**LHP JRO Grant Application Costing Request Form**

**Once completed, please email to the JRO 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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| **Information about the application** | | | | | | |
| **Working research grant title** | | |  | | | |
| **Does this grant relate to an existing study?** *(sub-study, extension, additional funding etc)* | | | | | **Yes  No** | |
|  | | **If Yes** | **Study Title:** |  | | |
| **IRAS ID** *(if known)* |  | | |
|  | | **If No** | **New IRAS ID:**  *(to create NIHR CPMS record and initiate SoECAT)* |  | | |
| **Funder and specific call**  *Please provide weblink to the funding scheme* | | |  | | | |
| **Stage of application:** | **1st Stage  2nd Stage  Full Application** | | | | | |
| **Submission deadline date** | | | Click or tap to enter a date. | | | |
| **Name of Lead Investigator** | | |  | | | |
| **Lead Investigator email address** | | |  | | | |
| **Substantive Employer** |  | | **Are you a first-time lead investigator?** | | | **Yes  No** |
| **Investigator Type** | **Clinical Academic  Non-Clinical Academic  Clinician (non-Academic)  Nursing/Midwifery  AHP  Student  Other** | | | | | |
| **Who is the lead LHP NHS trust?** | | |  | | | |
| **Who is the host organisation?** | | |  | | | |
| **Who is the proposed sponsor?** | | |  | | | |
| **Planned start date of project** | | | Click or tap to enter a date. | | | |
| **Duration of project** *(months)* | | |  | | | |

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| **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.)* | |  | | |
| **Is your prospective study to be supported by a Clinical Trials Unit (CTU)?** | | | **Yes  No** | |
|  | **If Yes** | **Name of CTU** |  | |
| **Does your study involve any of the following:** | | **CRF - AHCH  CRF - LUHFT  ECMC**  **LCCS  CERC** | | |
| **Will you be taking samples from NHS participants?** | | | **Yes  No** | |
|  | **If Yes** | **Please describe the sample types. Which labs will be involved in processing, storage, and analysis?** | | |
|  | | |
| **Will you be collecting samples for Biobanking** | | | **Yes  No** | |
|  | **If Yes** | **Please indicate Biobank** | (If you need support approaching a Biobank please discuss with Grants Team) | |
| **Number of estimated sites** | | **Single-centre**,  *Name of single site:* | |  |
| **National multi-centred**,  *Estimated number of sites:* | |  |
| **International Multi-centred**,  *Estimated number of sites, broken-down by country:* | |  |
| **Other**, *please specify* | |  |
| **NHS Partners** – List all NHS partners on the proposal  *Please provide name and email address for contact at each organisation* | |  | | |
| **HEI/Other partners** – List all HEI/other partners on the proposal  *Please provide name and email address for contact at each organisation* | |  | | |

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| **Investigator Confirmation** | |
| **Please read and tick to confirm following statements** | |
| **I understand my obligation to forward a copy of the final grant application to the LHP JRO Grants Team upon submission.** |  |
| **I understand my obligation to notify the LHP JRO Grants Team of application outcome and any feedback received** |  |

**Please email the completed form to:** [***grants@lhpjro.nhs.uk***](mailto:grants@lhpjro.nhs.uk)