# Translational Funding

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| Policy Support Fund  |  |
| Application for FundingRegional Policy Engagement |

### Applications must not exceed 6 pages in length.

### Please read the PSF applicant guidance before completing this form.

*Any funds awarded must be spent by 30th June 2024.*

## Applicant/s

|  |  |
| --- | --- |
| Applicant name (inc. title) |  |
| Applicant email address |  |
| Job Title  | Choose an item. |
| Faculty | Choose an item. |
| Department | Choose an item. |
| Early Career Researcher?*See guidance for definition* | Choose an item. |
| Co-applicant name (inc. title) |  |
| Co-applicant email address |  |
| Job Title | Choose an item. |
| Faculty | Choose an item. |
| Department | Choose an item. |
| Early Career Researcher? | Choose an item. |
| Name of Exeter Innovation or Research Services colleague supporting this proposal |  |

## External Non-academic Partner

### You may have more than one external partner. Add lines as necessary.

|  |  |
| --- | --- |
| 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. |
| What is the current position of your collaboration? How long it has been in existence? What synergies or gaps have you identified together?  |  |
| Letter of Support attached to application? *This is a requirement of funding.* | Choose an item. |

## Proposal

|  |  |
| --- | --- |
| Project title  |  |
| Start date |  |
| End Date |  |
| Amount of PSF Funding Requested  |  |
| Worktribe project number |  |
| Justification - How does this proposal meet the aims of the PSF (to enable engagement with regional policy and policy makers, and research activity that supports evidence-based policy making)? |
|  |
| 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 |
|  |  |
|  |  |
|  |  |
|  |  |
| 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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| PSF funding Requested (Max £20k) - Having costed your project using WorkTribe (*see guidance*) please provide a breakdown & justification of the funding requested. Add extra lines as necessary. |
| Item | Cost |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Total amount of PSF funding requested | £ |

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| Partner Contribution - Please provide details of the project partner’s match funding. You must provide a value for in-kind contributions. Add extra lines as necessary. |
| Item | Cash Amount | In-Kind Value |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
| Partner contribution totals | **£** | **£** |

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| Faculty Contribution - Please provide details of the faculty’s match funding. Add extra lines as necessary. |
| Item | Cash Amount | In-Kind Value |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
| Faculty contribution totals | **£** | **£** |

## 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 |
|  |  |
|  |  |
| 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. |

## Applicant Declaration & Faculty Approval

### Your application will be returned to you if it is not appropriately signed.

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| Applicant Declaration I confirm that:* I have read the applicant guidance for PSF funding.
* I know of no conflict of interest that is not addressed within this application.
* The information given in this application is accurate to the best of my knowledge.
* If awarded funding, l will adhere to the terms and conditions of the award and commit to providing a final report as outlined in the guidance notes.
 |
| Signature |  |
| Name (inc. title) |  |
| Date |  |

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| Faculty Approval (Associate Pro-Vice-Chancellor for Research & Impact, and Director of Research & Impact) On behalf of the faculty, I confirm that:* I support this application and the work required to undertake the project.
* I approve the faculty cash and/or in-kind contribution to the project as detailed above.
* 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 faculty in advance.
 |
| APVC Signature |  |
| Name (inc. title) |  |
| Date |  |
| DoRI Signature |  |
| Name (inc. title) |  |
| Date |  |