

**2020 MEATH FOUNDATION RESEARCH GRANTS**

**APPLICATION FORM**

**Closing date 12 noon Monday 27th January 2020**

**1. Principal Investigator Address for correspondence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  |  | |
| Forename |  |  |  | |
| Title |  |  |  | |
| Email address: | |  | Mobile No.: |  |  |  |

**Present appointment**

|  |
| --- |
|  |

**Brief summary of career**

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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 improving healthcare.***

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| --- |
| **Title:**  **Summary:** |
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**3. Amount of Funding requested: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**5. Duration of research project**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (a) Duration of this project (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 anyone who has not furnished adequate reports of previous grants.**

**7. Research Funding**

Have you applied for external funding for this or any projects funded by The Meath Foundation Yes / No

If yes please give details***.***

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***The Meath Foundation intends its Research Grants to assist applicants in starting a research project and it encourages successful grant holders to seek external funding from other sources i.e. industries and government agencies to complete more full scale and robust programmes.***

**8. 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 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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**9. USE OF HUMAN SUBJECTS/HUMAN TISSUE**

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

1. Population surveys/patient or family case history: YES or NO:
2. Blood Samples YES or NO:
3. Tissue samples/surgery or biopsy samples YES or NO:
4. Post Mortem tissue/organs YES or NO:

1. Cell lines derived from human tissue YES or NO:
2. Other (please specify) YES or NO:

**10 USE OF ANIMALS**

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

**If YES**

Do you have a valid licence from the relevant licensing Agency

e.g. Department of Health to carry out work on animals? YES or NO:

Please give

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licence number:

Expiry date:

|  |
| --- |
| Please explain:   1. Why animal use is necessary, 2. What species will be used, how many animals you intend to use and how this figure was determined, 3. Whether there are any other possible approaches that could be taken |
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**11. Particulars of directly incurred costs**

***11.1 Activity Analysis***

Please complete the Activity analysis as directed

The table is divided into four sections. Please see Section 24 for the glossary of terms

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct** | **Indirect** | **Associated** | **Non productive work** |
| E.G Interviewing | Transcription of interview | Meetings with Ethics Committees | Travel time - depending on number of sites |
|  | Data analysis | Meetings with research team | Leave – annual leave  As per organizational policy  Any absence |
|  | Report writing | Supervision |  |
|  | Presentations |  |  |

***11.2 Role Clarification***

Please specify any additional roles which will be undertaken e.g. clinical commitments per week or any teaching commitments**.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***11.3*** Justify why a specific health care professional grade is undertaking the research role

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***11.4*** Specify what roles may be conducted by other grades. E.g. transcription of tapes Registrar, R.N /administrative

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**11.5 Give a breakdown of the total costs that will be directly incurred**

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary** | **Applicant** | **Co-Investigator** | **Other (please specify** |
| Average number of hours per week to be charged to the grant |  |  |  |
| Contracted working week as a % of full time work |  |  |  |
| Gross Salary |  |  |  |
| Employers PRSI |  |  |  |
| **SUB-TOTAL** |  |  |  |
| **Stipend** | **Applicant** | **Co-Investigator** | **Other (please specify** | |
| Average number of hours per week to be charged to the grant |  |  |  | |
| Contracted working week as a % of full time work |  |  |  | |
| Gross Pay |  |  |  | |
| Withholding tax  (unless employee holds a tax clearance certificate) |  |  |  | |
| **SUB-TOTAL** |  |  |  | |
| **Other Costs associated with this Project** |  |  |  | |
| Travel costs /Accommodation |  |  |  | |
| Materials/Consumables: please state item and number ( including VAT) |  |  |  | |
| Services/Fees ( including VAT) |  |  |  | |
| Use of facilities/equipment ( including VAT) |  |  |  | |
| Other directly allocated costs |  |  |  | |
| **SUB-TOTAL** |  |  |  | |
| **Total Salary Costs ( Including Employers PRSI costs** |  |  |  | |
| **Total Stipend Costs ( Including Withholding Tax if required)** |  |  |  | |
| **Total non-pay costs associated with the grant application** |  |  |  | |
| **GRAND TOTAL** |  |  |  | |
|  |  |  |  | |

**12. Particulars of other support**

*Please tick the appropriate box*

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

**13 Outline the infrastructure that will be utilised in this application**

*Laboratory based research work should, where possible, be carried out in the*

*Meath Foundation Clinical Research Laboratory at Tallaght University Hospital.*

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**14 List Collaborators**

**Please complete Section14 onwards if the research involves a co-applicant(s) or other participants**.

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**15. Scheme of research (1) Five A4 pages are available to be completed and will be scored using the criteria for assessment (Section 24).**

Scheme of research continued (2)

Scheme of research continued (3)

Scheme of research continued (4)

Scheme of research continued (5)

**16. 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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**17. Reports**

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

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**18. Personal statement**

Applicants **must** include information relating to their professional career

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**19. 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** |  | **This application must be signed by the Applicants Executive Management Team Lead** |
|  |  | Signature |
| Date |  | Name  (please print) |
|  |  | Position  (please print) |
|  |  | Date |

**Please e-mail the completed application form to**

[**meathfoundation@tuh.ie**](mailto:meathfoundation@tuh.ie)

**20. 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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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) |
|  |  |  |

**21 Other participants**

Please list interdisciplinary team if appropriate

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**22. Role of other participants**

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

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**23 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.

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**24 Glossary of terms**

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| --- | --- |
| ***Business continuity*** | Business Continuity is a holistic process that identifies potential impacts that threaten an organization and provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities. |
| ***Contingency*** | Refers to something dependent on a possible future event |
| ***Direct work*** | This refers to core responsibilities for example:   * Academic Class room lecturing * Research Grant writing * Clinical – e.g. ward rounds, OPD * Administration Processing applications |
| ***Indirect work*** | Individual but remote management that is one step removed from direct work /core responsibility; for example, completing a form for ethics approval |
| ***Associated work*** | Meetings Work /duties which are not included in direct roles or indirect roles such as meetings |
| ***Non Productive work*** | Travel, leave – e.g. Annual leave, sick leave, study leave |
| ***Skill mix*** | The mix of different types of staff making up a department’s establishment. The ideal mix; one that maintains or improves the quality of service at the least cost. Grade mix is sometimes used as a synonym for skill mix but the former includes only one profession. The latter, on the other hand, may include various professions.  Skill-mix is the method of achieving the “best” mix of staff and skills, required to deliver a defined level of care in a defined area of “organisational activity”. |
| ***Time-out*** | All kinds of leave away from the college or unit including: sickness, annual leave, compassionate, uncertified, certified, maternity, study, etc. |
| ***WTE (Whole Time***  ***Equivalent)*** | One way of expressing the actual numbers of staff in an establishment |

**25 Criteria for Assessment**

|  |  |
| --- | --- |
| **Ratings** | **Scoring** |
|  | **1. Incomplete 2. Poor 3. Good**  **4. Very good 5. Excellent** |
| **External Assessors** |  |
| **Declaration of interest** |  |
| **Please identify any possible conflicts of interest If you identify a conflict of interest please return this research grant application immediately to The Meath Foundation Office** |  |
| **Please rate your suitability to assess this project. Rate 1) Totally outside my field of competence**  **2) Working knowledge of the field**  **3) Well within my field of expertise** |  |
| **Assessment of Project** |  |
| **Does this project meet The Foundations Research Strategy of Preventative Medicine and Advance care?** |  |
| ***Has the grant holder applied / received external funding for any research projects funded by The Meath Foundation*** |  |
| **Theme under which this project meets the requirements** |  |
| **Is this a cross discipline project?** |  |
| **Majority of funding is required for?** |  |
| **Does the costing of this project reflect true costs?** |  |
| **Can this project be completed in the time specified** |  |
| **Rate the proposal Please Score 1 - 5 (see above)** |  |
| **Originality of the proposal Rate 1-5** |  |
| **Background Literature review and rationale for study Rate 1-5** |  |
| **Methodology including design, method and sample selection Rate 1-5** |  |
| **Ethical issues, validity, reliability and rigour of study Rate 1-5** |  |
| **Is this important research in the context of the discipline Rate 1-5** |  |
| **Relevance to Public Health Rate 1 - 5** |  |
| **Quality of the proposal Rate 1-5** |  |
| **Is the infrastructure available to support this project Rate 1-5** |  |
| **Quality of the proposer Rate 1-5**  **Note; No points will be awarded if section 17 is not completed** |  |
| **Publications Rate 1-5** |  |
| **Total Score** |  |
| **Assessors Please rate your opinion of this project over the other proposals that you have reviewed Rate 1st 2nd 3rd etc. Do you believe that this project has reached a minimum score and is suitable for funding?** |  |

**Please Note the Decision of the Board of The Meath Foundation is final**

**December 2019**