**LHP JRO Grant Application and Costing Request Form**

**Once completed, please email to the Grant Application Team at:** [***grants@lhpjro.nhs.uk***](mailto:grants@lhpjro.nhs.uk)

The LHP JRO Grant Application Team will facilitate links to stakeholders as required – including support from LCTC, NIHR Research Support Service functions, and other LHP Partner Organisations. The team will be able to discuss the proposed project, provide advice on funding and the costing process.

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| --- | --- | --- | --- | --- | --- | --- |
| **Grant application title** |  | | | | | |
| **Research Funder and Programme**  Please provide web link to funding scheme |  | | | | | |
| **Is this a 1st stage, 2nd stage or full application?** |  | | | | | |
| **What is the submission deadline date?** |  | | | | | |
| **Name of Lead Investigator** |  | | | | | |
| **ORCID ID of lead investigator** |  | | | | | |
| **Email address of lead applicant and other contacts for application** |  | | | | | |
| **Are you a first-time lead investigator?** *Yes or No* |  | | | | | |
| **Lead Investigator employer details:**  *Please confirm who your substantive employer is, the institute you belong too and if you have an honorary contract.* | **Substantive** | | **Institute** | | **Honorary** | |
|  | |  | |  | |
| **Local principal investigator details *–*** *please confirm if different from lead investigator* |  | | | | | |
| Who is the **lead LHP NHS trust**?  **Has the Trust been notified of the application?** |  | | | | | |
| Who is the **host organisation**?  *E.g., the contracting partner who will receive the funding* |  | | | | | |
| Who is the proposed **sponsor?**  *The proposed sponsor should be the substantive employer of the lead applicant*  <https://liverpoolhealthpartners.org.uk/spark/lhp-research-sponsorship/> | Proposed sponsor:  Sponsorship already obtained? Yes / No | | | | | |
| **Start date of project** |  | | | | | |
| **Duration of project** |  | | | | | |
| **Overview of your application**  *Please provide a brief overview of your study:*   * *Project objectives* * *Project outcomes* * *NHS involvement*   ***(Please append a copy of your draft application when you email this form, if possible)*** |  | | | | | |
| **Estimated number of participants**  **Please indicate different recruitment cohorts where applicable (e.g., NHS patients, healthy controls, NHS staff etc.)** |  | | | | | |
| **Will you be taking samples from NHS patients or participants?**  **If so, please describe the samples. Which labs will be involved in processing, storage, and analysis?** |  | | | | | |
| **Will you be, or have you considered discussing, collecting samples for translational analysis\* with the University of Liverpool Biobank?**  **\* Email** [**biobanking@liverpool.ac.uk**](mailto:biobanking@liverpool.ac.uk) **for further information** |  | | | | | |
| **Number of estimated sites** | **Single-centre**, *please provide name of single site:* | | |  | | |
| **National multi-centred**, *please provide estimated number of sites:* | | | UK | |  |
| Wales | |  |
| Scotland | |  |
| Northern Ireland | |  |
| **International Multi-centred**, *please provide estimated number of international sites, broken-down by country:* | | |  | | |
| **Other**, *please specify* | | |  | | |
| **NHS Partners** – Please list all NHS partners on the proposal  *Please provide name and email address for contact at each organisation* |  | | | | | |
| **HEI/Other partners** – Please list all HEI/other partners on the proposal  *Please provide name and email address for contact at each organisation* |  | | | | | |
| **Does your project require/have ethical approval?** | University Ethics: Yes/ No / Already obtained  NHS Ethics: Yes/ No / Already obtained | | | | | |
| **Please tick this box to confirm that you understand your obligation to forward a copy of the grant application on submission** | | *I confirm I will forward a copy of the grant application on submission* | | | | |
| **Please tick this box to confirm that your obligation to notify the grants team of the application outcome and share any feedback received** | | *I confirm I will notify the grants team of the application outcome and share feedback received* | | | | |
| **Please tick this box if you would consent to LHP contacting you in the future with regards to feedback on the LHP Grants processes** | | *I consent to LHP contacting me for feedback in the future* | | | | |
| **For LHP JRO Personnel Use Only** | | | | | | |
| **Date Grants Team notified:** |  | | | | | |
| **Date project registered on EDGE:** |  | | | | | |

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