

# 2024 BIV Application Form

Please review the BIV Guidance document before completing this application form.

Application Closing date: 5 pm, 26th April 2024.

Checklist:

Please ensure the following supporting evidence is also included with your application:

1. Lead applicant's 1-2 Page CV submitted
2. Letter of support from the applicant's University
3. Letter to support the ECR applicant if relevant
4. Letter from Industrial collaborator stating their support for the application
5. Project Financial Breakdown Overview (template download below)

Please note you may save your application at any stage, and will be issued with a return code and emailed a link for your saved application. Please ensure you make a note of your return code, this will not be included in the email.

You will need both the link and return code to resume and complete your application. The link and return code can also be shared with other parties involved in the application, where they are required to submit/complete information.

[Attachment: "INFORM Hub Funding Call BIV Financial Breakdown Template - Feb24.xlsx"]

## Applicant (Academic Partner) Details:

PI Name:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Organisation Name and Address:

\_\_\_\_\_

Email:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Please confirm you are a member of INFORM:

- Yes
- No

(In order to receive funding all applicants must be registered to INFORM. Please sign up for your free INFORM membership via the Website.)

Does the application have an Academic Co-Applicant?

- Yes
- No

Academic Co-Applicant Name:

\_\_\_\_\_

Co-Applicant Job Title:

\_\_\_\_\_

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Co-Applicant Organisation Name and Address:

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Co-Applicant Email:

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Co-Applicant Telephone:

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Please confirm you are a member of INFORM:

- Yes
- No

(In order to receive funding all applicants must be registered to INFORM. Please sign up for your free INFORM membership via the Website.)

**Industrial Partner Details:**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation Name and Address: \_\_\_\_\_

Does the industrial partners company have a nutrition/wellness strategy?  Yes  No

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please confirm you are a member of INFORM:  Yes  No  
(In order to receive funding all applicants must be registered to INFORM. Please sign up for your free INFORM membership via the Website.)

**Project Details:**

Is this project proposal the result of a new collaboration?

Yes  
 No

Project Title:

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Proposed start date:

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Proposed end date:

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Briefly outline the details of your proposed work (max 300 words)

(Include a brief description of the problem being addressed, the background to the project, and its aim)

Please give a short project plan of the work to be undertaken (max 500 words)

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List the key project milestones/deliverables (max 300 words)

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Outline the value of project to the industrial partner (max 300 words)

(Include the key benefits the project will bring to the industrial partner and an indication of the commercial potential for this project)

Outline the project's benefits to the longer term partnership (max 300 words)

(Include how the project will lead to a longer term relationship with the partner and how the project fits in with their overall R&D strategy)

Provide a brief public summary of the project that can be used by INFORM, if the voucher is awarded (max 300 words)

(You must make the collaborative element of your project very clear in this section. This element is not graded in the project review but is used to promote the work of the hub.)

Relevance to the aims of INFORM (max 300 words)

(State the relevance of your project to the aims of INFORM This element measures compliance with our remit and is pass/fail. )

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Project Cost Calculation:

(This should include the overall funding value requested from INFORM and any additional costs being met by contributions from industry or academic partners.)

**Declaration:**

Applicant (Academic Partner) Signature:

\_\_\_\_\_

Applicant Signature date:

\_\_\_\_\_

Industrial Partner Signature:

\_\_\_\_\_

Industrial Signature Date:

\_\_\_\_\_

Support from Applicant's Head of Department/Finance Officer:

I confirm that the university will undertake to administer the Voucher. I understand that the voucher will be paid in arrears on the provision of a project completion form and a statement of expenditure. The university will keep proper financial records should an audit be required.

Head of Department/Finance Officer Signature:

\_\_\_\_\_

Head of Department/Finance Officer Name and Role:

\_\_\_\_\_

Head of Department/Finance Officer Signature Date:

\_\_\_\_\_

**Supporting Evidence:**

Lead applicant's 1-2 page CV:

(please submit PDF or Word file)

Letter of support from the applicant's University (to support the remaining 20% FEC):

(please submit pdf or Word file.)

Letter to support ECR applicant if relevant:

(Please submit pdf or Word file.)

Letter from industrial collaborator stating their support for this application:

(please submit pdf or Word file.)

Project Financial Breakdown Overview

(Please update and submit template provided)