

## **Grant Application Form 2023**

Our mission is to advance an increased quality of life for those affected by secondary breast cancer and we are uniquely placed to make this happen through our research, support and education programmes.

In our 2023 funding call, we are inviting proposals for research projects which deliver tangible near-time benefit to people living with secondary breast cancer. Patient benefit is defined as a positive effect on or change to the care, services, treatment, mental wellbeing or quality of life of the secondary breast cancer community.

Useful links:

* Application guidance is [available here](https://www.make2ndscount.co.uk/assets/research/M2C-Grant-Application-Guidance.pdf)
* Please take a moment to read our [terms and conditions](https://www.make2ndscount.co.uk/assets/research/M2C-terms-and-conditions.pdf)

Timeline:

| 28 August 2023 | Launch of funding call |
| --- | --- |
| 30 October 2023 | Letter of intent deadline |
| 30 November 2023 | Deadline for full applications |
| December 2023 | External review |
| February 2024 | Research Committee makes funding recommendations |
| March 2024 | Board of Trustees ratifies final funding decisions  Applicants are duly notified |

If you would like to discuss the scope of the funding call and any planned applications, please email [research@make2ndscount.co.uk](mailto:research@make2ndscount.co.uk).

GRANT APPLICATION FORM

| **1 CONTACT INFORMATION** | |
| --- | --- |
| *Please provide the host institution contact details* | |
| **Host institution name:** | |
|  | |
| **Registered address:** | Town/ city: |
| Street address: |  |
|  | Postcode: |
|  |  |
| **Main contact in Research Support Office:** | |
| Name: | Email: |
|  |  |
| Position: | Telephone number: |
|  |  |
| **Lead applicant details:** | |
| Name: | Email: |
|  |  |
| Position: | Telephone number: |
|  |  |
| Role in proposed research: | Time commitment (%FTE): |
|  |  |
| **Co-applicant details:** | |
| Name: | Email: |
|  |  |
| Position: | Telephone number: |
|  |  |
| Role in proposed research: | Time commitment (%FTE): |
|  |  |
| **Co-applicant details:** | |
| Name: | Email: |
|  |  |
| Position: | Telephone number: |
|  |  |
| Role in proposed research: | Time commitment (%FTE): |
|  |  |

Applicant CVs must be provided. If there are more than 3 applicants, contact details and an explanation of roles and responsibilities can be attached as a separate page. [UPLOAD]

| **2 PROJECT DETAILS** | |
| --- | --- |
| *Please provide details of your research proposal* | |
| **Title of study/research project:** | |
|  | |
| **Type of study/research project:** | |
|  | |
| **Lay summary:**  *200 words maximum* | |
|  | |
| **Aims and objectives:**  *500 words maximum* | |
|  | |
| **Timeline:** | |
| Proposed start date: | Proposed end date: |
|  |  |
| Timeframe of key milestones: | |
|  | |
| **Research progress:** | |
| How does the proposed research continue or contribute to a larger body of work?  *500 words maximum* | |
|  | |
| **Describe how the proposed research complements the aims of Make 2nds Count:**  *200 words maximum* | |
|  | |
| **Describe the methodology of the proposed study/research project:**  *300 words maximum* | |
|  | |
| **Collaborators:** | |
| Detail the individuals who will be primarily involved in this work, including name, position, host institution and role in proposed research:  *Please note: each research proposal must include a patient advocate* | |
|  | |
| **Research impact:** | |
| Describe the anticipated impact and outputs of the proposed research:  *300 words maximum* | |
|  | |
| Outline plans for patient and public involvement in this work:  *300 words maximum* | |
|  | |
| **Funding:** | |
| Estimated research costs: | Amount requested from Make 2nds Count: |
|  |  |
| Breakdown of costings:  *Please note: costings will be thoroughly interrogated during the application process and you may be asked to provide further details.* | |
|  | |
| Do you have other sources of funding confirmed? Please provide details: | |
|  | |

Evidence of funding sources must be provided. [UPLOAD]

| **3 DECLARATION** | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Please consider the following fields carefully* | | | | | |
| **Conflicts of interest:** | | | | | |
| Please declare any conflicts or potential conflicts of interest that you or your co-applicants may have in seeking funding from Make 2nds Count and undertaking this research: | | | | | |
|  | | | | | |
| **I have sought the necessary legal and/or ethical approvals for the proposed work:** | | | | | |
| Yes | No | Not applicable | Provide further details: | | |
|  |  |  |  | | |
| **I have reviewed the application guidelines and** [**terms and conditions**](https://www.make2ndscount.co.uk/assets/research/M2C-terms-and-conditions.pdf)**:** | | | | Yes |  |
| **I will be actively engaged in the management and dissemination of the proposed research:** | | | | Yes |  |
| **I confirm that all co-applicants and collaborators agreed to their involvement in the proposed research:** | | | | Yes |  |

| **4 FURTHER INFORMATION** | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Provide any further information that may be relevant to this application:* | | | | | |
| **Uploads:** | | | | | |
| Additional supporting documentation can be uploaded such as a patient advocate supporting statement, illustration of study design or literature review | | | | | [UPLOAD] |