

The Meath Foundation

The Adelaide & Meath Hospital, Dublin,
Incorporating the National Children's Hospital,
Tallaght
Dublin 24

RESEARCH GRANTS
Tele 4142432 / 4145896
e-mail meathfoundation@amnch.ie

Confidential

Closing date Friday 12th February 2010

Proposed award date September 2010

Research Grant Application Form and Criteria for assessment and Feedback

Please ensure that this form, when completed, does not exceed A4 pages

For Office use only

Date Received

1. Principal Investigator

Surname	
Forename	
Title (Dr, Professor. etc)	

Male

Female

Address for correspondence

Tel No:	
Email: .	

Present appointment

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Brief summary of career (no more than 3 lines)

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2. Title and lay Summary of project (Not to exceed space in this box) Please discuss originality of this proposal and its relevance to public health.

Title:

Summary:

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3. Grant requested (to the nearest euro)

€

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4. Please state briefly why this proposal is considered to be particularly suitable for funding by The Meath Foundation

5. Duration of research project

(a) Duration of this proposal (maximum months) start end

(b) Duration of entire research project (if different) start end

Do you envisage approaching The Foundation for further support for this project after the conclusion of the current proposal? Yes No

Is this project a continuation of an existing project funded by The Foundation? Yes No

6. Previous grants

Have you received Foundation support within the past three years for this project? Yes No

Have you received Foundation support within the past five years for a different project? Yes No

If you have applied to The Foundation for a research grant please give details of all applications.

Date of application (month/year)	Title of project	Amount awarded (list € 0 if unsuccessful)	Date Progress / Final Report / Presentation to The Meath Foundation
1.			
2.			
3.			
4.			
5.			

** The Foundation reserves the right to refuse further funding to any grantee who has not furnished adequate reports on previous grants.*

7. Ethics

Are there any special ethical issues arising from your proposal that are not covered by the relevant professional Code of Practice? Yes No

Have you obtained, or will you obtain ethical approval from the relevant authority? Yes No

*If **YES**, please **note** that no grant will be awarded until The Foundation has received written confirmation from the institutional ethics committee of such approval.*

If you have answered yes to the first question and no to the second question, please describe any non-standard ethical issues arising from your research and how you will address them.

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8. USE OF HUMAN SUBJECTS/HUMAN TISSUE

Please indicate which of the following will be used in the research project:

- (i) Population surveys/patient or family case history: YES or NO: _____
- (ii) Blood Samples YES or NO: _____
- (iii) Tissue samples/surgery or biopsy samples YES or NO: _____
- (iv) Post mortem tissue/organs YES or NO: _____
- (v) Cell lines derived from human tissue YES or NO: _____
- (vi) Other (please specify) YES or NO: _____

9 USE OF ANIMALS

Does your project include the use of animals? YES or NO: _____

If **YES**

Do you have a valid licence from the Department of Health to carry out work on animals? YES or NO: _____

Please give licence number: _____

Please give expiry date _____

Please explain: (i) Why animal use is necessary, (ii) What species will be used, how many animals you intend to use and how this figure was determined, (iii) Whether there are any other possible approaches that could be taken

10. Particulars of directly incurred costs

Give a breakdown of the total costs that will be directly incurred, specifying the particular items for which application is being made to The Foundation.

Item	Applicant	Co-investigator	Other	
Personnel (Cost to include Tax / PRSI / Pension / Increments due / Allowances etc if appropriate) Salary				
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Stipend				
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Travel costs /Accommodation				
Materials /Consumables: please state item and number (including VAT)				
Use of facilities/equipment (including VAT)				
Services/ Fees (including vat)				
Other directly allocated costs				
Total				

11. Particulars of other support

Please tick the appropriate box

Have you/any co-applicants made any other applications in connection with this project?

Yes

No

If so, with what results? Please keep The Foundation informed of results of any other applications relating to this project.

Fund/organisation	Amount requested	Result (or date expected)

12 Outline the infrastructure that will be utilised in this application (particularly draw attention to the staff, laboratory or other costs that will be incurred by the project that are not in this funding request)

13 List collaborators

Please complete Section 19 onwards if the research involves a co-applicant(s) or other participants.

14. Scheme of research (1)

Scheme of research continued (2)

Scheme of research continued (3)

Scheme of research continued (4)

Scheme of research continued (5)

15. Plans for publication/dissemination

Please describe the proposed output from the research, and outline your plans for publication or other dissemination of the research for which you are seeking an award.

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16. Reports

Please list any editorials / publications / awards of research funded by The Foundation

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17. Personal statement

Applicants are invited to include any information relating to their professional career which they may wish to be taken into account in assessing this application.

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18. Signature and date

I have read The Meath Foundation Grant Regulations and agree to abide by them.

If a grant is made, I

- will ensure that The Foundation's contribution to funding the research is suitably acknowledged in all publications arising from it, and ensure that signed copies of any such publications are forwarded to The Foundation.
- will comply with policies on intellectual property rights as set out in the Grant Regulations
- will inform The Foundation of any changes to details set out in the application

Applicant's signature

Date

Institutional authorisation

Signature
Name (please print)
Position (please print)
Date

Please e-mail the completed application to meathfoundation@amnch.ie

19. Details of collaborators

Please complete this Section if the research involves a co-applicant(s) or other participants.

Co-investigator (1)

Surname	Forename	Title (Dr, Professor etc)

Present appointment and employing institution

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Brief summary of qualifications and career (no more than 3 lines, including principal appointments)

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List of principal and/or relevant publications (up to a maximum of six)

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If co-investigator has applied to The Foundation for a research grant within the last five years, please give details of the most recent application

Date of application (month/year)	Title of project	Amount awarded (list €0 if unsuccessful)

Co-investigator (2)

Surname	Forename	Title (Dr, Professor etc)

Present appointment and employing institution

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Brief summary of qualifications and career (no more than 3 lines, including principal appointments)

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List of principal and/or relevant publications (up to a maximum of six)

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If co-investigator has applied to The Foundation for a research grant within the last five years, please give details of the most recent application.

Date of application (month/year)	Title of project	Amount awarded (list £0 if unsuccessful)

20 Other participants

Please list interdisciplinary team if appropriate

21. Role of other participants

Please describe the contribution to the project to be made by other participants, citing any particular specialists and expertise.

22. Added value of collaboration

Please provide any comments you wish on the particular relevance, timeliness, or other aspects of the collaboration, and the benefits envisaged.