**A red and black logo

AI-generated content may be incorrect.**A purple and white logo

AI-generated content may be incorrect.

**Dental Health Unit**

**Accelerator Research Grants**

**APPLICATION**

**Once completed, please email to Beulah Gangaraju (**[**beulah.gangaraju@manchester.ac.uk**](mailto:beulah.gangaraju@manchester.ac.uk)**)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT(S)** | | | | |
| **Role** | **Name** | | **Responsibilities** | |
| **Lead applicant** |  | |  | |
| **Co-applicant** |  | |  | |
| **Co-applicant** |  | |  | |
| **Co-applicant** |  | |  | |
| **Co-applicant** |  | |  | |
| **Lead Academic Institution** |  | |  | |
| **Lead Applicant address for correspondence:** | | | | |
| **Telephone:** + | | | | |
| **Email:** | | | | |
| **Submission Date:** | | | | |
| **PROJECT** | | | | |
| **Title:** | | | | |
| **Proposed Start Date:** | | | **Proposed End Date:** | |
| **Duration (months):** *If duration greater than 12 months, please provide justification.* | | | | |
| **Lay Summary (maximum 300 words):** *Should be easily understood by the non-expert*. | | | | |
| **Project description** *including hypothesis, specific aims, methodology and expected outcomes (max 500 words).* | | | | |
| **Justification of Resources** *(max 300 words)**Full justification of all costs requested. Include a description of any additional funds or resources that will be used to contribute to the project.* | | | | |
| **Expected outputs** *(max 250 words) e.g. grant applications that will be submitted based on results, technologies or materials developed etc. Note that the aim of the award is to lever further research funds and priority will be given to applications that clearly describe plans.* | | | | |
| **Public involvement/engagement activities** *(max 250 words) Please describe how the public/consumers have been/will be involved in your project* | | | | |
|  | | | | |
| **ENDORSEMENT BY INSTITUTION** | | | | |
| ( ) I agree to take responsibility for provision of the necessary facilities and undertake to ensure timely reporting by the applicant to the DHU Accelerator Research Grants Scientific Expert Review Panel. | | | | |
| Name | | Signature | | Date |
| **SIGNATURE OF LEAD APPLICANT** | | | | |
| ( ) I agree to comply with the reporting requirements and other obligations of any DHU Accelerator Research Grant approved. | | | | |
| Name | | Signature | | Date |

|  |
| --- |
| **BUDGET COSTING TEMPLATE** |

Please COMPLETE tables A and B below. In table A, please detail the funds requested from the DHU Accelerator Research Grant.In table B, please specify any matched funding from other sources.

Note: direct project costs only will be funded from the DHU Accelerator Research Grants.

|  |  |  |
| --- | --- | --- |
| ***A. FUNDS REQUESTED FROM DHU ACCELERATOR RESEARCH GRANTS*** | | |
| **BUDGET HEADING** | **DESCRIPTION** | **AMOUNT (£)** |
| **Project staff** | *Name/Post, Grade / point / %FTE* |  |
|  |  |  |
| **Travel** |  |  |
| **Consumables** | *e.g. Lab supplies* |  |
|  |  |  |
| **Access costs** | *e.g. Microscopy* |  |
|  |  |  |
| **Equipment** |  |  |
|  |  |  |
| **Other** | *Detail:* |  |
|  |  |  |
|  |  |  |
| ***Total amount requested from  DHU ACCELERATOR RESEARCH GRANTS*** | |  |

If you have any other funds available to use on this project, please complete table B.

|  |  |  |
| --- | --- | --- |
| ***B. ADDITIONAL PROJECT COSTS NOT REQUESTED FROM DHU ACCELERATOR RESEARCH GRANTS*** | | |
| **COST DESCRIPTION** | **SOURCE OF FUNDING** | **AMOUNT (£)** |
|  |  |  |
|  |  |  |
| ***Total amount funded from other sources*** | |  |