**Inclusive Research Transformation Programme**
**EDI Innovative Bid Scheme – Application Form**

This form should be used to apply for funding for the EDI Innovative Bid Scheme. Once completed, this form along with any supporting documentation should be to 🖂 WellcomeEDI@manchester.ac.uk.

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| **SECTION 1: PERSONAL DETAILS**  |
| **Name of applicant(s)** |       |
| **Email Address**  |       |
| **Staff ID Number(lead applicant)** |       |
| **Job Title (lead applicant)** |       |
| **School (lead applicant)** | Click to choose from list |
| **Please provide your contract end date if on fixed-term or open ended contract**  |       |
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| **SECTION 2: APPLICATION DETAILS**  |
| **I am applying for funding for:** **[ ]  Project [ ]  Event [ ]  Development [ ]  Other**  |
| **Date of application**  |       |
| **Project Title** |       |
| **Details of the proposal** (50 words max) |       |
| **Alignment to the criteria** (100 words max) |       |
| Provide a **summary of the project** / **event** / **initiative** / **research idea** including i) aims and objectives, ii) benefits to EDI and the organisation, iii) the expected impact of the proposal. Include a brief summary of the project and brief workplan outlining deliverables (max 250 words) |
|       |
| **Start date**  |       | **End Date Expected** |       |
| **Please confirm:** I agree toprovide financial updates *(minimum quarterly)* and adhere to University financial practices. I agree to complete an Impact statement at the end of the project/event. I agree to provide a blog post on my application/progress as required. I agree to take part in any internal promotional material where required.  |
| **[ ]  Financial updates [ ]  Impact statement [ ]  Blog post [ ]  Promotional material**  |
| **Requested budget** example - please provide details of the estimated costs (in sterling) of:

|  |  |  |
| --- | --- | --- |
| Cost | Amount | Justification |
| Staff costs |  |  |
| Travel costs  |  |  |
| Consumables/Equipment |  |  |
| Total Costsshould not exceed £5k |  |  |

Applications must be costed by the relevant RSS hub; only direct costs are eligible; directly allocated staff time and overheads are not recoverable.  |
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| **SECTION 3: DECLARATION AND SUPPORTING EVIDENCE** |
| **Please give a list below of any additional support documents that have been provided along with this form.** |
|       |
| ***I confirm that the information I have given in this application is correct to the best of my knowledge and the funding will only be used in the manner described.***  |
| **Print Name - applicant(s):**       | **Signature of applicant(s):**       | **Date** |       |

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| **SECTION 4: DIVISIONAL LEAD/LINE MANAGER DECLARATION** |
| **A supporting statement must be provided below by the Divisional Lead/Line Manager/Discipline area\****The Divisional Lead/Line Manager declaration should include a statement of support for the application and agreement for the fund award to be transferred on to a divisional code. \*email accepted* |
| **Name of Head of Division/Dept/Discipline Areas and Signature** |  | **Date** |       |
| Please refer to the Application guidance document when completing the application The completed form should be sent to email to: 🖂 WellcomeEDI@manchester.ac.uk |

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| **OFFICE USE ONLY** |
| **SENT TO FUNDING PANEL [ ]** **DATE:** **BY:**  | **APPLICANT NOTIFIED OF DECISION [ ]** **DATE:** **BY:**  |
| **DATABASE UPDATED [ ]** **DATE:** **BY:**  | ***The applicant to provide a funding / project code for transfer of funds*CODE:**  |
| **FBMH NAP Administrator** |       | **DATE**  |       |

**Once completed a copy of this signed form, together with the confirmation letter and any supporting documents, should be kept on file.**

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| **SECTION 5: TO BE COMPLETED ON BEHALF OF THE FUNDING PANEL OFFICE USE ONLY** |
| ***Panel recommendation:*** |
| **[ ]  APPROVE [ ]  REJECT [ ]  FURTHER RECOMMENDATION** |
| **If further recommendation made, please state the recommendation below and reason(s) for the further recommendation.**  |
|       |
| **A statement must be provided to support the decision. If the application is rejected by the panel, please provide reason(s).** |
|       |
| **NAME:** (Funding Panel Lead) |       | **DATE**  |       |