**ImagingBioPro Network  
Proof of Concept Award (PoCA) Funding Application Form**

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| **Principal Investigator** | | | | | | | |
| Title: |  | First name: | |  | | Surname: |  |
| Email: |  | | | | | | |
| Division / Department: | | |  | | | | |
| Organisation | | |  | | | | |
| Will the named researcher be based here: | | | | | YES / NO (delete as appropriate) | | |

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| **Co- Investigator** (All applications must have at least one Co-I) | | | | | | | |
| Title: |  | First name: | |  | | Surname: |  |
| Email: |  | | | | | | |
| Division / Department: | | |  | | | | |
| Organisation | | |  | | | | |
| Will the named researcher be based here: | | | | | YES / NO (delete as appropriate) | | |

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| **Co- Investigator** (Additional Co-I’s – replicate as needed or delete if none) | | | | | | | |
| Title: |  | First name: | |  | | Surname: |  |
| Email: |  | | | | | | |
| Division / Department: | | |  | | | | |
| Organisation | | |  | | | | |
| Will the named researcher be based here: | | | | | YES / NO (delete as appropriate) | | |

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| **Co- Investigator** (Additional Co-I’s – replicate as needed or delete if none) | | | | | | |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

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| **Named Researcher** (the main person who will conduct the majority of work) | | | | | | |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

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| **Project Title** |
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| **Project Aims** (Maximum 500 characters with spaces) |
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| **Lay Summary** (Maximum 2000 characters with spaces) |
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| **Suitability of the Team** (Maximum 500 characters with spaces) |
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| **Funding Information** (for info please see Guidance for Applicants) | |
|  | **Cost** (100% fEC) |
| Researcher Salary Costs: |  |
| Researcher Salary Overheads (fixed rate for PDRA for two months is £9,931): |  |
| Consumables Costs: |  |
| Travel & Subsistence Costs: |  |
| **Total (100%fEC):** |  |

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|  | **Cost** (80%fEC) |
| **Funding requested (80% fEC)** |  |

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| Start Date: |  | End Date: | |  | Duration (months): |  |
| Have these costings been approved by the PIs Institution? | | | | | YES / NO | |
| Has this project got appropriate Research Ethics approval? | | | | | YES / NO / Not Applicable | |
| Is this a new collaboration between the PI and the Co-I? | | | | | YES / NO | |
| If this project generates any IP will it be held by the PI’s institution (standard default agreement)?  If not, will alternative IP agreements be in place for the start date. | | | | | YES / NO  YES / NO | |
| Please indicate any potential conflicts of interest with the network leadership team. <https://www.imagingbiopro.org/people/> | | |  | | | |

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| **Justification of Resources** (Maximum 1000 characters with spaces) |
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| **Case for Support** (Please attach separate file) |
| Include Background, Objectives, Project Plan, Vision and Benefit to the Network (Arial font 11, maximum two pages, including any figures and references). |