**BBSRC IAA 2024: Pump-Priming Project Application Form**

**Please refer to the** [**BBSRC IAA guidance**](https://www.research-strategy.admin.cam.ac.uk/file/bbsrciaaguidance2024pdf#overlay-context=user) **and the** [**Summary of IAA Terms and Conditions**](https://www.research-strategy.admin.cam.ac.uk/impact/funding-impact/summary-impact-acceleration-account-iaa-terms-and-conditions) **prior to completing this form.** We **strongly encourage** reaching out to Dr Carmen Fernandez-Posada and Lauren Maggs (iaa@admin.cam.ac.uk) to discuss your idea in advance of submitting an application so that we can provide tailored support and advice to maximise the strength of your application.

Please submit your application and supporting documents **as PDFs** via the [IAA Application System](https://forms.office.com/pages/responsepage.aspx?id=RQSlSfq9eUut41R7TzmG6RO90bOjjQpMj0lLqsyC-d9UMFFJWFVDN1NGMEFFRDFSMVA4UlNJVkw3TiQlQCN0PWcu).

Application checklist:

[ ]  Outline details of the project in the [IAA Application System](https://forms.office.com/pages/responsepage.aspx?id=RQSlSfq9eUut41R7TzmG6RO90bOjjQpMj0lLqsyC-d9UMFFJWFVDN1NGMEFFRDFSMVA4UlNJVkw3TiQlQCN0PWcu)

[ ]  A completed **BBSRC IAA** **application form**, including HoD signature (this form)

[ ]  A copy of the **draft project costing from X5, with all costs to be spent by 31st January 2025**

[ ]  A **letter of support** from external partner (if applicable)

[ ]  Any additional documents as appropriate, such as quotes, a Gantt chart showing the intended project timeline etc. (max. 4 pages excluding letters of support)

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| **Project Title**  |  |
| **Applicants -** Funding is open to researchers employed by the collegiate University with project proposals within the [BBSRC remit](https://www.ukri.org/councils/bbsrc/remit-programmes-and-priorities/). ECRs are welcome to apply as lead applicant with a PI as co-applicant. |
| [ ] ead applicant  |  |
| Lead applicant Job Title |  | Lead applicant Department |  |
| Co-applicant (if applicable) |  |
| Co-applicant Job Title (if applicable) |  | Co-applicant Department (if applicable) |  |
| Name(s) of any person(s) to be included as staff costs |  |
| Departmental accounts contact |  |
| **Partner/Collaborator #1**  |
| Name |  | Company/Organisation |  |
| Email address |  | Phone number |  |
| Address |  |
| Name(s) of any person(s) to be included as staff costs |  |
| **Partner/Collaborator #2** (Please add additional boxes for further collaborators if needed) |
| Name |  | Company/Organisation |  |
| Email address |  | Phone number |  |
| Address  |  |
| Name(s) of any person(s) to be included as staff costs |  |
| **Project** |
| Start date |  | End date  |  |
| **Project Overview (300 words)** Please summarise your project, describe the unmet need you aim to address and any key research findings which underpin your planned impact. Consider: * The scale of the problem/unmet need
* Limitations of any existing solutions
* Current status
* Highlighting the need for translational funding at this stage of the project
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| **Impact Objectives and Activities (500 words)** Please describe your impact objectives and the activities you will undertake in the project to help meet these objectives Consider:  * Short term and long-term objectives
* ‘SMART’ objectives: Specific, Measurable, Achievable, Relevant and Time-bound
* Who the intended beneficiaries are
* How impact will be measured and evidenced
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| **Project Plan (500 words)** Please provide a plan of milestones leading to these objectivesConsider: * Key milestones and outcomes
* Timeline
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| **Project Partners (200 words)** Please provide details of any partners (third sector, commercial etc.) involved and include a letter of support from any partners in your supporting documents.Consider:  * Justification for choice of partner
* Level of partner engagement
* Any support from the partner (financial, in-kind contribution etc.)
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| **Project Costs (300 words)** Please provide a breakdown of projected **costs**Consider:  * Brief justification of cost by category (staff/equipment/consumables/travel/other costs)
* How costs are linked to achieving the impact objectives
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| **Future Plans (200 words)** Please describe how the project will be **sustained beyond this IAA** fundingConsider: * Any sources of leverage
* Any future funding plans
* How the planned impact activities will enable these
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| **Other Information (200 words, excluding references)** Please provide any other information that may be relevant. A maximum of 3 references can be included. |
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**BBSRC IAA 2024: Budget & Head of Department Approval**

* This grant application must be fully costed in a draft X5 under the Funding Scheme 'UKRI (Research and Innovation); IAA - internal call. Please liaise with your departmental finance team to obtain a draft X5.
* **Please submit a PDF copy of the draft X5 costing with your application.**
* **This application does not require approval by the Research Operations Office.**
* Please note, this funding is for **directly incurred costs only.**

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| **Project title** |  |
| **Proposed start date** |  |
| **Project duration****(max. 9 months)****All projects and expenditure must be completed by 31st January 2025** |   |
| **X5 number**  |   |
| Directly Incurred Costs  |
| **Type**  | **Description**  | **Expenditure** |
| Staff Costs   |   | £  |
| Equipment (< £10,000)  |   | £  |
| Consumables  |   | £  |
| Travel  |   | £  |
| Subsistence (if applicable)  |   | £  |
| Other (please specify)  |   | £  |
| **Total Directly Incurred Costs** | £ |
| **SIGNATURES**  |
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| **LEAD APPLICANT**I declare that the information given on this form is complete and correct.  |
| Name (print)    | Signature  | Date  |

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| **PRINCIPAL INVESTIGATOR** (if different to the lead applicant)I declare that the information given on this form is complete and correct.  |
| Name (print)    | Signature  | Date  |
| **HEAD OF DEPARTMENT** I confirm that I have read and support the application. I agree to the research being carried out in my department, and will provide the necessary accommodation and facilities.  |
| Name (print)    | Signature  | Date  |
| **DEPARTMENTAL ADMINISTRATIVE AUTHORITY:** I confirm that the application has been submitted with the agreement of the host institution and, if awarded, would administer the grant. |
| Name (print) | Signature | Date |