



GRANT APPLICATION FORM

NAME:	_____	TELEPHONE:	_____
ADDRESS:	_____	FAX:	_____
	_____	EMAIL:	_____

QUALIFICATIONS:	_____		

TITLE OF PROJECT:	_____

SUMMARY OF PROJECT	_____

PROPOSED DURATION	_____	START DATE	_____
	_____		_____

SUMMARY OF SUPPORT REQUESTED

EXPENSES	YEAR 1	YEAR 2	YEAR 3	GRAND TOTAL
FIXED				
RECURRING				
TOTAL				

TOTAL GRANT REQUESTED £

ACCEPTANCE OF CONDITIONS

I have read the conditions (in the enclosed Guidance Notes) and if my application is successful I agree to abide by them. I shall be actively engaged in, and in day to day control of, the project.

Signed

Date

SCHEDULE A: DETAILS OF GRANTS REQUESTED

FIXED	£
OFFICE EQUIPMENT _____	_____
COMPUTER HARDWARE _____	_____
SOFTWARE _____	_____
PRINTING _____	_____
SUB TOTAL	_____

RECURRING: EXPENSES	£
COST OF MEETINGS, TRAVEL AND SUBSISTENCE _____	_____
TYPING _____	_____
POSTAGE, PHOTOCOPYING _____	_____
TELEPHONES _____	_____
SUB TOTAL	_____

SALARIES (IF APPLICABLE)	£
SALARY (A) INCLUDING SUPERANNUATION _____	_____
NATIONAL INSURANCE _____	_____
SALARY (B) INCLUDING SUPERANNUATION _____	_____
NATIONAL INSURANCE _____	_____
SUB TOTAL	_____

TOTAL

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If the project is to run for more than 1 year you will need to specify the cost assumptions you are making (eg 'at 2004 prices' or 'assuming 5% inflation per annum', etc)

Applications for salaries must include a copy of a job description and person specification for each post.

SCHEDULE B: CV OF APPLICANTS OR A DESCRIPTION OF THE SPONSORING ORGANISATION

DESCRIPTION OF SPONSORING ORGANISATION

SIGNATURE ON BEHALF OF THE ORGANISATION _____

***FINANCE DIRECTOR/ADMINISTRATOR/BURSAR/HEAD OF DEPARTMENT**
(Delete as applicable)

NAME _____	JOB TITLE _____
ADDRESS _____	TELEPHONE NUMBER _____
_____	FAX NUMBER _____
_____	EMAIL _____

OFFICER RESPONSIBLE FOR ADMINISTRATION OF GRANT IF APPROVED:

NAME _____	JOB TITLE _____
ADDRESS _____	TELEPHONE NUMBER* _____
_____	FAX NUMBER* _____
_____	EMAIL* _____

(*If different from above)

SCHEDULE C: FULL DESCRIPTION OF PROJECT

1 ETHICAL APPROVAL

IS LOCAL ETHICAL COMMITTEE APPROVAL NEEDED FOR THE PROJECT?

 YES NO

PLEASE TICK ONE BOX

IF 'YES' PLEASE INCLUDE A COPY OF THE APPROVAL

IF UNSURE CONTACT YOUR LOCAL RESEARCH ETHICS COMMITTEE. YOU WILL BE ABLE TO FIND THEIR CONTACT DETAILS ON THEIR WEBSITE, WWW.COREC.ORG.UK, CENTRAL OFFICE FOR RESEARCH ETHICS COMMITTEES.

OFFICE USE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
APPROVAL RECEIVED	

2 OTHER APPLICATIONS

PLEASE INDICATE WHETHER A SIMILAR APPLICATION IS BEING MADE TO ANY OTHER FUNDING BODY.

3 AIMS AND OBJECTIVES OF THE PROJECT

(a) PLEASE SUMMARISE THE AIMS AND OBJECTIVES

(b) PLEASE SPECIFY HOW THE AIMS AND OBJECTIVES OF THE PROJECT WILL BENEFIT (ACTUALLY OR POTENTIALLY) "THE SCIENCE AND PRACTICE OF DIETETICS"
