2024 FMA Impact Awards

Record ID

_____

Application Closing date: tt/dd/mm/yy

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.   Breakdown of financial cost for application

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 FMA Impact Report Financial Breakdown Template.xlsx"]

Applicant (Academic) Details:

ECR Name:

_____

Position:

_____

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.)

Impact Group Member Details:

Provide details of group members who will contribute
to impact report:

It is expected that the teams working on these reports
include Industry members and Academics with an
emphasis of inclusion of early career researchers on
these teams.   Collaboration with an economist would
also be advantageous.

(Name/Organisation/Role/Email address:

_____

Impact Report Details

Is this project proposal the result of a new collaboration?

○ Yes
○ No

Report Title:

_____

Proposed start date:

_____

Proposed end date:

_____

Briefly outline the details of your proposed work (max 200 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 200 words)

_____

Outline how this project will determine savings that could be made through intervention (max 200 words)

_____
(e.g. cost savings to the NHS or to lost days of work etc.)

Relevance to the aims of INFORM (max 200 words)

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

Project Finance: Please provide a summary breakdown of project costs under each funding headings below. Cost should be entered as 100% FEC.

Please note the following costs are not eligible for funding:

Indirect or estate costs at the research organisation any costs relating to intellectual property protection, including but not limited to registering, maintaining, or supporting patents or property rights equipment with a value of £10,000 or more Undergraduate or Postgraduate activities, training, or core PhD training, including tuition or bench fees.

Directly Incurred Costs:

Percentage of ECRs FTE time allocated for the project

_____
(1 day per week = 20%, etc.)

Staff 100% FEC:

_____
(ECRs FEC salary value)

Travel and Group Meetings for Report work 100% FEC:

_____

Other DI costs 100% FEC:

_____
(e.g. Fixed fees/hourly rates payable to group members involved in impact report. Please specify nature of other DI costs below)

Other Directly Incurred cost detail:

_____

Total amount requested from INFORM:

_____
(Auto-calculated field: Maximum £20,000 at 80% FEC)

Declaration:

Applicant (Academic Partner) Signature:

_____

Applicant signature date:

_____

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

I confirm that the university will undertake to administer the Impact Award. I understand that the award will be paid in arrears on the provision of a project completion form and a statement of expenditure. Receipts will not be required but 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 from University/Employer to support FMA Impact
Report application:

(please submit pdf or Word file.)

Detailed cost breakdown for application

(Please submit PDF, Word or Excel file)