**Action Bladder Cancer UK – IOPP 2024**

**Application for Funding – Primary Care, Research & Clinical Categories**

***Applicants should complete this form in accordance with the Guidance within this form and with the Programme Guidelines at*** [www.actionbladdercanceruk.org/abc-uk-grants/](http://www.actionbladdercanceruk.org/abc-uk-grants/) ***You can discuss your project or any questions before submission. Forms should be completed in Calibri 11 point and submitted online to*** [***info@actionbladdercanceruk.org***](mailto:info@actionbladdercanceruk.org)***.***

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| --- | --- | --- |
| **Project Title** |  | |
| **Project Category (tick as applicable)** | **Primary Care** |  |
| **Research** |  |
| **Clinical** |  |
| **APPLICANT INFORMATION** | | |
| **Applicant** |  | |
| **Name** |  | |
| **Organisation** |  | |
| **Contact details:**  **Email**  **Phone (day)**  **Address** |  | |
| **Relevant experience/qualifications *(1/2 page max) (This answers the question, ‘why am I best placed to do this work’)*** |  | |
| **Other key individuals and their roles (if any)** |  | |
| **PROJECT INFORMATION** | | |
| **Project Description:**  **Background *(why is the project necessary? Give brief evidence to support your case. If you know of any previous work in this area, please tell us about it.250 words max)*** |  | |
| **Objectives *(state what your project will achieve and how patients will benefit)*** |  | |
| **Plain English Summary *(describe your project in a way suitable for a lay person. 100 words max)*** |  | |
| **Description of work to be undertaken *(include details of tasks, equipment and service requirements, 300 words max)*** |  | |
| **Plan and Milestones *(include start and end dates, and at least one milestone per quarter with objective measures)*** |  | |
| **FINANCIAL INFORMATION** | | |
| **Funding Requirements: (*include a detailed breakdown of how the money will be spent, including equipment, consumables, expenses, services and pay)***  ***Note ABC UK may request clarification and/or additional information on any aspect of the application.*** |  | |
| **Are there any other sources of funding for the study?** |  | |
| **REPORTING REQUIREMENTS** | | |
| **Interim Reporting: ABC UK requires interim reports (submitted on template to be provided) at dates specified (usually six monthly) on the grant confirmation letter to include progress against milestones and budget** | | |
| **Final Reporting: Outcomes - ABC UK requires an end of project report containing information under these headings. To be submitted on ABC UK template which will be provided.** | * **Title, Dates, Author** * **Background to project** * **Objectives** * **Plain English summary** * **Project design and conduct** * **Issues and how they were overcome** * **Key findings, their importance and potential benefit to patients** * **Proposals for further work and/or implementation** * **Expenditure breakdown** * **Dissemination of findings.** | |
| **TERMS AND CONDITIONS** | | |
| **Agreement to terms and conditions (acceptance is a condition of funding)** | * **Any reference, publication or presentation at conferences of the work will clearly state that the work has been funded by Action Bladder Cancer UK and ABC UK is to be notified of any publication or publicity** * **The work will be done in accordance with the agreed plan, including start and end dates** * **Milestone reports will be submitted on the agreed due dates (at least quarterly)** * **An end of project report will be submitted within 3 months of the end of the work** * **Any issues or changes will be reported to ABCUK immediately** * **Any unspent funds will be returned to ABCUK** * **ABCUK will have the right to publicise the work and findings, however we are prepared to discuss on a case by case basis to ensure that journal publication is not prejudiced.** | |
| **SIGNATURES** | | |
| **If ABC UK award funding, I agree to the terms and conditions above. Application must be signed both by the Applicant and by the appropriate person representing your Organisation.** | | |
| **APPLICANT** | | |
| **Name/Title** |  | |
| **Department/Organisation** |  | |
| **Applicant signature** |  | |
| **Date** |  | |
| **ORGANISATION** | | |
| **Applicant Organisation** |  | |
| **Name/Title** |  | |
| **Signature** |  | |
| **Date** |  | |