**Haywood Foundation Grants Funding Scheme**

We welcome applications that are aligned to the Haywood Foundation’s strategy to improve the health and wellbeing of patients with arthritis and related conditions, and their carers, living in our locality. <http://www.haywoodfoundation.uk/>.

We will consider investment in research and innovation into arthritis and related conditions that relates to: local patient priorities; that recruits patients from the Haywood population; and/or that involves Haywood staff.

If you are uncertain as to whether your proposal meets these criteria and would like informal feedback before a full submission, we welcome initial inquiries. Please outline your idea and proposal on no more than one side of A4 and email to [Kathryn.Jones2@mpft.nhs.uk](mailto:Kathryn.Jones2@mpft.nhs.uk).

If the Charity feels your proposal is within scope, you will be invited to submit a full application utilising the proforma below.

**Project/Grant Application Form**

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| 1. Title of Project (25 words maximum |
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| 1. Type of Application |
| Research/Innovation/Other (Please specify) |
| 1. Applicant and Institution Details |
| 3.1 Principal Applicant |
| Name, title, position:  Department & Institution:  Email address:  Phone Number:  **Please provide copy of CV** |
| 3.2 Co-applicants (Please list names, titles & organisations) |
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| 3.3 Administering Institution (Full name, department and address) |
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| 1. Previous Grants from the Haywood Foundation |
| 4.1 Is this application a re-submission of any part of a previous application to the charity? If yes please give details |
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| 4.2 List all grants from the Charity held (or involved in) over last 5 years. |
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| 4.3 Have you applied, or do you intend to apply, to any other funding bodies for this or any other related applications? If yes please state: Funding body applied to; date of decision; outcome of decision. Please also **state reason for application to the Haywood Foundation**: |
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| 4.4 Are you currently receiving any funding for this project from other sources? If yes please give details and reason for application to the Haywood Foundation |
| Funding source:  Duration of Funding:  Reason for application to Haywood Foundation: |

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| 1. Lay Summary (200 words maximum) to be easily understood by the public |
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| 1. Indicative costs |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 6.1 | Year 1 | Year 2 | Year 3 | Total (£) | | Salary Costs |  |  |  |  | | Research Costs |  |  |  |  | | Total Cost |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 6.2 Please provide a justification details of the costs requested (maximum 200 words) – and ensure that appendix 1 is completed. |
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| 1. Start date & Duration of Project |
| Proposed Start Date:  Duration of Project: |
| 1. Details of the proposed research |
| 8.1 Please provide details of the proposed research/project/fellowship (**this must not exceed 4 sheets of A4)**. Please cover the following:   1. Background to the proposal and outline of any previous work you have undertaken in the field. Please also indicated the novelty of the project you are proposing 2. Research question/aim 3. Method of research: overall study design, population studied, number of patients/staff involved, clinical/laboratory techniques, data collection and analysis methods. |
|  |
| 8.2 How does this research/proposal relate to the aims and objectives of the Haywood Foundation (200 words maximum) |
|  |
| 8.3 Please describe how the public and/or patients have been involved or will be involved in this project – please include development of the proposal and dissemination of the project outcomes/results (200 words maximum) |
|  |
| 8.4 Please describe how the proposed project will benefit the public and/or patients/carers affected by arthritis or associated conditions. (200 words maximum) |
|  |
| 8.5 Please describe how the proposed project will be disseminated to patients, carers and staff – (with particular reference to our location populations linked to the Haywood Hospital) (200 words maximum). Please advise us of any plans to support implementation of any change in practice as a result of research/innovation project. |
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| 9. Ethics/Governance |
| 9.1 Please give details on whether the proposal involves human subjects or human samples? |
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| 9.2 Please give details on the sponsorship arrangements for your proposal. |
| **Sponsor Organisation:**  **Contact name:**  **Address:**  **Telephone number:**  **Email address:** |

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| 1. Intellectual Property |
| Please indicate if the research is likely to give arise to new intellectual property and describe the arrangements for the management of these. Please note that the Haywood Foundation is keen to ensure that the results of any studies it has funded are made freely and openly available to patients, NHS providers and commissioners of care. If any IP is likely to be commercially exploitable then it is anticipated that any income raised will be used to fund research and innovation in line with the aims and ambitions of the Haywood Foundation |
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| 1. Declarations |
| 10.1 Applicant declaration: I enclose an application for a grant to the Haywood Foundation completed in accordance with the Foundation’s guidelines and terms and conditions. I consent to the information I have provided in this applications being used and stored in accordance with the Charity’s reporting framework. I also agree to advise the Charity of any change in my status within the host institution, or any specific, managerial, or administrative issue which might affect the direction or progress of the research or may be considered to affect the Charity’s reputation |
| **Principal Applicant** |
| Name: |
| Signature: |
| Date: |
| **Co-Applicant 1** |
| Name: |
| Signature: |
| Date: |
| **Co-Applicant 2** |
| Name: |
| Signature: |
| Date: |
| **10.2 Head of Department/Director of Research & Development:** I confirm that I have read and support this application and that I am not aware of any relevant information that has been withheld. I agree to the project being carried out within this department and will provide the necessary accommodation and facilities. I confirm that the salary and costs supplied here is guaranteed for the term of the grant. I also confirm that all necessary licences and regulatory approvals will be obtained before the project commences. |
| Name: |
| Signature: |
| Date: |
| **10.3 Administrative Authority/ Finance lead** |
| I confirm that the application has been submitted with the agreement of the host institution, that the costs provided are accurate and acceptable to the organisation and that the project is deliverable within this envelope of funds. I can confirm as the host organisation that we would administer the grant solely for the purpose for which it is intended. On behalf of the host institution I confirm that the host will maintain support for this department during the period of the grant. |
| Name: |
| Signature: |
| Date: |
| **10.4 Sponsor (if not administering authority)** |
| I confirm that the application has been submitted with the agreement of the Sponsor institution and, if awarded, confirm that as Sponsor we will provide all oversight of this project ensuring compliance with the relevant regulatory frameworks for research. I confirm that as the Sponsor for this study we will maintain support for this department during the period of the grant. |
| Name: |
| Signature: |
| Date: |

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| 1. Contact details of Suggested Peer Reviewers |
| Please nominate below 2 potential peer reviewers with the necessary expertise to review your application – please note a peer reviewer must not be a co-applicant or based at the same institution of any applicant and must declare no conflicts of interest |
| Peer Reviewer 1:  Name and Title:  Address:  Expertise:  Telephone:  Email: |
| Peer Reviewer 1:  Name and Title:  Address:  Expertise:  Telephone:  Email: |
| Would you be happy to assist the Haywood Foundation by acting as a Peer Reviewer for any future applications it may receive? Please note your response will NOT be used in our application review process. |
| Yes No |
| Feedback to the Haywood Foundation – we are requesting this information in order to help monitor the effectiveness of our communication strategies. This information will NOT be used in the application review process. Please tell us how you heard about the Haywood Foundation Grants Funding Scheme |
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**Checklist:**

* Application Form + Appendix 1.
* Signatures by: Finance, Head of Department, Research & Development Office, Sponsors Office, Applicant;

Co- applicant.

Copy of CV to include qualifications, current position, relevant publications and grant awards.

**Appendix 1:**

Please insert more posts as required

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| Staffing Costs | | | | |
| Post 1 | | | | |
| Name | Time spent on Grant (FTE) | Position | | Salary Grade |
|  | Year 1 | Year 2 | Year 3 | Total |
| Basic Salary |  |  |  |  |
| Allowances |  |  |  |  |
| Employer Contribution |  |  |  |  |
| Total Salary for post |  |  |  |  |
| Post 2 | | | | |
| Name | Time spent on Grant (FTE) | Position | | Salary Grade |
|  | Year 1 | Year 2 | Year 3 | Total |
| Basic Salary |  |  |  |  |
| Allowances |  |  |  |  |
| Employer Contribution |  |  |  |  |
| Total Salary for post |  |  |  |  |
|  | Year 1 | Year 2 | Year 3 | Total (£) |
| TOTAL SALARY COSTS |  |  |  |  |
|  |  |  |  |  |
| Research Costs | Year 1 | Year 2 | Year 3 | Total |
| Materials & Consumables (please give brief description) **Please do not include recoverable VAT** |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Total Materials/Consumables |  |  |  |  |
|  |  |  |  |  |
| Miscellaneous (please give brief description e.g. conference, travel expenses) **Please do not include recoverable VAT** | Year 1 | Year 2 | Year 3 | Total |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Total Miscellaneous |  |  |  |  |
|  |  |  |  |  |
| Capital Equipment (please list in order of priority) **Please do not include recoverable VAT** | Year 1 | Year 2 | Year 3 | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Capital |  |  |  |  |
|  |  |  |  |  |
| TOTAL PROJECT COSTS |  |  |  |  |
|  |  |  |  |  |
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