**Translational Funding**

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| **EPSRC Impact Accelerator Account**  |  |
| **Application for Impact Co-Creation Funding** |

## Applications must not exceed 5 pages in length.

## Applicants

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| **Applicant name** (inc. title) |  |
| **Applicant email address** |  |
| **Faculty & Discipline** |  |
| **ECR?** | Choose an item. |
| **Co-applicant name** (inc. title) |  |
| **Co-applicant email address** |  |
| **Faculty & Discipline** |  |
| **ECR?** | Choose an item. |

## External Non-academic Partner

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| --- | --- |
| **Company/ Organisation name**  |  |
| **Type of Organisation** | Choose an item. |
| **Main contact name** (inc. title) |  |
| **Main contact email address** |  |
| **Industry Sector** | Choose an item. |
| **Is the partner organisation an SME?** | Choose an item. |

## Proposal

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| **Project/Event title**  |  |
| **Start date** |  |
| **End Date** |  |
| **Amount requested** |  |
| **Worktribe project number** |  |
| **Background** – Please provide a brief summary (inc. grant refs) of the research upon which this application builds |
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| **Aims & Objectives** – Please provide a summary of the aims & Objectives of the proposed project.  |
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## Work Plan & KPIs

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| **Work plan** – Please provide details of planned outputs (inc. dates/timeline) and the expected resulting outcome. Add extra lines as necessary. |
| **Output** | **Outcome** |
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| **KPIs** – Please provide details of the project’s KPI’s and of the evidence capture methods you will use to demonstrate that the KPI has been met. |
| **KPI** | **Method of Evidence Capture** |
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## Finance

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| **Project Costs** - Having costed your project using the T1 costing tool (see guidance) please provide a breakdown & justification of the funding requested. Add extra lines as necessary. |
| **Total Amount Requested** | £ |
| **Item** | **Cost** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

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| **Partner Contribution** - Please provide details of the project partner’s match funding if applicable. |
| **Total Amount Contributed** | Cash - £ | In-kind - £ |
| **Item** | **Amount** | **Cash or In-Kind?** |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |

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| **Faculty Contribution** - Please provide details of the Faculty match funding  |
| **Total Amount Contributed** | Cash - £ | In-kind - £ |
| **Item** | **Amount** | **Cash or In-Kind?** |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |
|  | £ | Choose an item. |

## Health & Safety & Ethics

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| **Health & Safety** – Please outline any health safety implications/risks of the proposed work and how you will manage these aspects of the project. |
| **Implication/Risk** | **Mitigating Action** |
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| **Ethics** – Please outline any ethical implications of the proposed work and how you will manage these aspects of the project. |
| **Implication/Risk** | **Mitigating Action** |
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|  |  |
| **Does the Project require Ethical Approval?** | Choose an item. |
| **Where relevant, does the project observe** [**UKRI research integrity concordat on data availability**](https://www.ukri.org/our-work/supporting-healthy-research-and-innovation-culture/research-integrity/)**?** | Choose an item. |

## Approval & Declaration

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| **Faculty Approval** (ADR/HOD or equivalent) - I confirm that I support the applicant and the work they will be required to undertake if they are successful in their bid. By signing this application form I agree that the Faculty will cover any overspend of this project, providing the applicants have used their best endeavours to ensure that the budget is adhered to and have discussed any potential overspend with the Translational Funding team and the ADR (or equivalent) in advance. By signing this application form I am also authorising any match funding quoted in this application that is to be provided by the faculty.  |
| Signature |  |
| Name (inc. title) |  |
| Date |  |

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| **Applicant Declaration** - I confirm that I have read the guidance notes for EPSRC IAA funding and that the information given in this application is accurate to the best of my knowledge**. If awarded funding, l commit to provide a final report as outlined in the guidance notes.** |
| Signature |  |
| Name (inc. title) |  |
| Date |  |