**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](mailto: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** |  | | | | | |
|  | | | | | | |
| **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 Costs should 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. | | | | | | |
|  | | | | | | |
| **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** |  |