

GRANT APPLICATION



TOMMY'S THE BABY CHARITY
Nicholas House
3 Laurence Pountney Hill
London EC4R 0BB

1. APPLICANT(S)

Title	Title
Name	Name
Address	Address
Tel	Tel
Fax	Fax
Email	Email

2. INSTITUTION AND POST HELD DEPARTMENT

3. TITLE OF PROJECT

Is this an extension of a project already funded by Tommy's? YES NO

4. ABSTRACT OF RESEARCH

5. PROPOSED DURATION

PROPOSED STARTING DATE

6. TOTAL FINANCIAL SUPPORT REQUESTED £

SUMMARY OF SUPPORT REQUESTED:

SUPPORT REQUESTED	1st Year £	2nd Year £	Total
(a) Personal support of Applicant			
(b) Scientific assistance Number of staff - full/part time			
(c) Technical or other assistance Number of staff - full/part time			
(d) Superannuation and National Insurance			
(e) Annual nationally agreed salary increases cost made at current level of inflation			
TOTAL ANNUAL SUPPORT (SALARIES)			
(f) Other expenses (details page 3)			
(g) Apparatus (details page 3) excluding VAT. A copy of invoice(s) for apparatus will be required.			
TOTAL SUPPORT REQUESTED £			

7. OTHER SUPPORT

8. IS PROPOSED RESEARCH LIKELY TO LEAD TO PATENTABLE OR
COMMERCIALY APPLICABLE DATA OR APPARATUS?
If so, please give details.

9. DETAILS OF OTHER EXPENSES AND APPARATUS

	1st Year £	2nd Year £	Total
DETAILS OF EXPENSES AND APPARATUS			

10. PROPOSED INVESTIGATION - Page 1
No more than 6 pages, 12 point font, including references

10. PROPOSED INVESTIGATION - Page 2
No more than 6 pages, 12 point font, including references

10. PROPOSED INVESTIGATION - Page 3
No more than 6 pages, 12 point font, including references

10. PROPOSED INVESTIGATION - Page 4
No more than 6 pages, 12 point font, including references

10. PROPOSED INVESTIGATION - Page 5
No more than 6 pages, 12 point font, including references

10. PROPOSED INVESTIGATION - Page 6
No more than 6 pages, 12 point font, including references

11. JUSTIFICATION

12. IS ETHICAL CLEARANCE REQUIRED? YES NO

If yes, a copy must be enclosed – no application can be accepted if ethical approval has not been received.

13. SUGGESTED REFEREES

Title

Name

Address

Tel

Fax

Email

Title

Name

Address

Tel

Fax

Email

14. GRANTS CURRENTLY HELD FROM OTHER BODIES AND THEIR
TOTALVALUE

15. OTHER ORGANISATIONS THAT HAVE CONSIDERED/ ARE
CONSIDERINGTHIS APPLICATION AND THE RESULT OR
EXPECTED DATE OF RESULT

16. IS THE PROJECT CLINICAL OR LABORATORY BASED?

17. CURRICULUM VITAE OF APPLICANT/ RESEARCH WORKER/
ASSISTANT

Please include details of recent publications (not more than 5)

18. SIGNATURES OF APPLICANTS

1. Title of Project:

2. Applicant(s):

I/We have read the **Grant Agreement** for TOMMY'S, THE BABY CHARITY research grants and I/we agree to abide by these terms and conditions, if this application is successful.

No association or partnership between Tommy's and me/us shall exist or be inferred by reason of the making of grant(s) for the study by Tommy's and I/we acknowledge that I/we have no authority to commit Tommy's in any way in relation to the study.

Signature(s) of Applicant(s):

Date:

Name(s) (in block capitals):

If animals are involved

Personal licence no:

Project licence no:

Certificate of Designation no:

3. Head of Department responsible for the administration of the grant:

I confirm that I have read the above application and the **Grant Agreement** for TOMMY'S, THE BABY CHARITY referred to therein. I confirm that the study referred to will take place in and be administered by this Department, if this application is successful. I further confirm that I consider this research to be worthwhile.

Signature of Head of Department:

Date:

Initials, name and address (in block capitals):

4. Finance Officer whose advice has been sought in preparing estimate of expenditure:

I confirm that I have read the above application and the estimates I have given for salaries include employee's and employer's contributions for superannuation and National Insurance and include inflation adjustment.

Signature of Finance Officer:

Date:

Initials, name and address (in block capitals):

NOTE TO FINANCE OFFICERS

Tommy's has a strict accounting system to control approved projects.

It is extremely unlikely that it will be possible to give any supplements over the original grant allocation. If a supplement is required for any reason, then written application must be made to Tommy's in advance.

To minimise the need to seek supplementation, Finance Officers and applicants are requested to comply with the following points:

1. Salaries must be calculated from the start date of the project.
2. Salaries requested must include Employer's National Insurance, Superannuation and London Weighting (if applicable). Tommy's does not normally reimburse superannuation costs for overseas visitors.
3. Salaries should allow for normal increments during the term of the grant.
4. A provision for nationally agreed salary increases during the term of the grant must be included and shown separately. The provision should be estimated at the current level of inflation.
5. Invoices will be paid quarterly in arrears and payment dates should be: January-March, April-June, July-September, October-December. Late invoices will have to wait until the following quarter.