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**Application for a Crohn’s & Colitis UK**

**Research Award 2024**

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| **This is a working document to assist you in making your submission. This does not need to be uploaded as part of your application but is instead intended to help you in shaping your application prior to completing the online form.** **It is your responsibility to ensure you (or a relevant person at the Host Institution) have read the** [**Terms and Conditions of Award**](https://crohnsandcolitis.org.uk/media/mtqbzxbx/research-grant-terms-and-conditions.pdf) **and are satisfied that if the grant is awarded you will be able to accept the grant under these Terms.****APPLICATIONS MUST BE SUBMITTED ONLINE****by the Principal Investigator (responsible for supervising and delivery of the project)** **via our website. The link to the application portal will be included in your invitation to Stage 2.****DEADLINE: 12noon, Wednesday 5 June 2024** **Supplementary information cannot be added after the deadline.****LATE APPLICATIONS WILL NOT BE ACCEPTED.****HELP:** **research@crohnsandcolitis.org.uk** |

***Please note, text in italics is intended to provide guidance for specific questions. The Principal Applicant must complete the online form. Your details (name, email etc) will be automatically completed from your profile within our application system. Please ensure your contact details are up to date.***

**Project Title:**

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**Host Institution** (invoicing entity receiving any funding awarded)

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| **Institution Name:** | *Principal Applicants and Host Institutions must be based in the UK.* |
| **Address:** | *Please use the address that should be quoted on the Terms and Conditions should the grant be awarded.* |
| **Contact name:** | *The name of someone in your Research Office who deals with post-award grant management and who can be named as a contact on the Terms and Conditions. This should not be a member of the research team.*  |
| **Role:** |  |
| **Tel:** |  |
| **Email:** | *Please include a contact email for your post-award team or a Research Office team member.*  |

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| **How did you hear about this funding opportunity?** |
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**Researchers, Collaborators and Stakeholders**

The Applicant should be Principal Investigator 1 i.e. the Account holder who is signed in.

Stakeholders should include all other Researchers (including a second Principal Investigator if applicable), patient/public contributors on the study team and any collaborating researchers.

Full contact addresses and short CVs for all study team members including the Principal Investigator(s) should be uploaded in the Supporting Documents section as a single combined PDF.

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| Principal Investigator 1 (responsible for supervising and delivering the research) |
| *Your name will auto-complete here* |

**Stakeholders**

*(There is no need to include details here for Principal Investigator 1. You may include up to one other Principal Investigator if there is a second person responsible for delivery and supervision of the project)*

**Co-investigators & other stakeholders:**

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| **Title** | **Surname**  | **First Name**  | **Suffix** | **Organisation Name** | **Project Role** | **Email** |
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*You must upload confirmation of participation forms for Principal Investigator 2 (if applicable) Co-Investigators and patient/public contributors and can upload these as Supporting Documents. Collaborators should provide a letter of support setting out their agreement to participate as well as what their contribution to the project will be.*

**Equality, Diversity and Inclusion**

Crohn’s & Colitis UK always treat your personal details with great care and we keep your information safe. We only hold information for communication, analysis and administrative purposes, and our [full privacy notice](http://s3-eu-west-1.amazonaws.com/files.crohnsandcolitis.org.uk/Policies/Privacy_notice_-_October_2019.pdf) explains what we do, and how we control your personal information.

We know that some types of personal details are more sensitive. We only request this information to support our work when there is a clear reason for this. For example, to make improvements to our patient information, or to better inform our work. Sharing this information with us is optional and you can have this data removed from our records at any time.

Please answer the following questions about yourself as the Principal Investigator:

**What is your date of birth?**

DDMMYYYY

**Which of the following best describes your gender?**

Man

Non-binary

Woman

Prefer not to say

Prefer to self-describe

**What is your ethnic group?**

**Choose one option that best describes your ethnic group or background**

Asian or Asian British – Bangladeshi

Asian or Asian British – Chinese

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Asian or Asian British – Any other Asian background

Black / African / Caribbean / Black British – African

Black / African / Caribbean / Black British – Caribbean

Black / African / Caribbean / Black British – Any other Black / African / Caribbean background

Mixed / Multiple ethnic groups – Asian and White

Mixed / Multiple ethnic groups – Black Caribbean and White

Mixed / Multiple ethnic groups – Black African and White

Mixed / Multiple ethnic groups – Any other mixed / Multiple ethnic background

White – English / Welsh / Scottish / Northern Irish / British

White – Gypsy or Irish Traveller

White – Irish

White – Any other White background

Any other ethnic group - Arab

Any other ethnic group - other

Prefer not to say

**Facilities and other support:**

1. Facilities available to support the proposed project:

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1. Grants and financial support currently held by the Principal Investigator(s):

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| *If there are two PIs on the grant application, please include a list of grants/financial support for each PI.*  |

1. Has this or a related application currently or previously been submitted elsewhere, including our Charity? **YES / NO (*if yes, please give details).***

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| *Please provide details of where this was submitted previously and what changes have been made as a result of the feedback you had received.*  |

1. Please give details of any other funding that covers direct costs relating to this project (max 250 words)*.*

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| *We understand that our grant may not cover all the direct costs associated with this project. Please be explicit in your application about what the funds from Crohn’s & Colitis will pay for, how this will allow you to achieve the project aims and where any additional funding is coming from. If the project is contingent on receipt of funds from another source that have not yet been awarded, please ensure this is clearly stated here.*  |

1. Is the proposed project likely to lead to patentable or commercially applicable data or apparatus? **YES / NO (*if yes, please give details).***

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| *If yes, please give details of any potential Intellectual Property that might develop as a result of the research. Please note, the Host Institution is expected to have strategies**and procedures for the proper and efficient identification, protection, management and**exploitation of Intellectual Property.* |

1. Has Ethical Committee approval been obtained?

 **YES / NO / NOT APPLICABLE (*please give details*)**

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| *If yes, please provide details of approval.*  *If no, please note that* ***the grant cannot start before ethics approval is in place****. Please be realistic in your grant start date and when budgeting for staff costs if there is likely to be a delay in starting the grant.*  |

**Abstract and Plain English Summary**

**Plain English Summary**: An explanation of the project in simple terms and language that would be understood by an interested lay person (it does not need to explain the basic nature of the condition). Please do not use abbreviations, technical jargon or scientific references. Failure to comply with this request may result in us asking you to re-write this section. We strongly suggest asking a non-scientist/clinician, preferably someone who is not overly familiar with your work, to read this section prior to submission and give you feedback on how easy it is to understand.

The plain English summary is very important and will influence how the final funding decisions are made – our Awards Panel includes people with lived experience of inflammatory bowel disease who are not scientific or medical experts. They have the expertise and experience to assess the proposed project from a patient benefit and participation standpoint. The summary must give an accurate account of the project in plain English and in terms that will enable an ordinary member of the Charity to understand what the project is. The information may be used by the Charity for publicity purposes.

Please include in your summary an overview of why your research is novel and how it builds on existing understanding, what you hope the research will find and how this will be used to help people with IBD.

**Plain English summary review:** We are delighted to offer the opportunity to have your summary reviewed by members of our community living with Crohn's and Colitis, for readability and ease of understanding, before you submit your application. If you are interested in receiving feedback on your plain English summary, please get in touch with us at **research@crohnsandcolitis.org.uk**

Please note there will be a minimum 10 working day turnaround time for this service, so your request must be made no later than **Tuesday 21 May**but earlier requests are very welcome.

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| **Planned Start Date:***Please be as realistic as possible when estimating your start date. Actual start dates must be confirmed with the Charity prior to starting work on the project.*  | **Duration (months):** |
| **Scientific Abstract: Aims and potential benefits (maximum 150 words)***An explanation of the aims and potential benefits of the research* |
| **Plain English Summary: What is this research looking at? (maximum 500 words)***As part of the summary, please give some background to why the project is necessary (there is no need to provide any background on IBD) and what the research question(s) is that you are planning to answer. What is the purpose of this work, how do you plan to carry it out and what are the main objectives? Please give a brief description of the methods you will use to answer the research question(s)* |
| **Outline which of the** [**specified JLA Top 10 Priorities**](https://crohnsandcolitis.org.uk/our-work/research-and-evidence/for-researchers/looking-for-funding/crohns-colitis-uk-grant-call-2023) **are addressed by this research, and why you have chosen to address this particular area (maximum 200 words)***Please carefully think about which of the JLA priorities from our targeted call this research will address. It may, in addition, address priorities beyond those specified in the call.*  |
| **What could this mean for people with IBD? (maximum 250 words)** *Please consider**how this will help someone living with IBD to manage their condition and/or how it will equip them with the tools and resources to manage their disease themselves. How will it improve health outcomes or patient experience?* |
| **How do you plan to evaluate the impact of your research (maximum 200 words)?** |
| **If successful, what will the next steps be for this work? (Maximum 250 words)***Please consider the following points when answering this question. Will the work need further funding to take it closer to clinical benefit, and if so, where might this funding come from? Could this research be scaled up to other geographic regions and other care settings (either for managing IBD or wider)? How will you ensure financial sustainability, particularly for funding that starts new services or interventions? Have you considered what steps you would need to take for this work to be adopted into the NHS (if applicable).* |
| **Describe the patient and public involvement that was used in the development of this application, as well as your plans for patient and public involvement in the delivery and/or dissemination of the research (maximum 250 words)***Please describe how you have involved people living with IBD in the development of the proposal, and/or what are your plans for involvement and engagement as the study progresses? What is your plan for feeding back the outcomes of the study to those who were involved in shaping the work, or people who may take part in the study as participants.**Please also share details of your overall dissemination plan including ways you will engage with people affected by IBD and/or the general public to communicate your results.**We expect you to have consulted people living with IBD to make sure your research question reflects a genuine need and considers relevant patient outcome measures as well as barriers that might prevent people from taking part if this is a clinical study. Any involvement should be proportionate to the type of study being proposed. For example we would expect a laboratory-based study to have less involvement overall than a clinical study that will be recruiting patients. We expect all studies, however, to have some involvement of people living with the condition.**We are supportive of you including relevant/justified PPIE-related costs in your budget.* |
| **How will you approach health inequalities in your research project and ensure that underrepresented groups are considered,** **involved and/or included? (maximum 250 words)***Please note, even if you are only using previously collected samples or data, we expect you to consider the diversity of the samples you will be using to ensure they are representative of the IBD population as a whole. Please describe* w*hat specific activities you will undertake to embed EDI within the proposed research. Is there any EDI expertise within your proposed team, steering/advisory group etc? Please go beyond simply focusing on your organisational policies, and describe more specifically how these matters will be embedded in your proposed research and approach.**If your research is taking place in an area of the UK with a less diverse population, please ensure you have considered how you will ensure any outcomes from your study are applicable to, or will be relevant for the IBD population as a whole including those from different socioeconomic groups and different ethnic backgrounds.**We are supportive of you including relevant/justified EDI-related costs in your budget.*  |

**Justification for the use of animals**

Crohn’s & Colitis UK will not support the use of animals unless there is no alternative. The numbers of animals requested must be optimised and fully justified, and we emphasise the importance of refinements of procedures to minimise any pain or distress.

As a member of the Association of Medical Research Charities (AMRC), we support their [position on the use of animals](https://www.amrc.org.uk/position-statement-on-the-use-of-animals-in-research) in research.

Does the project involve the use of animals? Yes/No

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| If yes, please state the type (species and strain) and number of animals to be used |
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| Explain why the use of animals is necessary and what other possible approaches have been considered. Please explain how you have considered the 3Rs. |
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| Explain why the species requested is the most appropriate, especially if the animals are being used as a model for a human physiological or pathological condition. |
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| Justify the numbers of animals required to achieve statistical significance and the factors that might affect this. Please include details of any sample size calculations and/or statistical advice sought. |
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| Have the necessary approvals been given by: |
| The Home Office (in relation to personal, project and establishment licences)? Yes/No/Not required |
| Animal Welfare and Ethical Review Body?  Yes/No/Not required |
| If you have answered no or not required, please explain.  |
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**Finance and Expenses**

*Please make sure that your finance team has seen and approved all project costs being submitted as part of this application.*

**Finance**

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| **Amount Applied For** |
| *Please enter the total value of funding you are applying for from Crohn’s & Colitis UK – ensure you have not exceeded the total grant value specified in the call.*  |

**Expenses**

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| **Finance type** | **Finance item** | **Item description** | **Contact** | **Yr 1** | **Yr 2** | **Yr 3** | **Total** |
| *Choose from Salary, Consumables, Meetings/Workshops Equipment and Services* | *For salary only – choose from Basic salary, London weighting , employers on-costs* | *If salary, please give FTE of post as position and grade. For any other finance type, please give a short description of costs***.**  | *For salaries only, please add the name of the person the salary costs relate to.* | **£** | **£** | **£** | *Will auto-total* |

The Line Totals Sum Amount Applied For Yes/No

*Please refer to our* [*Finance Calculation Tool*](https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fs3-eu-west-1.amazonaws.com%2Ffiles.crohnsandcolitis.org.uk%2FResearch_Finance_Calculation_Tool.xlsx&wdOrigin=BROWSELINK) *and ensure that the Amount Applied For equates to the sum of all Finance Lines added.*

**Application approvals**

*You must confirm on submission that you are authorised to make this application on behalf of the Host Institution. Please obtain authorised signatures and upload this page as a Supporting Document. This page is also available on our website* [*as a single page here*](https://crohnsandcolitis.org.uk/our-work/research-and-evidence/for-researchers/looking-for-funding/crohns-colitis-uk-funding-guidelines)*.*

**Application approved by:**

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| **Principal Investigator** |
| Name |  |
| Position |  |
| Department |  |
| Signature |  |
| Date |  |

### DECLARATION

I confirm/confirm on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Host Institution), that I am authorised to sign this declaration, and that in the event of this application being successful the research team will be accommodated and supported as described in the proposal. I understand that the entire direct costs of the project can be included in the project budget but that Crohn’s & Colitis UK does not pay university or departmental overheads.

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| **Host Institution** |
| Authorised Signatory |  |
| Position |  |
| Department |  |
| Signature |  |
| Date |  |

**Supporting Documents**

**You will need to upload:**

1. **CVs** Short Curriculum vitae for the Principal Investigator(s), Co-Investigators and any named research staff (*no more than 2 sides of A4 for any CV and no more than 10 publications relevant to this grant application to be listed*).
* **Please ensure that all CVs to be submitted are combined into one PDF document prior to upload**
* **Please name the file “YourSurname CVs”**
* **Click Add files**
* **Browse to select and upload your document**
1. **Other Supporting Documents**

This should include the following:

* Confirmations of stakeholder participation (should be uploaded as a single PDF). **Please name the file “YourSurname Stakeholders”**
* Letters of support from collaborators (if applicable, and should be uploaded as a single PDF). **Please name the file “YourSurname Letters of Support”**
* Ethical approvals (if applicable) “**YourSurname Ethical approval”**
* Application approval. **Please name the file “YourSurname Approval”**
* **Please ensure all Supporting Documents are combined into one document of each type prior to upload, i.e. all Letters of Support should be combined into one PDF document, all stakeholder participation confirmations should be combined into one document, etc.**
* **Click Add files**
* **Browse to select and upload your document**
* **Repeat for other types of Supporting Document**
1. **Detailed Proposal** (*no more than 4 sides of A4 excluding references - single spaced, minimum font size 11*)**:** A full description of the proposed research project under the following sub-headings:
	1. **Background information** (you do not need to explain the basic nature of Crohn’s Disease, but please give a clear explanation of the problem being addressed and the target population who may be involved in and ultimately benefit from the research)
	2. **Aims and purpose of the proposed investigation**
	3. **Detailed plan of investigation and methodology** (including power calculations)
	4. **Key risks in delivering the proposed project (**how likely are they to occur, what would be their impact be, and how will they be mitigated?**)**
	5. **Timetable**
	6. **Justification for the support requested**
	7. **Scientific/academic references relevant to the research proposal**

 This information may be shared with potential funders to raise funds for the Awards.

* **Click Add files**
* **Browse to select and upload your Detailed Proposal**

**Independent Experts**

Please provide details of at least two **independent** experts in the field of the proposed research for the purposes of peer review:

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| **Title** | **Surname** | **Name** | **Suffix** | **Organisation** | **Area of expertise** | **Email** |
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## Charity registered in England and Wales Number 1117148

## Charity registered in Scotland Number SC038632

A company limited by guarantee in England Company number 5973370

**APPENDIX I**

**Stakeholders - Confirmation of participation**

**Full contact details for any additional Principal Investigators, Co-investigators, Public or Patient Contributors and signed declaration confirming their agreement to their participation** (*please replicate as necessary*)**:**

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| Title |  | Initials |  | Surname |  |
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| Department |  |
| Institution |  |
| Address |  |
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| Email |  |
| Telephone No. |  | Mobile No. |  |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held in organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_