

TranslationManchester

► Confidence 4 Translation



Confidence For Translation

Information Workshop

29th September 2025

CONTACT US



www.translation.manchester.ac.uk



translation@manchester.ac.uk



[@Translation_Mcr](https://twitter.com/Translation_Mcr)

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AGENDA

13:00-13:20

Confidence For Translation 2025 Call information session

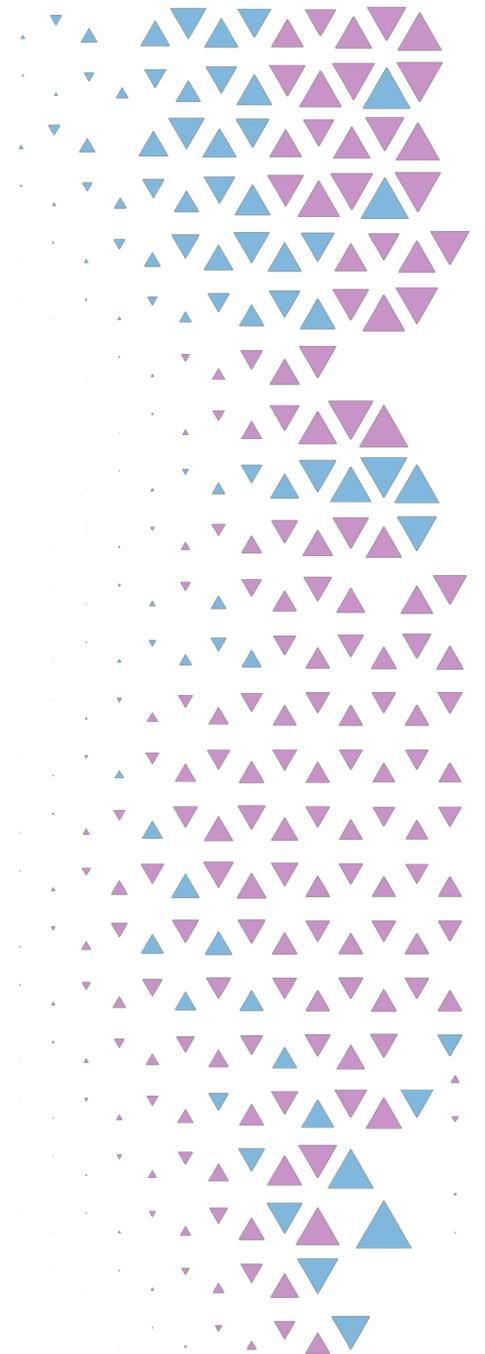
Sam Butterworth, Alessandro Faroni

- *Awards Intro and Timelines (AF)*
- *New In 2025 (AF)*
- *Top Tips: Dos and don'ts (SB)*

10:20-11:00

Questions and answers

- *Including eligibility questions and brief guidance on specific questions on the C4T application form if required*
- *Recording and slides will become available*



Translation Manchester

Confidence 4 Translation



Call now **OPEN**



- Overcome a specific bottleneck that is preventing progression along the translational pathway, to address an unmet clinical need or improve an aspect of healthcare delivery, e.g.:
 - Prototype manufacturing
 - Patient centred research
 - Proof of concept
 - Collaborating with industry
- Not intended to fund an entire project, designed to overcome a bottleneck, applications from all stages are welcomed
- Maximum **£75k** for projects 6-9 months in duration
- Applications with Access To Expertise (A2E) remit are also accepted
- Salary (not the PI's), service, and consumable costs



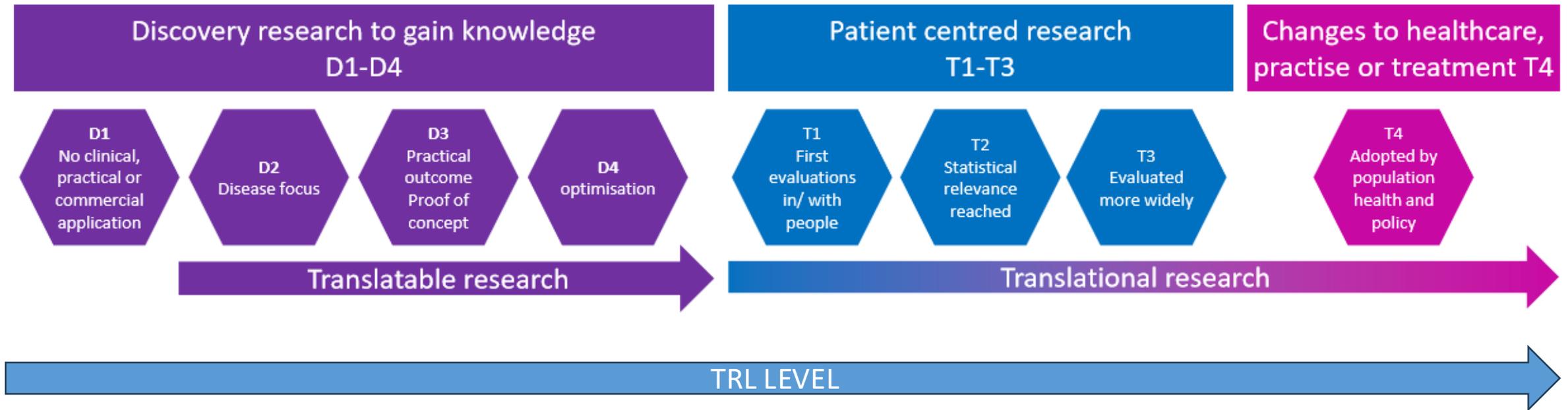
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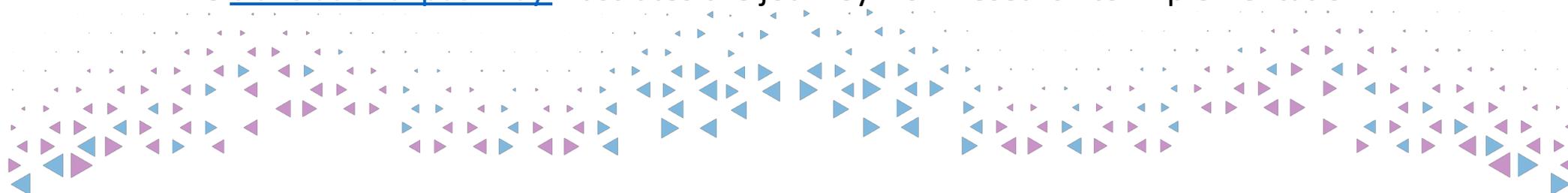
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Impact Accelerator Account 2022-27

Translational Pathway



The [translational pathway](#) illustrates the journey from research to implementation





Key dates

Workshops

Information Workshops (29th September 1-2pm)

Funding Panels

Notification of outcomes:
w/c 2nd February 2026

WE ARE HERE

w/c
15th
Sept

29th
Sept

5th
Nov

Jan
2026

Feb
2026

Call opens

Application Deadline

Notify RS by 6th October
Peer Review Begins after deadline

Projects Start

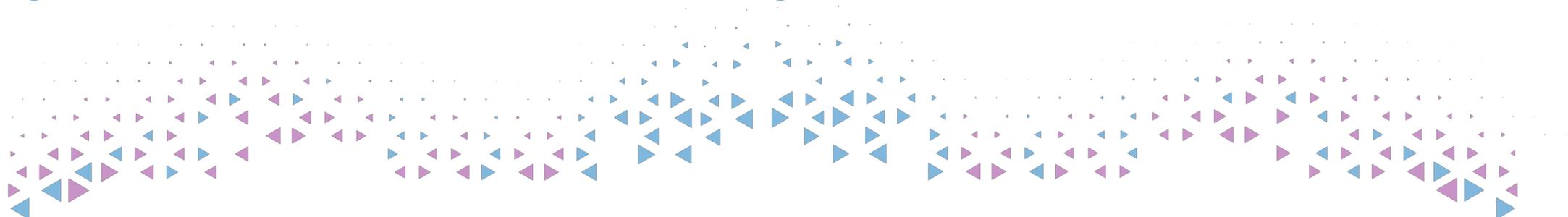
Projects start end of February
onwards

Direct all enquiries to translation@manchester.ac.uk



New in 2025

- All proposals to be funded by the **UKRI MRC IAA**.
- **Full costings** to be provided by RS for all proposals (allow time for this!)
- HoS/D **sign off** Required.
- Additional **Subcontracting and Collaboration** Information Form Required for projects involving external parties.
- Feasibility within **timelines** and the project end date will be given **significant consideration** in the funding decision.





Top tips



DOs



DON'Ts



Top tips: The Unmet need

Clearly articulate unmet need and the USP of your solution;



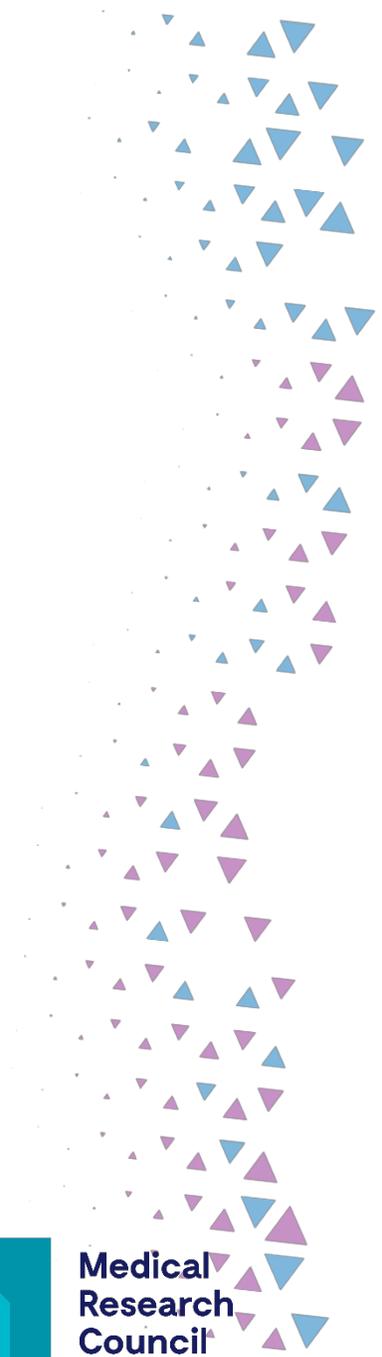
A good understanding of the current/emerging landscape is critical



You don't have space to sell two ideas... Focus on the most promising application of your approach



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Top tips: Key hurdles

Make sure you identify key hurdles;



What are the most awkward questions you have been/could be asked?



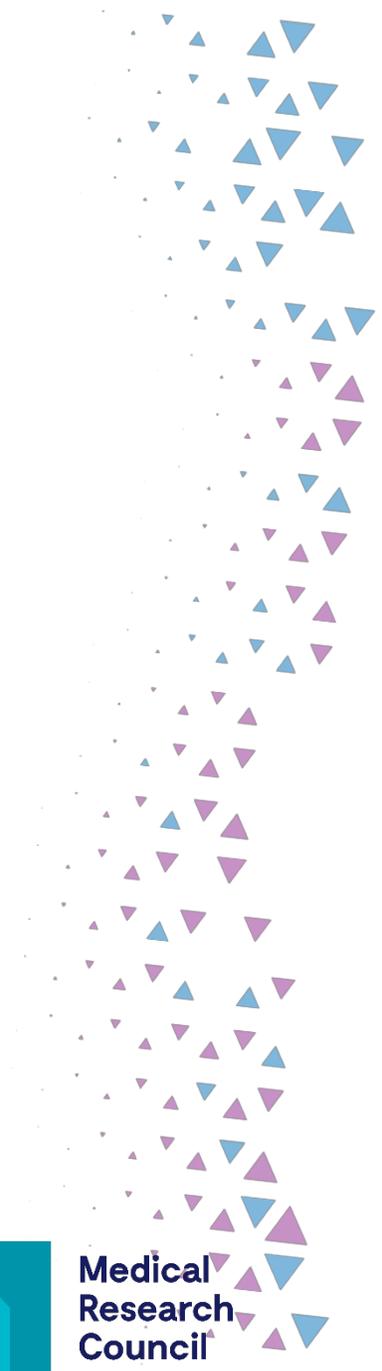
Consider line of sight to patients/utilisation – both clinical and regulatory input will ultimately be needed



If the proposal doesn't address risk, it may not be suitable for UKRI IAA full project funding



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Top tips



It may help to think about further funding options – and also to include any feedback you have from downstream funders.



Make sure you have freedom to exploit your innovation... If licences to third party technology, you need to demonstrate these are in place/achievable



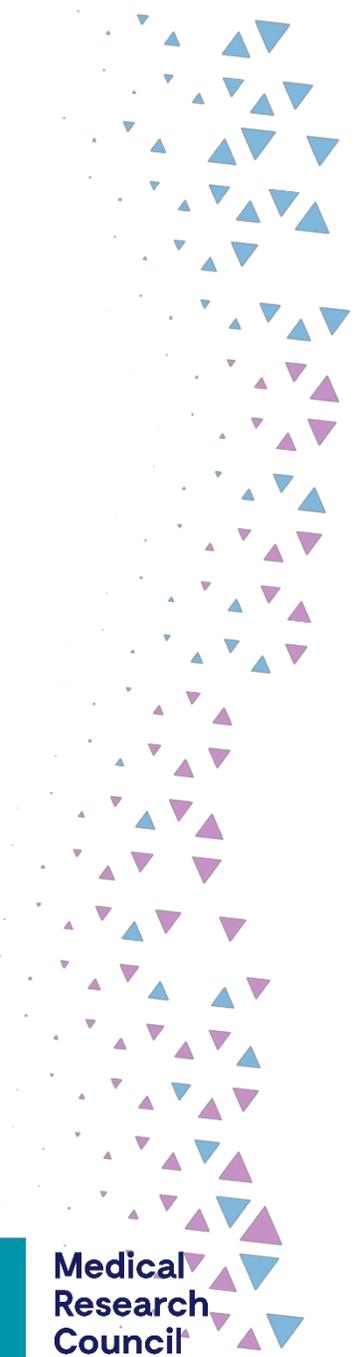
Write the application for specialised audience in your research field as the panel will have generic , broader scientific / translational expertise



Avoid catchy headline figures unless substantiated by data and analyses



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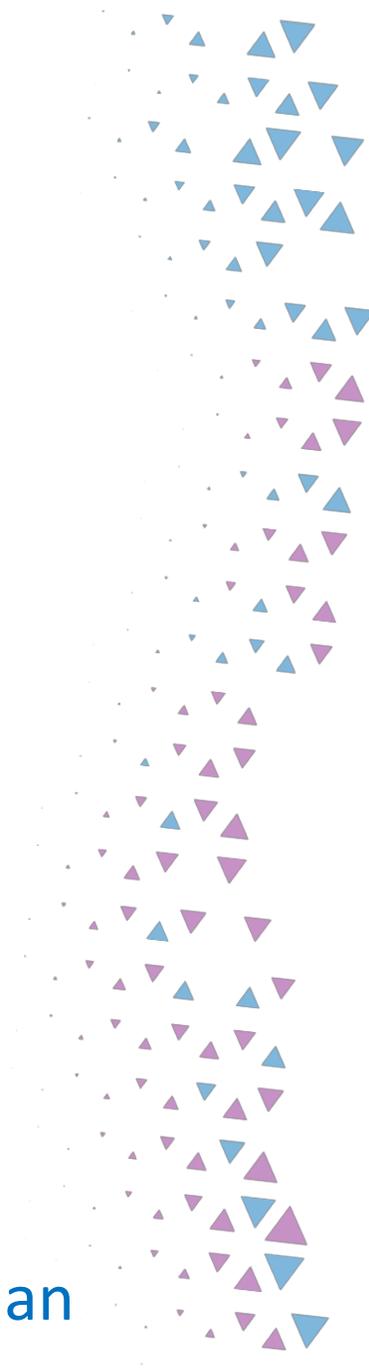




Strong proposals will show:



- Specific bottleneck to be addressed with funding
- Demonstrable shift in the translational pathway
- Clear and specific objectives with associated milestones
- Clear translational vision (short and long term)
- Clear plan for follow on funding
- Clarity on IP situation
- Key personnel and experts identified
- All licences and ethical approvals in place or with clear/feasible plan

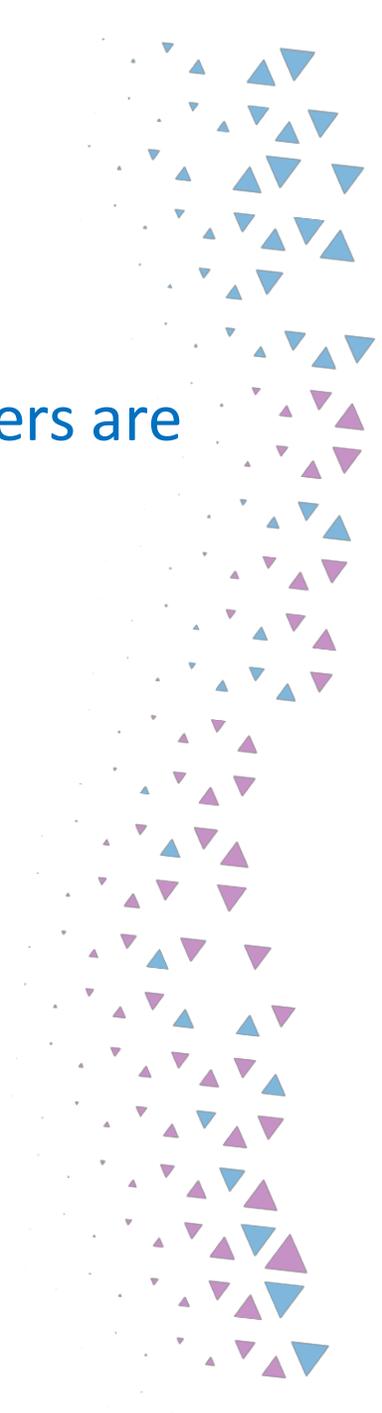




Common mistakes



- Lack of translational focus
- Insufficient technical details – all our external panels and reviewers are under CDA
- Key expertise lacking from the team
- Study design and sample sizes not fully justified
- Doubts about plan or its execution / cost or time not justified
- Milestones not measurable and poorly aligned
- Insufficient consideration of competition or differentiation from existing approaches





Summary: Key aims of proposals

- What is the underpinning problem or need?
- Where are you now, and what is the bottleneck you are experiencing?
- What, specifically, will this project achieve?
- What are the alternatives solutions and why is this better?
- What are the risks to the project and how will these be managed?
- What is the long-term translational plan?



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Visit our website to subscribe to our **newsletter** and **YouTube channel**, and to find out more about how we can help you progress your translational research

THANK YOU

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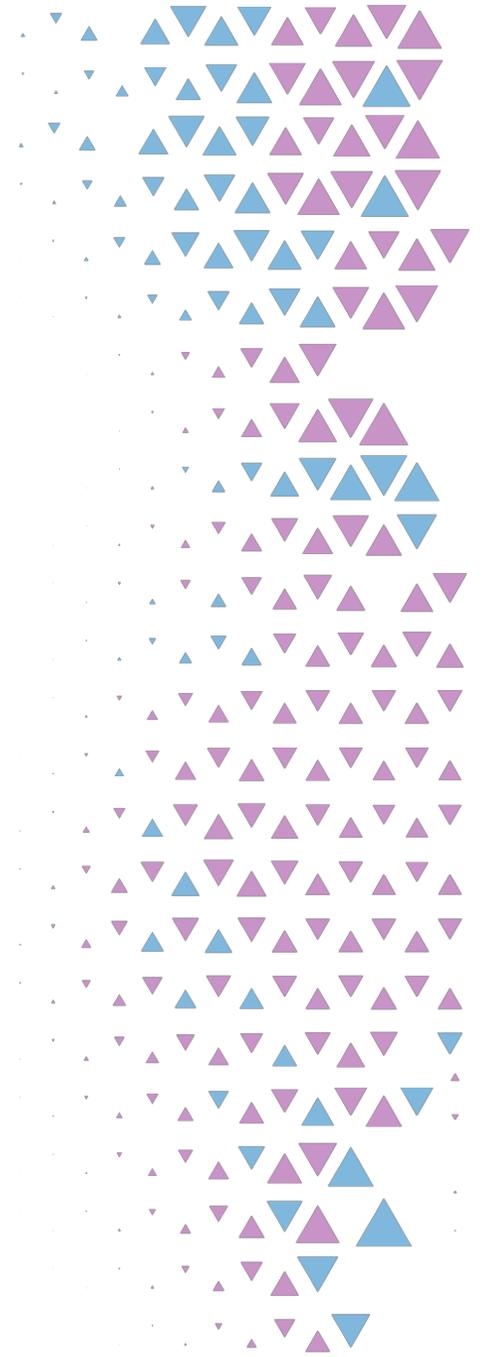
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C4T

Full application form

The Following slides provide a brief overview of the application form and some practical advice on how to fill it in.



'Confidence for Translation' C4T Award: Full Application Form 2025

PI and project team details

PI Name

End date of current contract of employment
(only **if the PI is on a fixed term contract**)

Senior guarantor
(only **if the PI is on a fixed term contract**)

Is the PI a current UoM staff member or holds UoM honorary position?

UoM Staff Honorary position

If honorary status is yet to be officially formalised, please provide details/timelines and name of a UoM Co-I for post award management.

Post docs can be PI with a senior guarantor as CO-I

Applications from honorary staff as PI are accepted but if contract is not in place a Co-I from UoM is needed

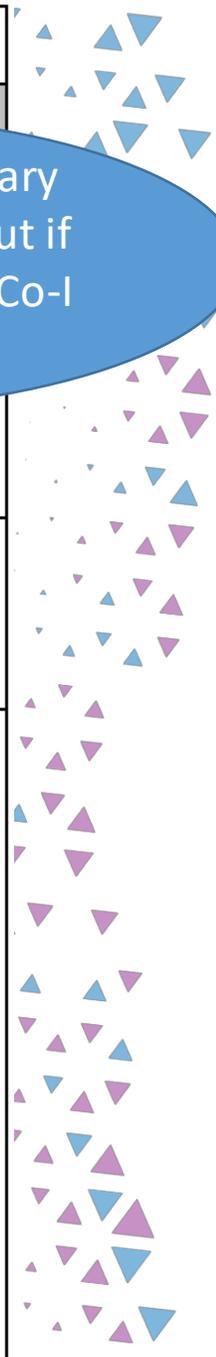
If *honorary*, please describe status of the contract:

- Current
- In progress

If *in progress*, please provide:

Timelines for obtaining:

Name of UoM Co-I:



| | |
|---|--|
| PI Faculty | |
| PI School/Department/Division | |
| PI Contact Info (email) | |
| Collaborators: Names / Faculty / School / Division <i>Please list all collaborators and their affiliations.</i> | |
| Was this project previously (or currently) supported by external or internal funding (including A2E, CiC, IAA, C4T & P4T)? Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>If yes, please provide details on the funder(s) and awards(s) supporting this research:</i> |
| References <i>If you wish to reference your previous work, please add your references here (include doi). Do not reference your own work in the following pages of the application form.</i> | |

Evidence of previous successful funding to show work has been peer reviewed already

Please include any references of your own work here and do not repeat in the rest of the application. The proposal should NOT contain any information that can identify you

Everything to be anonymised after this point

Please note that this page will be removed from the proposal when it is sent to peer review to keep the review process anonymous. Please do not remove the page break after this text.



Don't forget the title and the summary of costings, which should match the costing sheet!

C4T Project details

Title of Project

Proposed start date and project duration/end date

Duration:

Start:

End:

Total funds required
100% of directly incurred costs only

Total:

Staff:

Consumables:

Other (specify):



Which of these thematic/therapeutic areas does your project align with?

Please tick all relevant boxes on the right.

Please note that this information will only be used to assign reviewers and not to make funding decisions.

Proposals focusing outside these priority areas are also welcome.

| | |
|--|---|
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Pharmacy and Medication Safety |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Maternal and Fetal Health |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Neurodegenerative Diseases |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Wound Healing |
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Hearing Health |
| <input type="checkbox"/> Regenerative Medicine | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Surgical Care |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Health Technology |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Rare Diseases | <input type="checkbox"/> Genomic Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Hepatology and Liver Disease |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> Other | |

If you selected other, please list the area below:

Which modality does this project fit in from the list on the right?

| | |
|--|--|
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Cell and Gene Therapy |
| <input type="checkbox"/> Digital Health | <input type="checkbox"/> Repurposing |
| <input type="checkbox"/> Devices | <input type="checkbox"/> Personalised and Precision Medicine |
| <input type="checkbox"/> Biologics | <input type="checkbox"/> Experimental Medicine |
| <input type="checkbox"/> Small Molecules | |

If applicable, highlight alignment with any of these thematic/therapeutic areas

Alignment with these areas is NOT a requirement.

Applications from ALL areas of translational research are welcome

Please indicate modality of the proposed intervention



1. Project Summary – please provide a summary of the state of the art leading to this research project including the unmet health, clinical or product development need you are seeking to address. References to be listed in the PI details question on page 2 of this document to keep peer review anonymous. (*Maximum 300 words*)

Set the scene, give the big picture and importance

You can include a page of figures with preliminary data.

2. What is your proposed solution to this need? What is the rationale and supporting evidence that your proposed solution will meet the targeted need? You might make use of figures for preliminary data in this box or attached as appendix (these should be under one A4 side). Please avoid using information that might identify you. (*Max 300 words*)

Keep it anonymous



3. Who is the intended end user and/or target market for your proposed innovation?
This can be whoever will purchase your product or who will adopt your new intervention or policy. (*Max 200 words*)

Note: your intended end user and the target market may be different.

4. What are the competing solutions (direct or indirect) and their developmental status, and what is the competitive advantage of your proposed solution?
(*Max 300 words*)

This is the value proposition, include any relevant health economics information



Useful Video on Value Proposition: <https://www.youtube.com/watch?v=ywY4XWHA2OM>

This is the line of sight to patients – highlight the timeline and what is needed to get to the end point (e.g. multiple grants)

5. How soon would the proposed innovation reach a) patient care or other clinical setting and b) commercial market or other means of distribution? Please explain what additional studies or development work will be required to achieve these endpoints?
(Max 200 words)

6. Please describe where on the [translational research pathway](#) your current research/project sits, and where it aims to go? (e.g. D1 to D2, or T2 to T3). For health technologies (medical devices, software as medical devices) you can refer to the [Pankhurst Health Technology Translation Toolkit](#) to help you identifying the stage your project is at.
(Maximum 100 words)

7. What is the specific hurdle or bottleneck that you need to overcome to progress along the translational research pathway? **Please summarise the critical hurdle within a sentence** and then expand to include further evidence to support your view.
(Maximum 300 words)

Make this very specific

Speak to Translation Manchester if you are unsure



8. Describe how you will use C4T funding to overcome the bottleneck including details about the project plan, the rationale, the hypothesis, main tasks, methodology - including analysis methods and sample size justification - and expected outcomes. *(Maximum 500 words)*

Make sure the plan addresses the bottleneck and justifies the budget.

9. What are the key milestones in overcoming the bottleneck? Please include timelines and how will you demonstrate they have been met? (Make use of Gantt charts if appropriate) *(Maximum 400 words)*

Make the milestones realistic, include Go/No-go points. Remember to include time for ethical approvals, recruitment and contracts



10. Please identify any risks with the proposed approach and how these will be mitigated. Go/no go points can be identified on timeline / Gantt chart provided in question 9
(*Maximum 200 words*)

Rank risks as low, med or high using a risk matrix (impact x likelihood)

11. Please outline a brief plan for follow on studies, potential industry collaborations and further funding, including targeted funding schemes and deadlines. If you do not have a clinical co-applicant please explain how you have/will gain clinical insight into the translational goals of the project (*Maximum 300 words*)

Don't just list the grants you will apply for, explain how any follow-on funding will help you achieve the patient end point



12. Do you already have researchers in place to conduct this research?

Yes No

If **Yes**, please provide details (avoid names, initials can be used), including their availability, and were possible a potential 'back up':

Project timeline should reflect this

If **No**, please outline reasons and include a plan to source the researcher(s):

13. Does your project include any cross-faculty and/or external organization involvement (including industry partnerships and NHS).

Yes No

If **Yes**, please tick **and** specify ALL partners below:

Other Faculty

NHS

Industry

Other

Please highlight any cross faculty, NHS or industry collaborations

14. If you answered yes in **Q13**, and you have identified external collaborators (NHS, Industry, Other) please download the form linked in the column to the right, complete it and submit it alongside your application.



Download the [C4T Subcontracting & Collaboration Information form](#) and submit it alongside your application

Project timeline should reflect time needed for contract setup and ethics

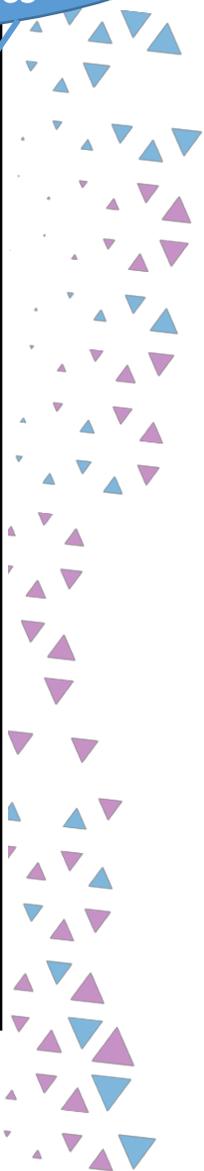
15. Does your study require Home Office Animal License, NHS ethics & governance or any other approvals (e.g. access to data, tissue, software)?

Yes **No**

*If **Yes**, when and how will these be obtained? Please name any relevant contacts in BSF or Ethics and governance teams:*

Empty response area for question 15.

Discuss industry collaborations with the BE team



Intellectual property (IP)

It is crucial to complete the IP section properly as it will help the panel to identify any IP-related issues that could hinder project translation and to evaluate the potential for generating IP that could support downstream translation of the findings.

If you have been in discussions with the Innovation Factory around this project, please name your contact below. We strongly encourage that you reach out to the Innovation Factory to complete this section of the application and are happy to make introductions.

Innovation Factory contact:

Do speak with the tech transfer office!

18. Does the proposal have freedom to operate, or does it require access to background IP?

19. Will the project generate new IP? If yes, how will this be managed?

20. Will the project generate new IP that will be owned by an external party (e.g. external project partner)? If yes, how will this be managed?

Are any third parties involved (incl PhD students) ?



Application Checklist

| | |
|--------------------------|--|
| <input type="checkbox"/> | I completed all questions of the C4T form |
| <input type="checkbox"/> | Any information that could identify me or my research group has only been included in the <i>PI details</i> page. |
| <input type="checkbox"/> | I have completed the Budget Sheet (last page of this document), and this has been signed off by my Research Support Manager. |
| <input type="checkbox"/> | The Application was Signed off by Head of School / Division |
| <input type="checkbox"/> | <i>For projects involving any external parties and collaborators:</i> I have downloaded and completed the C4T Subcontracting & Collaboration Information form and submitted it alongside this application |
| <input type="checkbox"/> | <i>Only for projects involving small molecule drugs:</i> The project tractability section of the MRC DPFS small molecule information form is clearly covered in the main C4T application form, OR I have completed and attached the MRC DPFS small molecule information form to this application |
| <input type="checkbox"/> | I have deleted the first page of this document (i.e. description of the application process), and saved the rest of the file as PDF , using PI Name_Surname as filename prior to submitting to translation@manchester.ac.uk . |

Allow sufficient time for sign offs

Submit your application by 12:00pm on 5th of November



Project Title: _____

Lead PI Name: _____

Lead Collaborators/Expert Name (if applicable): _____

| BlackDackel Information (to be provided by Research Services) | | |
|--|----------------------------------|----------|
| Project ID | Budget ID | |
| Project Costs (to complete with the support of Research Services) | | |
| Directly Incurred (DI) | | |
| Fund | Breakdown and description/detail | Cost (£) |
| Staff Costs Include %FTE, start date and duration, name and grade of staff (if known) for each post costed | | |
| Consumables Provide full breakdown of consumables | | |
| Other * (please specify) | | |
| Total DI Costs: | | |
| Directly Allocated Costs (DA) | | |
| Investigators | | |
| Estates | | |
| Indirect costs | | |
| Total DA costs: | | |

*Please make sure that quotes for any bought in **service includes VAT** if applicable

I confirm that this has the approval of the School/Institute:

| This proposal is submitted by Principal Investigator: | | |
|--|--------------|-------------|
| (Date) | (Print name) | (Sign here) |
| | | |
| Costs authorised by Principal Investigator's Research Support Manager: | | |
| (Date) | (Print name) | (Sign here) |
| | | |
| Costs authorised by Principal Investigator's Head of School/Division: | | |
| (Date) | (Print name) | (Sign here) |
| | | |

Costings to be provided by Research Services

Only Directly Incurred costs are covered (staff costs, consumables, service or consultancy fees, access to facilities etc.).
However, Directly allocated costs need to be included in the costings

You need to obtain HoS/D sign off



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Visit our website to subscribe to our **newsletter** and **YouTube channel**, and to find out more about how we can help you progress your translational research

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W
wellcome

Target Product Profile

TPP

The following slides introduce the concept of a Target Product Profile (TPP). Although completing a TPP is not a requirement to apply for C4T, we strongly encourage applicants to think along those lines when describing the innovation in their application.

A completed TPP form will be requested for successfully funded projects.

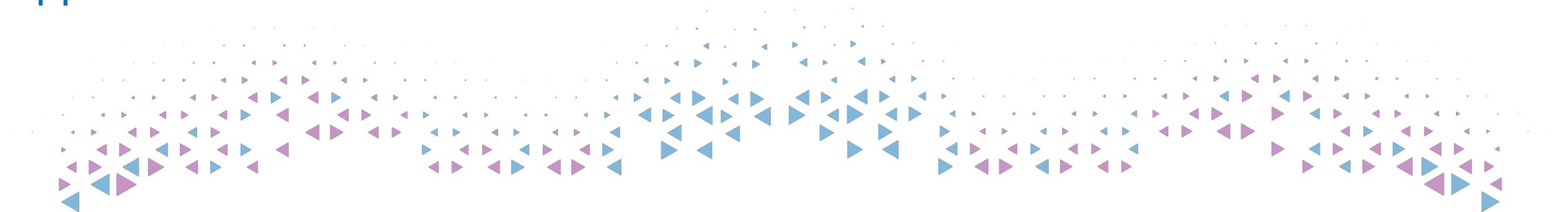
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Target Product profile (TPP)

- A tool to help you identify and clarify the translational potential of your innovation
 - If successful it will be a condition of the award that you complete a TPP prior to your kick off meeting, in which panel feedback is provided to help ensure the project reaches its translational potential.
 - For many follow on funding opportunities e.g. DPFS you may be required to complete a TPP
- Incorporate TPP-style thinking and information into your C4T full application



What is a TPP?

- Definition from MaRS Discovery District Innovation Hub, Toronto:

“ What is a target product profile?

A target product profile (TPP) is a key strategic document that provides a summary of the following:

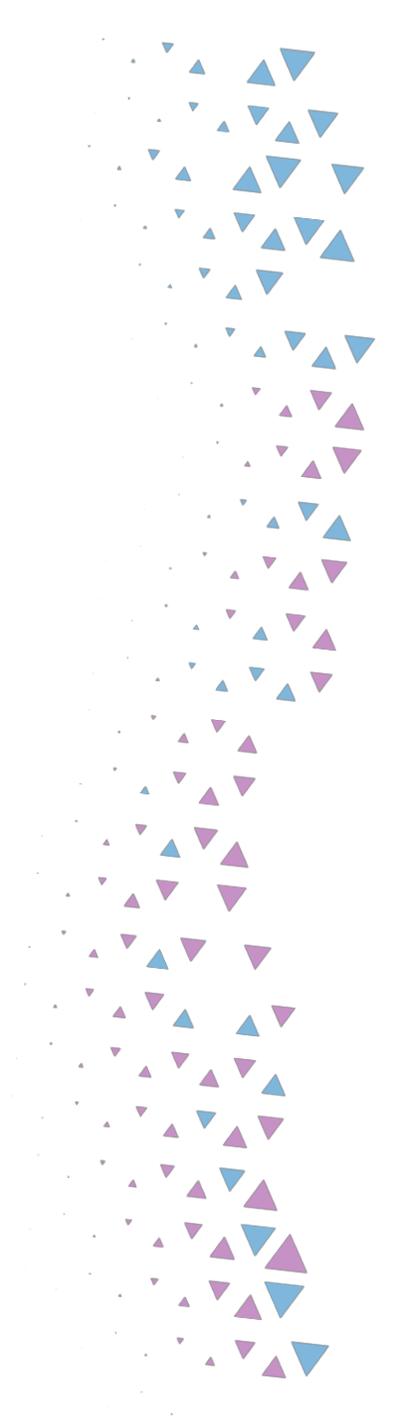
- the product under development
- the product's desired characteristics and features
- the studies and activities that must be completed to demonstrate the product's performance, efficacy and safety
- the features of the product that provide a competitive advantage

A well-designed TPP provides a structure to ensure that a company embarks on a product development program that is efficient and yet defines a listing of all relevant medical, technical and scientific information required to reach the desired commercial development outcome. Historically, the US Food and Drug Administration (FDA) developed the concept of a TPP to facilitate the communication strategy regarding a particular drug development program. However, many of the objectives provide sound guiding principles for the development of diagnostic products or medical devices.”



Characteristics of a TPP

- **Indications:** Which diseases?
- **Population:** Which patients and where?
- **Clinical Efficacy:** Does it kill the parasite effectively?
- **Safety and Tolerability:** What kind and how many adverse events?
- **Stability:** How long can it be stored in the field?
- **Route of Administration:** How is it given to patients?
- **Dosing Frequency:** How often and how long must it be given?
- **Cost:** Will it be affordable to target population?
- **Time to Availability:** How long will it take to develop?



Who are your competitors and/or current solutions?

The importance of understanding the external landscape

If your project is addressing an unmet medical need there WILL be alternative solutions.

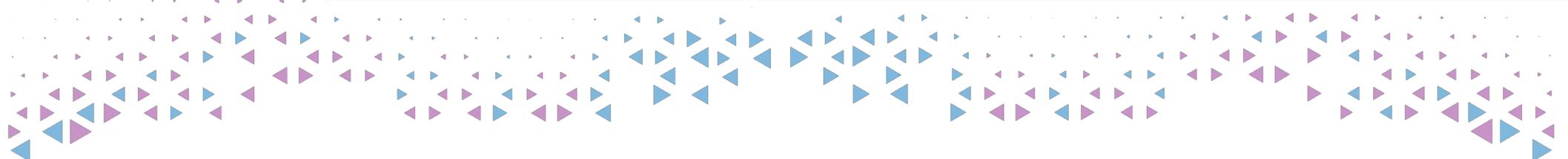
The product will also need to compliment, enhance or change current clinical practice.

For some products cost is likely to be a consideration.



TPP example (1)

| Product Properties | Minimum Acceptable Result | Ideal Result |
|---------------------------|--|--|
| Primary Indication | Relief of pain symptoms in diabetic neuropathy | Relief of symptoms in neuropathic pain syndromes |
| Patient Population | Adults with diabetes who experience neuropathic pain | Adults and children with neuropathic pain |
| Treatment Duration | Chronic | Chronic |
| Delivery Mode | Oral | Oral |
| Dosage Form | Tablet or capsule | Tablet or capsule |
| Regimen | 1–2x/day | 1x/day |
| Efficacy | A 40% decrease in pain score in 30% of patients | A 70% decrease in pain score in 50% of patients. |
| Risks/Side Effects | Devoid of opioid side effects Devoid of GI side effects from Non-steroidal anti-inflammatory drugs (NSAIDs) Minor or moderate CNS side effects | Devoid of opioid side effects Devoid of GI side effect from NSAIDs No CNS side effects |



TPP example (2)

| | CMML Target profile (single agent) | WP |
|--------------------------------|--|--|
| Efficacy and patient selection | <p>1) ORR (IWG criteria) >75% by week 8, with a median response duration of >12 months in unselected CMML population</p> <p>OR 2) ORR >80%, in patients with >median CCR2 expression on BM and blood CMML blasts.</p> | <p>2a-d</p> <p>6a-d</p> |
| Tolerability | <p>Low immunogenicity (assessed by anti-drug Abs) and with no grade 3/4 non-hematological toxicities in patients.</p> <p>No dose-limiting inflammation at injection site.</p> <p>No evidence of non-hematological toxicity at <30-fold efficacious exposures in preclinical models.</p> | <p>2b</p> <p>3</p> <p>6a</p> <p>7a-c</p> |
| Administration | <p>Once weekly dose of <100 mg total dose by <30 minute iv infusion.</p> | <p>2b, 2d</p> <p>6a-c</p> |
| Pharmaceutical properties | <p>Chemically and physically stable drug formulation (as solution or lyophilised powder) in standard iv compatible formulations.</p> <p>CMC approach (including cost of goods) consistent with related ADCs in clinical development.</p> | <p>1a-c</p> <p>4</p> <p>5a/b</p> |

