

**<<Grant Type>> Application**

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| --- | --- |
| Reference number | «Grant Reference» |
| Lead Applicant | «Lead Applicant Full Name» |
| Host Organisation | «Institution Name» |
| Project Title | «Grant Title» |
| Challenge | «Sub-Challenge» |
| Start Date | «Contract Start Date» |
| Contract Duration (Months) | «Grant Duration» months» |
| Total Contract Costs | £«Grant Total Requested» |



**SBRI Healthcare Phase 1 Application Form**

This Word template of the SBRI Healthcare application form can be used to assist applicants in completing the online application form; it **cannot** be submitted as an application. Only applications submitted online via the Programme management Office (PMO) Research Management System (RMS) will be accepted. However, information can be copied from the Word template into the online application form.

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| Section: Introduction |

There are a number of **online guidance prompts**(marked as a ) available to you throughout the online form to help you when completing an application. It is **strongly advised** that you also read the relevant [**Guidance for Applicants**](https://sbrihealthcare.co.uk/competitions/guidance-for-applicants/guidance-for-applicants-phase-1)before completing your application.

**Please keep the use of acronyms to a minimum**. Only use acronyms where a term is used frequently throughout the application. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**

Schematics, tables, illustrations, graphs, and other types of graphics can be embedded to clarify the project plan, but they should not clutter the central narrative. Images do not count towards the overall word count but inclusion of them to overcome word limits is not permitted. Images may only be included within the Project description and breakdown. **Images included in other sections will be removed from the application and not seen by reviewers**.

Members of the project team as well as partners, advisor and sub-contractors, will need to be registered and approved on the RMS before they can be added to an application. All team members, partners, advisors and sub-contractors will need to register on the PMO RMS before being added to the application as a team member or partner; if they accept, they will receive a further email to confirm their participation.

Please ensure that all team members invited to collaborate on this application have confirmed their involvement in this application before it is submitted.

**Although confirming an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.**

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office at SBRI@LGCGroup.com.

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| **Section 1: Application Summary** |

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|  **Application title** |
| * The project title should state clearly and concisely the proposed research. Any abbreviations should be spelled out in full.
 |
| *20 words* |

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| **Sub-challenge Selection** |
| * Select the appropriate sub-challenge and the associated sub-category which you are applying under. This allows us to ensure the most appropriate reviewers are assigned to the application.
 |
| 1. Women’s Health

 1. Anti-Microbial Resistance (AMR)
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| **Host organisation (which will administer any award)** |
| * Please give details of the organisation that will receive the funding and manage the project if the project is funded.

 **NOTE: If your organisation does not appear on this list, please contact the** **SBRI Healthcare PMO** |
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| **Contract duration** |
| * Enter the length of the desired SBRI Healthcare contract as a number of months (6months maximum)
 |
| Numerical – Max number 6 |

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| **Total contract cost (NET)** |
| * This field will automatically populate once you have completed the budget section
 |
| Auto-populate from budget section  |

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| **Name of innovation** |
| * Please provide the name of the innovation central to this proposal
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| **Type of innovation** |
| * Select the most appropriate type of innovation
 |
| Select from drop-down list.Medical DeviceIn-vitro DiagnosticsDigital Health TechnologyService improvementBehavioural InterventionsOther – Please specify |  |

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| **Other** |  |
| * Please specify the type of innovation in the proposal if ‘other’ was selected
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| **Technology readiness level (TRL)** |
| * Please specify the TRL of the proposed innovation using the drop-down list
 |
| Select from drop-down list:TRL 1: basic principles observed and reported TRL 2: concept or application formulated TRL 3: analytical and experimental critical function or characteristic proof-of-concept TRL 4: basic validation in a laboratory environment TRL 5: basic validation in a relevant environment TRL 6: model or prototype demonstration in a relevant environment TRL 7: prototype demonstration in an operational environment TRL 8: actual completed and qualified through test and demonstration TRL 9: actual qualified through successful mission operations |  |

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| **Health category** |
| * Select the most appropriate health category related to your application. UKCRC Health Categories.
 |
| Select from drop-down list:blood, cancer cardiovascular eareye generic health relevanceinfection inflammatory & immune system injuries & accidentsmental healthcongenital disorders | metabolic & endocrinemusculoskeletal neurologicaloral & gastrointestinalotherrenal & urogenitalreproductive health & childbirthrespiratoryskinstroke |

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| **Health Innovation Network (HIN) involved in the project** |
| * If you have engaged with one or more HIN for this project, please select all that apply.
 |
| Select from drop-down list:Health Innovation East MidlandsHealth Innovation EastHealth Innovation ManchesterHealth Innovation Network (South London)Imperial College Health Partners (North West London)Health Innovation Kent Surrey Sussex, Health Innovation North East and North CumbriaHealth Innovation North West CoastHealth Innovation Oxford and Thames ValleyHealth Innovation South WestUCL Partners (North London to Essex coast)Health Innovation WessexHealth Innovation West MidlandsHealth Innovation West of EnglandHealth Innovation Yorkshire & HumberN/A |

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| **Health Innovation Network role** |
| * Please describe the role of the HIN in the project.
 |
| mandatory if HIN is selected *100 words*  |

**Section 2: Organisation Details**

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| **Host Organisation website**  |
|  *10 words*  |

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| **Company registration number**  |
| * UK Commercial companies must provide a registration number. All other organisations must also provide a registration number if available. If not, please enter N/A
 |
|  *10 words*  |

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| **Region** in which the host organisation is registered |
| Select from drop-down list: East MidlandsEast of EnglandLondon North EastNorth WestSouth CentralSouth East Coast  South West,  West Midlands, Northern IrelandScotlandWalesYorkshire and the HumberRepublic of IrelandInternational  |

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| **Type of organisation**  |
| Select from drop-down list Higher Education InstitutionNHSSMEOther |

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| **Host Organisation size**  |
| * **An SME is a small or medium-sized enterprise. According to the EU, definition of an SME is a business with fewer than 250 employees, and a turnover of less than €50 million**
 |
| Select from drop-down list Micro <10 employees, Small <50 employees, Medium <250 employees, Large >250 employees  |
|  **Annual turnover**  |
|  *10 words*  |

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| **Section 3: Plain English Summary** |

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|  **Plain English Summary** |
| * A plain English summary is a clear explanation of your project.

Many reviewers use this summary to inform their review of your funding application. They include technical, research and commercial experts who do not necessarily have specialist knowledge of your field as well as members of the public. If your application for funding is successful, the summary will be used on the [SBRI Healthcare website](https://sbrihealthcare.co.uk/). A good quality plain English summary providing an easy to read, free of jargon, overview of your whole study will help:1. those carrying out the review (reviewers and Panel members) to have a better understanding of your project proposal
2. inform others about your project such as members of the public, health and social care professionals, policy makers and the media
3. the research funders to publicise the research that they fund.

If it is felt that your plain English summary is not clear and of a good quality then you may be required to amend it prior to final funding approval. It is helpful to involve patients / carers / members of the public in developing a plain English summary.  ContentWhen writing your summary consider including the following information where appropriate:1. aim(s) of the project
2. background to the project
3. design and methods used
4. patient and public involvement
5. dissemination

The plain English summary is not the same as a scientific abstract - please do not cut and paste this or other sections of your application form to create the plain English summary. **Further guidance on writing in plain English is available online in the** [**NIHR Plain English Summaries**](https://www.nihr.ac.uk/documents/plain-english-summaries/27363)**.** |
| *500 words* |

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| **Section 4: Project plan** |

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| **4.1. Description of proposed technology/device/service and expected outcomes** |
| * Describe your proposed solution with particular reference to the below areas:

•Provide a brief description of the proposed solution.•What is the problem that the solution aims to address and how does this meet the published challenge brief?•What is the current development state of the proposed solution?•What are the expected outcomes of the project?•How will the solution benefit patients, the NHS and/or the Social Care sector and the wider market?  |
| *500 words* |

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| **4.2 Project plan & deliverables**  |
| * Provide a breakdown of the project with particular reference to the below areas:

•Provide a breakdown of the Phase 1 work packages, including the key measurable deliverables for each work package and how these will be delivered. •Upload a project Gantt chart to support the project breakdown in Section 7: Supporting Information. •Detail the key risks to the project and state how these will be mitigated against.•Provide an overview of the Phase 2 work packages and deliverables.   |
| *700 words* |

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| **4.3 Milestones**  |
| * Please provide up to 5 milestones, relating to the proposed project deliverables, along with timings and appropriate success criteria. Including, but not limited to, technical, clinical, commercial, procurement, and ethical approvals. The number of milestones should be appropriate for the project, and you do not need to use the maximum number.
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| No | Milestone description | Delivery date | Resource | Success criteria |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |   |
| 5 |  |  |  |  |
| **4.4 Key competitors and unique selling points** |
| * Provide details of any competing technologies or alternatives, either on the market or in development, and describe the advantages and innovativeness of your proposed solutions over these (i.e. what is your unique selling point.) If there are no comparable products, what would be the advantage over the current standard of clinical care?
 |
| 300 words |

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| **4.5 Intellectual property** |
| * **Describe any IP that will be developed and utilised during the project with particular reference to the below areas:**

•Provide details of any relevant existing IP that will be utilised during the project and the current ownership arrangements, including patents or patent applications.•Provide details of any IP (Project IP) which will be produced or improved during the project background IP and how this IP will be captured and managed.•Provide details of any Freedom to Operate (FTO) searches that have been conducted to date. If no search has been conducted, please explain your rationale.  |
| 300 words |

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| **4.6 Commercialisation and NHS/Social Care implementation strategy** |
| * **Provide an overview of your commercialisation and implementation strategies, with particular reference to the below areas:**

•The market size you intend to serve and the expected penetration rate•Your commercialisation and business plans, including who the users are, how it will be purchased, the likely cost of the solution and plans for long term sustainability of the technology, including internationalisation. •Will additional funding be required to adopt the solution; this may include plans to raise capital (investments rounds, public funding, etc)?•Describe your business model for adoption, including implementation costs/implications and barriers to adoption. •The health economic benefits that this product could deliver for the NHS and how you will ensure that the innovation is affordable to the NHS and wider system such as Integrated Care Systems (ICSs) •Outline existing engagement and partnerships and the additional key stakeholders you will engage to support a sustainable spread of the innovation in care pathways (current or redesigned) and the expected timescales for local/regional/national spread  |
| *500 words* |

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| **4.7 Patient and public involvement and engagement (PPIE) and Equity of access** |
| * It is anticipated that most projects will have a significant PPIE component, which must be clearly and fully described. Applicants should identify the relevant patient/user group(s) for their application and engage with those groups at an early stage. Further guidance and PPIE resources can be found under Public and Patient Involvement in the Applicant Guidance. Please include the following areas

• Describe how patients and service users have been involved in the design and development of your solution to date. • What are your plans for involving patients and the public in your research and development?  • How will you ensure that the innovation will be acceptable to patients (their families, carers, and wider support network) and to health care professionals? • How the proposed technology enhances equity of access (e.g., underserved ethnic, economic groups, geography, digital exclusion, etc) along with the steps to understand and alleviate potential negative impacts. More information on what constitutes a health inequality can be found on The King’s Fund website. •Please explain what is your assessment of local healthcare inequalities relative to the selected theme and the challenges facing your population, including which data sources have been used for inform this assessment and articulate the plans and objectives that are in place to deliver improvement against these challenges |
|  *500 words*  |

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| **4.8 Net Zero**  |
| * 1. Please provide, in simple terms, the environmental impact that your innovation may have in the care pathway / care setting it is intending to operate in, including how it may contribute in reducing the NHS carbon emissions (as explained in the Delivering a net zero NHS report, pages 11 and 12). Please use the low carbon care STEPS guidance to help with your assessment of the impact of the innovation on the care pathway.

2. The NHS has committed to becoming net zero by 2045. Have you considered the carbon emissions associated with your organisations and steps to reduce them? Yes / NoPlease provide further details about your carbon emissions and plans to manage them. Links to the Supplier Roadmap information and guidance for 2024 milestones:- Greener NHS » Suppliers ([england.nhs.uk](file:///C%3A/Users/Aminur.Rahman/Downloads/england.nhs.uk))- Guidance for net zero and social value in procurement: Greener NHS » Applying net zero and social value in the procurement of NHS goods and services ([england.nhs.uk](file:///C%3A/Users/Aminur.Rahman/Downloads/england.nhs.uk))- Carbon reduction requirements (April 2024 milestone): NHS England » Carbon reduction plan and net zero commitment requirements for the procurement of NHS goods, services and works |
|  *400 words*  |

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| **Section 5: Team** |

**Include details of key team members and sub-contractors (including advisors and consultants). Clearly state the role of each team member/sub-contractor**

Members of the project team will need to be registered and approved on the RMS before they can be added to an application.

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| **5.1 Team Member roles and % FTE commitment** |
| * Please add details of all team members and their roles in the project by following the steps below:

1. Add your role as lead applicant by selecting ‘Add Lead Applicant’. This will automatically populate your name. Please complete this section by adding the lead applicant role details in the project in the pop-up box. 2. Please then add any Team Members by selecting ‘Add Team Member’ and also entering their role details. Contacts can be found by searching last name only; Do not include sub-contractors/advisors or clinical/HCP partners in this section.Team members are those individuals with responsibility for the day-to-day management and delivery of the project. Team members are considered part of the project team and are expected to share responsibility for its successful delivery. Members of the project team will need to be registered and approved on the RMS before they can be added to an application. After being added to the application, they will first be ‘invited’ by the RMS to participate as a team member; if they accept, they will receive a further email to confirm their participation. The same process applies with the clinical partners and sub-contractors.**A maximum of 10 team members can be added**.Please note that the application will not submit unless all team members have confirmed their participation. |
| **Popup =** Add Lead Applicant |
| **Title: Lead Applicant (auto populated)** |
| **Input: Organisation** |
| **Input: Job Title**  |
| **Input: Role performed in project** |
| **Time allocated to project (%FTE)** |
| **Relevant experience 100-word limit** |

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| **Popup =** Add Team member |
| **Title: Team member**  |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |
| **Input: Organisation** |
| **Input: Job Title**  |
| **Input: Role performed in project** |
| **Time allocated to project (%FTE)** |
| **Relevant experience 100 word limit** |

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| **5.2 Sub-contractor and Advisor roles and % FTE commitment** |
| * Sub-contractors and advisors are individuals that do not belong to the lead organisation and will provide a fee for service (or in kind contribution); clinical partners should be listed in the next section. Please Add details of all sub-contractors and advisors and their role in the project. Sub-contractors normally provide specific expertise on particular aspects of the project as a service for a fee.

**A maximum of 10 sub-contractors/advisors can be added.** |
| **Popup =** Add Sub-contractor or Advisor |
| **Title: Sub-contractor or Advisor**  |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |
| **Input: Organisation** |
| **Input: Job Title**  |
| **Input: Role performed in project** |
| **Time allocated to project (%FTE)** |
| **Relevant experience 100 word limit** |

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| **5.3 Clinical/Healthcare Professional (HCP) partner roles and %FTE commitment** |
| * Clinical/HCP partners are individuals that do not belong to the host organisation and will provide a fee for service (or in kind contribution) in relation to the clinical elements of the project. Please add details of any clinical or HCP partner and their role in the project.

**A maximum of 10 clinical/HCP partners can be added.**  |
| Popup = Add Clinical/Healthcare Professional (HCP) partner |
| **Title: Clinical/Healthcare Professional (HCP) partner** |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |
| **Input: Organisation** |
| **Input: Job Title**  |
| **Input: Role performed in project** |
| **Time allocated to project (%FTE)** |
| **Relevant experience 100 word limit** |

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| **5.4 Other posts** |
| * Team members and posts that are yet to be appointed can be included in this section. Please provide job title and FTE (%).
 |
| *300 words* |

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| **Section 6: Budget** |

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|  **6.1 Application finances** |
| * A **summary** of the finances for the contractor and any subcontractors should be provided below. Please indicate line-by-line incurred NET costs of labour, materials, capital equipment, subcontract, travel & subsistence, indirect costs, other.

Please note that, the total costs may incur an output VAT charge at 20%.  |
| **Labour costs** |  |
| **Materials cost** |  |
| **Capital Equipment costs** |  |
| **Subcontract costs** |  |
| **Travel and Subsistence costs** |  |
| **Indirect costs** |  |
| **Other costs** |  |
| **Total NET costs** | **Auto populated** |
| **Please confirm if you will be claiming VAT at 20%** | **Yes/No tick box** |

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| **6.2 Justification** |
| * Provide a complete breakdown and justification for the above costs, including indirect costs and other costs and quotes from subcontractors where applicable. (Please note the assessors are required to judge the application finances, in terms of value for money, i.e does the proposed cost for effort and deliverables reflect a fair market price.)
 |
| *500 words* |

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| **Finance Sheet**Please download the [Finance Template](https://sbrihealthcare.co.uk/media/pages/competitions/competition-23-child-health/d650411f8d-1690369498/finance_template_sbrihc23_p1.xlsx) (automatic download), and then upload the completed copy here. **Please note this template is unique to this round** |
| attachAttach |

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| **Section 7: Supporting information** |  |

**Uploads**

Please submit the following documents.

•Finance spreadsheet (mandatory)

•Gantt chart (1 single side of A4, mandatory) Attach

•Additional supporting documents (2 single sides of A4, optional) Attach

Additional supporting documents may include a flow diagram illustrating the study design and the flow of participants, diagrams, pictures etc. If submitting a flow diagram, applicants should describe complex interventions and controls as accurately and fully as possible within their diagram.

NOTE: Uploads MUST be provided as a Word or PDF document. You otherwise may not be able to submit your application or it may be difficult for the Panel to view the required information when assessing your application.

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| **Section 8: Administrative contact details** |  |

Please provide the details of the administrative contact in the host organisation as a secondary point of contact for any queries relating to the application, should it be supported.

NOTE: This person does not need to be a team member

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| **Administrative contact name**  |
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| **Administrative contact job title**  |
|  |

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| **Administrative contact telephone number** |
| *telephone number* |

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| **Administrative contact email address**  |
| *email address* |

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|  | **Section 9: Validation Summary** |  |

Please follow the next steps in order to complete your application submission process.

* **Validate** all mandatory/required fields listed below (that are required to be completed/amended before submitting)
* Check all co-applicants have completed their details as appropriate and review the PDF final version for any formatting issues
* Click '**Save and Close**'
* Click the '**Submit**' option (this must be completed by **1pm, 28 August 2024**.

You will receive an automated email containing the acknowledgment that we have received your application.

If there are no validation requirements above, you may be ready to submit the application. To do so '**Save and Close**' the application and then click **‘Submit.’**

Please note that your application cannot be submitted until all applicants have confirmed their participation; at this point, the 'Submit' button becomes available and can be used.