total |  |  |  |  |  |  |
| A. TOTAL Personnel costs |  |  |  |  |  |  |

**Expenses**

Running costs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Minor equipment | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|  |  |  |  |  |  |  |
| B. TOTAL Minor equipment costs |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Materials & Consumables | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|  |  |  |  |  |  |  |
| C. TOTAL Materials &Consumables costs |  |  |  |  |  |  |

**SUMMARY - PERSONNEL COSTS AND EXPENSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Totals |
| A. Personnel Costs |  |  |  |  |  |  |
| B. Equipment  |  |  |  |  |  |  |
| C. Materials & Consumables |  |  |  |  |  |  |
| D. Other Expenses |  |  |  |  |  |  |
| GRAND TOTALS |  |  |  |  |  |  |

**Justification of Costs –** please provide a brief justification of the costs applied for.

**Other Support**

1. Has / is this application been submitted to any other funding bodies? If “Yes”, please state the name of the organisation/s and the outcome.

2. If this application, or a similar application has been rejected by any other funding body, please explain why and how the project has been developed in response to any peer review.

3. Have any other organisation/s committed to fund an aspect of this research project? If “Yes” please state the name of the organisation and what funding has been secured.

**Expertise in Team**

**Intellectual Property –** Is there a reason to consider the intellectual property of this research? If so, please provide your host institution’s IP body.

**Commercial Significance –** Please outline if the results of this research are likely to have commercial potential? Also outline if there has previously been any patent filed or commercial interest expressed in the research related to this application.

**Ethical Considerations** – If this project requires Ethical Committee approval, please indicate here and attached the relevant Ethical Approval letter to the application. If ethical approval is pending, or to be sought once funding is confirmed please indicate here.

**Further Funding –** If this application is for further funding of a Genesis Grant, please provide details of what the previous grant funded.

**3. CURRICULUM VITAE**

Please summarise here:-

Status : Project Leader Lead Applicant

 Co-applicant Researcher PhD student

Name:

Address:

Telephone number:

Email:

**Personal details**

Qualifications:

Current position:

Posts held:

Current grants held (include Prevent Breast Cancer Grants):

Please highlight previous Prevent Breast Cancer Grants received:

Other Prevent Breast Cancer Applications under consideration:

Have you previously submitted or been a co-applicant on an unsuccessful Prevent Breast Cancer Grant Application?:

Number of Publications:

Publications:

**4. APPROVAL AND RATIFICATION**

**Section A**

**Signatures of Head of Department and Finance Office**

I confirm that I have read this application and that if granted; the work will be accommodated and administered in the department/institution.

All necessary licences/approvals have been or are being sought.

Signature of Head of Department ………………………………..

Date ……….…………

NAME AND TITLE (Block letters) …………………………………………………………………..

I confirm that the institution will administer the grant if awarded and I will ensure that the funds are used for the purpose for which they have been given.

Signature of Finance Officer……………………………………………. Date ……….…………

NAME AND TITLE (Block Letters) …………………………………………………………………

ORGANISATION (Block Letters)……………………………………………………………………

FULL POSTAL ADDRESS ………………………………………………..…………………………

EMAIL ADDRESS…………………………………………………………………………………….

CONTACT PHONE NUMBER……………………………………………………………………….

**Section B**

**Signatures of applicants and co-applicants**

I have read the Terms and Conditions of the Prevent Breast Cancer Grant and agree to abide by them.

Signature ……………………………………………………. Date …………………

Name and Title (Block letters)

……………………………………………………………………………………………………………………………………………………………………………………………………………….

Full Address……………………………………………………………………………………….

…………………………………………………………………………………………………………….……………………………………………….Postcode…………………………………… Telephone………………………………………………………………………………………… Email………………………………………………………………………………………………..

|  |  |
| --- | --- |
| **Please indicate your involvement in the application** | **Tick** |
| Main applicant |  |
| Co-applicant |  |

**We request that you suggest 4 independent reviewers for peer review, please give details below.**

**Name:**

**Current Position:**

**Organisation:**

**Address:**

**Telephone number:**

**Email:**

# Final check list – All must be ticked

# All relevant sections of the application completed

#

# If applicant and/or co-applicant has held a Prevent Breast Cancer Grant

#  previously please supply details

# Applications for further funding of a current grant have attached an additional

#  two page project update and publications and presentation appendix

# Final or most recent progress reports from current or completed Prevent

#  Breast Cancer Grants have been submitted

# All relevant sections signed (including all co-applicants, head of department and financial department)

# Letters of collaboration attached

# Ethical approval letters attached

# Grade / Pay scale system document attached (as well as host institute’s

#  pay scale system if different from above).

# CV’S enclosed for applicant, co-applicant and researchers

# Read the Prevent Breast Cancer Terms and Conditions

# Electronic copy of all the above emailed to:-

|  |  |
| --- | --- |
| nikki@preventbreastcancer.org.uk  | Executive Director of Prevent Breast Cancer |
| vicki@preventbreastcancer.org.uk  | Charity Manager of Prevent Breast Cancer |
| grants@preventbreastcancer.org.uk | Prevent Breast Cancer Grants |

**I confirm that all requests listed above have been completed at the time of submission. I understand that Prevent Breast Cancer will not attach any additional information once the application is submitted. Failure to comply with the above checklist, may result in the application being rejected from consideration.**

**Submission of an application indicates full acceptance of the Terms and Conditions of the Prevent Breast Cancer grant.**

…………………………………………………………… ……………………

**Signature of main applicant**  **Date**