



**Overview**

URN

Researcher

Project title

Amount requested

Start date

Institute

Email

Signed ..... Date .....



## Project Grant

### I. Applicant information

Principal Applicant

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>		
<b>Postcode / City:</b>	<b>Telephone:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>TwitterAccount:</b>	
<b>Position:</b>	<b>Anticipated time commitment on project:</b>	
<b>Type om grant:</b>		

### 2. Research project

#### Summary

Proposed start date:

Does the proposal predominantly relate to:

Scientific Summary/Abstract:



**Lay summery:**

**Relevance to diabetes and potential benefit to people living with diabetes:**

## **Methodology**

**Does the research involve animals?**

**Has ethical permission been sought and approved?**

**Research Aims, Objectives and Expected Outcomes:**



## **Project Plan**

**Title of project:**

**Purpose of proposed investigation:**

**Background information for the project:**



**Plan of investigation:**



**Optional research document attachments:**

**Where appropriate, how do you intend to involve people with diabetes in the design, management and dissemination of your study?:**

**References:**



**Total amount requested:**

## **Breakdown of costs**

**Salaries:**

**Materials and consumables:**

**Animal purchase and maintenance:**

**Equipment:**

**Other:**

**Detailed breakdown of coast:**



## **Current / previous sources of funding and other grant applications**

**Please provide details of all active grants and those held within the last three years, from funding bodies other than the Diabetes Research and Wellness foundation:**

**Has this application previously been submitted elsewhere including to the Diabetes Research and Wellness Foundation?**

**If yes, please give details:**

**Are you currently applying elsewhere for support for work relating to the present proposal?**

**If yes, please give details:**

**Are the results of this research likely to have commercial potential or exploitable intellectual property?**

**If yes, please give details:**





### 3. Institutional information

#### Institution where the research will be carried out

Contact Address:

Postcode:

#### Head of Department and Department/Institution Authority

Title:

First Name:

Last Name:

Contact Address:

Postcode / City:

Telephone:

Email:

Position:

#### Financial Administration(Please provide details of the officer who should be contacted for payment if the grant is awarded)

Title:

First Name:

Last Name:

Contact Address:

Postcode / City:

Telephone:

Email:

Position:

#### Financial Administration(Please provide details of the officer who should be contacted Curriculum Vitae of Principal Applicant (including up to FIVE of the applicant's relevant publications)

Curriculum Vitae of Principal Applicant:



Please list only original research publications i chronological order with the most recent first: