Please refer to the ‘Guidelines for Applications’ document when completing this form

# Section 1 Application details

Other – please specify

BTOG meeting

NCRI Conference

RCLCF Website

Please indicate where you saw this grant funding opportunity advertised:

Patient Experience

This grant is: Early Detection of lung cancer

Re-submission

Type of application: New application

Other

Pilot Grant

Project Grant

Category:

Grant Submission Period: January 2020

Total amount of funding applied for: £

Proposed start date:

Proposed duration (months):

Postcode:

Telephone: Email:

Title of project:

Institution:

Address:

Surname:

**Applicant**

Title: Forename:

Postcode: Telephone:

Email:

Address:

Surname:

Forename:

Title:

**Co-applicant 1**

Postcode:

Telephone: Email:

Address:

Surname:

Forename:

Title:

**Co-applicant 2**

**Co-applicant 3**

Title:

Forename:

Surname:

Address:

Postcode: Telephone:

Email:

**Co-applicant 4**

Title:

Forename:

Surname:

Address:

Postcode: Telephone:

Email:

Postcode:

Telephone: Email:

Address:

Surname:

Forename:

Title:

**Co-applicant 5**

Postcode: Telephone:

Email:

Address:

Surname:

Forename:

Title:

**Co-applicant 6**

**Section 2 Research Category**

Please select **one category only** from the list below that best describes your proposed research.

|  |  |
| --- | --- |
| **Category** | **Tick** |
| **Early detection** |  |
| **1.1** Technology Development and/or Marker discovery |  |
| **1.2** Technology and/or Marker Evaluation with respect to Fundamental Parameters of Method |  |
| **1.3** Technology and/or Marker Testing in a Clinical Setting |  |
| **1.4** Resources and Infrastructure related to Early Detection |  |
|  |  |
| **Patient Experience** |  |
| **2.1** Health economic and societal burden of lung cancer |  |
| **2.2** Care and Support of those affected by lung cancer |  |
| **2.3** Barriers to Early Diagnosis of lung cancer |  |
|  |  |
| **Other** |  |
|  |  |

If yes please indicate where, and when the outcome is expected:

No

If yes please provide details:

2. Is this application being submitted elsewhere? Yes

No

**Other support**

1. Is this research supported by any other outside bodies? Yes

Please refer to the ‘Guidelines for Applications’ document when completing this form.

# Section 3 Research proposal

A Main applicant name B Project title

C Aims and purpose of proposed investigation D Background of the project

1. Plan of investigation and methodology
2. Potential problems envisaged and how these will be addressed G Timescale of investigation and project milestones
3. Describe how this project integrates into the ongoing work of the main applicant
4. Define the expected value of the research to the academic community and lung cancer patients
5. List of collaborators, but not co-applicants
6. Publications from your group relevant to this application L References
7. Two page project update for refunding of a current RCLCF grant or ‘follow on’ from

RCLCF small pilot grant (if applicable)

1. Final or interim report for any current or completed RCLCF grants held by the applicant (if applicable)
2. Please provide the name and contact details of two suitable experts who could potentially externally review this grant submission

# Section 4 Curriculum vitae

Please complete for applicant, co-applicants and named researcher (if applicable). Each CV should be a maximum of two pages.

Status: Main Applicant / Co-applicant / Researcher (delete as appropriate)

Name:

Address:

Postcode:

Telephone:

Email:

# Personal details

Qualifications:

Current position:

Posts held:

Current grants held:

Other RCLCF applications under consideration:

Have you previously submitted or been a co-applicant on an unsuccessful RCLCF grant application?

If yes please give title and reference number:

Publications:

**Section 5 Additional details**

Intellectual property body

Commercial significance

Ethical considerations

Research involving tissue samples and/or cell lines

**Section 6 Previous RCLCF grants held**

Do you currently, or have you previously held or been a co-applicant on a RCLCF funded grant?

If yes please complete the details below If no please delete this page

Type of grant:

Reference number:

Title:

Start and end date:

Amount awarded and duration: Name of applicant and researcher:

Please provide a short update on the main outcomes of this grant

How the grant furthered the greater understanding of lung cancer.

Publications directly resulting from this grant:

**Section 7 Small pilot grant application**

If the small pilot study is awarded, please consider how this one-year grant will lead to development of a full application:

1. Provide a statement on the immediate hopes for the findings of the project in the first year of funding.
2. Outline the aims and plans of a full proposal that you would submit to RCLCF should the initial small pilot study be successful.

**Section 8 Costs Personnel costs**

Please include **annual increments** based on the host institution’s salary scale and potential

# inflationary increases.

Please ensure the salary is **costed from the proposed start date** of the project, not the date of application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Initials  (or to be appointed) | Qualification | Grade (as at start date of  project) | Scale point (as at start date of  project) | %time |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name & Initials (or to be appointed) | |  | |
|  | Year 1 | Year 2 | Total |
| Salary | 0 | 0 | 0 |
|  |  |  |  |
| Employer’s oncosts | 0 | 0 | 0 |
| Total costs | 0 | 0 | 0 |
|  |  |  |  |
| Percentage increase in personnel cost per annum |  | 0% |  |
|  | | | |
| 2. Name & Initials (or to be appointed) | |  | |
|  | Year 1 | Year 2 | Total |
| Salary | 0 | 0 | 0 |
|  |  |  |  |
| Employer’s oncosts | 0 | 0 | 0 |
| Total costs | 0 | 0 | 0 |
|  |  |  |  |
| Percentage increase in personnel cost per annum |  | 0% |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Name & Initials (or to be appointed) | |  | |
|  | Year 1 | Year 2 | Total |
| Salary | 0 | 0 |  |
|  |  |  |  |
| Employer’s oncosts | 0 | 0 |  |
| Total costs | 0 | 0 |  |
|  |  |  |  |
| Percentage increase in personnel cost per annum |  | 0% |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year 1 | Year 2 | Total |
| 1. Total | 0 | 0 | 0 |
| 2. Total | 0 | 0 | 0 |
| 3. Total | 0 | 0 | 0 |
| A. TOTAL Personnel  costs\* | 0 | 0 | 0 |

\*Total carried forward to Summary

# Running expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Minor Equipment** | Year 1 | Year 2 | Total |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
| B. TOTAL Minor equipment costs\* | 0 | 0 | 0 |
|  | | | |
| **Materials and Consumables**  (Please specify) | Year 1 | Year 2 | Total |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |
|  | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| C. TOTAL Materials & Consumables costs\* | 0 | 0 | 0 |
|  | | | |
| **Microarray/ Sequencing costs** | Year 1 | Year 2 | Total |
|  | 0 | 0 | 0 |
| C. TOTAL Microarray costs\* | 0 | 0 | 0 |

\*Total carried forward to Summary

# Summary - personnel costs and running expenses

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year 1 | Year  2 | Total |
| A. Personnel Costs | 0 | 0 | 0 |
| B. Equipment | 0 | 0 | 0 |
| C. Materials and Consumables | 0 | 0 | 0 |
| C. Microarray/ sequencing costs | 0 | 0 | 0 |
| D. Other expenses Please specify: | 0 | 0 | 0 |
| Grand totals | 0 | 0 | 0 |

**Section 9 Justification of costs**

**Salaries**

Include justification for grade of staff required and any grade/scale point increases and potential increases due to inflation over the lifetime of the grant.

**Minor Equipment**

**Materials and Consumables**

**Microarray costs**

**Other expenses**

Justification for any other costs requested, but not to include printing and publication costs, staff recruitment costs, conference travel or any other disallowed costs.

**Section 10 Approval and ratification**

**Signatures of Head of Department, Finance Office and Research and Development Department**

Name and Title:

Date

Signature of Head of Department

**Head of Department**

I confirm that I have read this application in full (including forms A, B and C) and that if granted, the work will be accommodated and administered in the department/institution.

All necessary approvals have been or are being sought.

Name and Title:

Address:

Telephone:

Email address:

**These contact details will be used in the event of any invoicing or budgetary queries arising**

Date

Signature of Finance officer

**Finance Office**

I confirm that the institution will administer the grant if awarded and I will ensure that the funds are used for the purpose for which they have been given.

I confirm the budget had been correctly costed in accordance with RCLCF’s guidelines.

Name and title: Address: Telephone:

Email address:

Date

Signature

**Research and Development Department (if different to Finance Office)** I confirm that I have read this application and that if granted, the work will be accommodated and administered in the department/institution.

**Signatures of applicants and co-applicants**

Name and title Address: Telephone:

Email:

Date

Signature

**Main Applicant**

I have read RCLCF’s terms and conditions of award and agree to abide by them.

Name and title Address: Telephone:

Email:

Date

Signature

**Co-Applicant** (please make a copy of this section for each co-applicant)

I have read RCLCF’s terms and conditions of award and agree to abide by them.

**Section 11 Final Checklist**

1. Form A: Lay Summary and Scientific Abstract - all relevant sections completed and

written in layman’s terms

1. Form B Pilot – all relevant sections completed, including Research Proposal
2. Letters of collaboration attached (if applicable)
3. Ethical approval letters attached (if applicable)
4. Current institution pay scale attached
5. Original signed copy of full application literature posted to: Jackie Tebbs

Head of Clinical and Research Grants Roy Castle Lung Cancer Foundation Cotton Exchange Building

Old Hall Street Liverpool

L3 9LQ

1. Electronic copy of **all the above** emailed to [**grants@roycastle.org**](mailto:grants@roycastle.org)

**Forms A and B in MS Word format and pdf**, all other supporting documents in relevant format, for example pdf, excel or word. **Should your documents exceed 10MB please send via Dropbox**

# I confirm that all requests listed above have been completed at the time of submission. I understand that RCLCF will not attach any additional information once the application is submitted. Failure to comply with the above checklist, may result in the application being rejected from consideration. I understand that submission of an application indicates full acceptance of the terms and conditions of award as detailed in section 7 of the ‘grant funding information’ document.

Signature of main applicant

Date