

2023/24 funding calls: Frequently asked Questions

The Translation Manchester Accelerator Awards (TMAA) are aimed at accelerating translational research projects leading to healthcare impact. This call is supported by **Wellcome’s Institutional Translational Partnership Award (TPA)**, the **Medical Research Council Impact Accelerator Account (MRC IAA)** as well as the **NIHR Manchester Biomedical Research Centre (BRC)**.

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Q&As that apply to all schemes within the TMAA call

1. What funding schemes are available within this call?

The call consists of a number of separate schemes:

- [Access to Expertise \(A2E\)](#) – OPEN
- [Access to Tissue \(A2T\)](#)- NOW CLOSED
- [Confidence for Translation \(C4T\)](#) - NOW CLOSED
- [Translation for ECR \(T4E\)](#) - OPEN

Please also refer to the application briefs for each scheme downloadable on the funding page of [our website](#) for further and specific information around each scheme. **We are currently accepting applications for A2E and T4E only.**

2. Can I apply for A2E or T4E if I have already been awarded funding from Translation Manchester or MRC CiC in the past?

Current recipients of an A2E/P4T/C4T/CiC award are not eligible to apply as PIs, unless their previous project is completed, and the final report submitted by the time the call closes. They can collaborate on projects led by a different investigator. All awardees from previous calls are eligible to apply as PI assuming their final reports have been submitted.

3. Can I apply to more than one scheme?

Yes, a PI can apply to multiple schemes, however these need to be for separate projects with no overlap.

4. Can I submit multiple applications within one scheme?

You can only submit one application for each scheme as PI, however you can be named as collaborator on other projects.

5. Can I apply as a post-doctoral researcher?

Yes, post-doctoral researchers are encouraged to apply (especially to the T4E call) with a senior academic as guarantor. For post-doctoral researchers, their current contract of employment with the university must cover the duration of the proposed project. The senior academic will need to be named as a guarantor on applications made by post-doctoral researchers and will be expected to oversee completion of the project and potential follow-on projects. If the post doc is the PI, their salary cannot be requested as part of a C4T application.

6. Can I apply as clinician with no honorary contract at UoM?

For A2E only: Clinicians within NIHR BRC partner organisations (**see Q11**) are welcome to apply as lead applicants if they hold an honorary position at UoM. If they are still in process of obtaining honorary status they can still apply, but would need to provide the following information in the application forms: **a)** details on timelines for obtaining honorary status **b)** contact details of a UoM staff Co-I. The UoM Co-I will be responsible of internal sign off of the application (from head of Division/School and divisional RSM) and will be the main point of contact during post award management until honorary status of the lead applicant is finalised.

7. Do you exclusively fund projects that are at later translational stages?

No, projects at all stages of the [translational pathway](#) are eligible to apply. However, projects need to demonstrate translational vision and clear line of sight to patient benefit.

Projects funded by the NIHR BRC (within the A2E calls) will need to focus on T1-T4 and not include any animal work. However, as the A2E call also includes funding from Wellcome

and MRC IAA, applications at any stages are welcome and these can include preclinical animal work. Decision on what funding stream will support each project will be at panel discretion depending on remit, eligibility and timelines.

8. Can I choose the funding I would like my project to be funded from (e.g. Wellcome, UKRI MRC IAA, NIHR Manchester BRC)?

No. For schemes supported by more than a funder (e.g. A2E), in the application forms you can indicate if your project aligns to any of the priority areas of the specific funding body. However, the final decision on which funder will support successful proposals is taken by the panel and by the operational groups within Translation Manchester and the BRC. The decision will be made depending on project timelines as well as fit with the remit of the funder.

9. Does my project need to fit within the remit of either the Wellcome Trust Priority areas or the NIHR Manchester BRC areas?

Although we ask applicants to indicate whether their research fits within the Wellcome Trust Priority areas and / or within the NIHR Manchester BRC themes and clusters, this is just to aid us in assigning reviewers. We encourage applications from ALL areas of translational research.

The Wellcome Trust Priority areas are:

Infectious Disease

Wellcome's work will focus on achieving the long-term outcome of a 'reduced risk and impact of infectious diseases' by targeting the factors leading to escalation. The infectious disease programme seeks to:

- gain a greater understanding of the mechanisms underlying the sources and drivers of infectious diseases
- drive a paradigm shift from reacting to current infectious diseases to a predictive and preventative approach
- create a new generation of affordable products and tools and facilitate their implementation and hence their impact.

More information can be found [here](#).

Climate health:

Wellcome aim to put health at the heart of climate action. The climate and health programme aims to support:

- a transformational advance in the availability, access and use of research and evidence on the direct and indirect effects on health of climate change at local, national, regional, and global levels
- a transformational advance in the availability, access and use of climate change mitigation actions that have a disproportionately positive benefit to health
- a transformational advance in the availability, access and use of mitigation-pathway-dependent climate change adaptations to protect health in vulnerable communities
- the development of a global Climate and Health research, policy, and practice community that requests and uses evidence to inform policy and drive urgent actions.

More information can be found [here](#).

Mental Health:

Wellcome want to transform the ability to intervene as early as possible in mental health problems that affect the most people – and include the most disabling conditions. The mental health programme seeks to:

- gain a better understanding of how the brain, body, and environment interact in depression, anxiety, and psychosis so that we can spot potential points for early intervention
- find better ways of identifying and grouping people with – or at risk of – these conditions so that we can provide more timely and personalised interventions
- find new and improved ways of intervening. This could involve things that an individual does for themselves, are provided by a healthcare professional, or are provided by policies or practices in wider society.

More information can be found [here](#).

For A2E only: The NIHR BRC NGT priority areas are:

1. *Programme 1: A methodological and inclusive platform*
 - Development of methods to inform more effective value proposition and pharmacological/pharmaceutical evaluation to identify areas of greatest unmet need with maximal likelihood of success
 - Widening access to NGT trials by developing methodologies that ensure populations across our region have access to NGT studies. This may include working with the Inclusive Research Oversight Board (IROB) as well as Patient Public Involvement

Engagement and Participation (PPIEP). Contact Translation Manchester if support is needed for this.

2. *Programme 2: Designing innovative trial designs*
 - Development of clinically and prognostically relevant surrogate/patient-reported endpoints for PoC trials.
 - Development of molecular stratifiers and pharmacogenomics to inform the design of endotype-driven innovative trials and/or development of novel trial methods.

3. *Programme 3: Precision therapeutics of high-risk groups and high burden diseases*
 - Optimisation work to progress intervention studies that:
 - target people at risk of high burden disease (spanning the BRC clusters)
 - enable use of novel/repurposed therapeutics to treat refractory disease
 - identify targets of fibrosis and disease application

4. *Programme 4: Nanoscale-based technologies and advanced biomaterials to improve health*
 - Nanomaterials and biomaterials as novel interventions, drug delivery system or similar

5. *Programme 5: ATMPs for resistant cancers and rare conditions*
 - Development of cell-based delivery system to enhance immunotherapy and gene editing techniques

For C4T only: The NIHR Manchester BRC clusters and themes are:

Cluster	Themes
Cancer	Prevention and Early Detection Advanced Radiotherapy Precision Medicine Living with and beyond cancer
Inflammation	Rheumatic Musculoskeletal Diseases Respiratory Medicine Dermatology: Cutaneous Inflammation and Repair Integrative Cardiovascular Medicine
Disease Complexity and Multi-morbidity	Next Generation Phenotyping and Diagnostics Next Generation Therapeutics
High Burden Under researched conditions	Hearing Health Mental Health Rare Conditions

To be eligible for NIHR BRC funding proposals should also reflect the BRC Strategic Priorities:



- To drive personalised healthcare for care for all - this is to include all age, all-inclusive populations. We hold a strong focus on EDI (Equality, Diversity and Inclusion), health inequities and/or recruitment from areas of high unmet need
- To transform disease management and prevention
- To encourage, develop and promote key working partnerships to deliver high quality translational research that addresses key important health and care challenges across Greater Manchester, Lancashire and South Cumbria
- Patient and Public Involvement and Engagement is expected at all stages and a Team Science/Team Research approach actively encouraged

Additionally, for the NIHR BRC funded projects priority will be given to proposals following the criteria below:

- 1) Projects that currently sit at T1 and beyond in the translational pipeline. (D3/D4 projects may be considered if robust impact plan is submitted)
- 2) Research **MUST** sit cross **at least two** BRC research clusters; Cancer, Inflammation, Disease Complexity and Multimorbidity, High Burden, Under Researched Conditions. Use the link for more information: <https://www.manchesterbrc.nihr.ac.uk/our-research/>
- 3) Include detail on wider collaborators such as partner NHS Trusts/HEIs (e.g. Blackpool, Preston NHS Trusts, MMU/University of Salford); other NIHR infrastructure (e.g. Manchester CRF, ARC or PSRC) and industry and partnership; which could support leverage of external funding (grants, commercial funding etc)

Please link in directly with our Strategic Project Manager if further detail is required: Lynsey Priest - lynsey.priest@mft.nhs.uk

10. Do the projects need to be part of a wider funded programme?

We would expect for the A2E award to support wider programmes of work, and address a specific bottleneck encountered at a specific stage of the translational pathway. In the first page of the application form, we ask you to describe the wider programme of work and to describe if this is currently (or previously) supported by any internal or external funding.

The T4E is designed to support a PDRA or fellow to gain their own independent pilot data for use in fellowship or grant applications. As this is pilot data, we ask researchers to describe the unmet clinical need they hope to address and how this pilot data will help develop a programme of work.

11. Do the projects need to include NHS or Industry collaboration?

Collaborations with industry partners and with clinicians in local NHS trust are strongly encouraged but not required. Clinical input is particularly important when defining the unmet clinical need so applicants should consider discussing this with relevant clinicians or to have clinical collaborators included in the proposal. Via the BRC, we can help you making connections with the following NHS partners:

- Manchester University NHS Foundation Trust
- The Christie NHS Foundation Trust
- Northern Care Alliance
- Greater Manchester Mental Health NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust

12. Are conference/travel and publications costs eligible for funding?

Conference and publication costs are usually **not eligible** for this funding. Travel costs can be considered if essential for the project. Final decisions are made by the peer review panels.

13. What costs are covered by the TMAA awards?

The TPA provide 100% of directly incurred costs only.

14. What is the selection process for these awards?

For the A2E all applications will be reviewed and scored by at least three independent referees. Panel members will be a combination of senior academics and external experts with track record of translational research. Projects will be scored for scientific quality, feasibility, potential impact, and alignment with Translation Manchester remit. Particular attention will be given on how the researchers aim to tackle a specific bottleneck that is stopping the project to progress along the [translational pathway](#), and the likelihood that the award will help overcome the bottleneck.

For T4E scheme applications will be reviewed on a monthly basis by the Translation Manchester Operational group and invited expert academics.

15. When can I expect to be notified of a decision?

A2E: Outcomes will be communicated to applicants via email on w/c 26th February 2024.

T4E: Panel meeting for this scheme (open call) are held Monthly - decisions will be communicated to applicants after the first panel following the submission deadline.

Q&As that are specific for the A2E scheme

16. Does the expert for the A2E scheme need to be external to the University of Manchester?

No, your expert can be another UoM researcher with expertise external to your research group (e.g. bioinformaticians, health economist, etc). If your expert is an external consultant and/or company, please consider the time required to set up a contract and [Seamus Byers](#) in the [Contracts team](#) of your intention to do.

17. Does the expert for the A2E scheme need to be named on the application form?

Yes, we expect you to have identified your expert and costed the expertise in your proposal to avoid any delay with the start of the project. We also expect you to notify [Seamus Byers](#) in the [Contracts team](#) as soon as you receive confirmation of a successful award to start the process to draft a contract between you and the expert. Failure to do so can cause substantial delays to the start of the project and could result in the withdrawal of the award.

18. Can my costing include consumables as well as consultancy?

Consumable costs are usually ineligible for A2E unless essential for the delivery of the planned work. If in doubt, we strongly advise to seek advice from the Translation Manchester team on eligible costs for A2E.

Q&As that are specific for the T4E scheme

19. Can I as a PhD student apply for T4E?

No, this scheme is open to early career researchers who are staff or have honorary contracts with the university.



20. Do I need permission from my supervisor to apply to T4E fund?

Your supervisor should act as the guarantor for the project, and in doing that will be giving permission for you to undertake the proposed piece of work.

21. Can my salary be costed in the T4E application?

No, as we fund DI costs only, you are not allowed to claim your salary costs if you are lead PI on the application. You can however cost for technician or RA time to help you perform the work. Your PI will need to agree that some of your time will be dedicated to this activity, and we ask them to sign the application to confirm this.