**THE BORROW FOUNDATION**

**GRANT APPLICATION FORM: POPULATION-BASED PROGRAMMES**

|  |
| --- |
| **1. ORGANISATION/INSTITUTION ON BEHALF OF WHICH APPLICATION IS MADE:** |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2. PRINCIPAL PERSONNEL:** | | | | |  | | | | |
| Prof/Dr/Mr/Mrs/Miss/Ms | |  | | | Prof/Dr/Mr/Mrs/Miss/Ms | |  | | |
| Surname |  | | Initials |  | Surname |  | | Initials |  |
| Post Held |  | | | | Post Held |  | | | |
| Address |  | | | | Address |  | | | |
| Tel: |  | | | | Tel: |  | | | |
| e-mail: |  | | | | e-mail : |  | | | |
| Prof/Dr/Mr/Mrs/Miss/Ms | |  | | | Prof/Dr/Mr/Mrs/Miss/Ms | |  | | |
| Surname |  | | Initials |  | Surname |  | | Initials |  |
| Post Held |  | | | | Post Held |  | | | |
| Address |  | | | | Address |  | | | |
| Tel: |  | | | | Tel: |  | | | |
| e-mail: |  | | | | e-mail : |  | | | |
|  | | | | | | | | | |

|  |
| --- |
| **3. TITLE OF PROJECT:** |
|  |

|  |
| --- |
| **4. SUMMARY OF PROJECT:** (full details to be given under section 11) |
|  |

|  |
| --- |
| **5. PROPOSED COMMENCMENT DATE:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6. DURATION OF PROJECT:** | **YEARS** |  | **MONTHS** |  | |
| **7. TOTAL GRANT REQUIRED:** | |  | | | |  | |
| Confirm currency in words  *(i.e. Sterling, US Dollars)* | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8. DETAILS OF GRANT REQUIRED:**  *Please provide a breakdown of the funding requirements* | | | | | |
|  | Year 1 | Year 2 | Year 3 | | **TOTALS** |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **TOTALS** |  |  |  | |  |
| **9. OTHER SUPPORT:** | | | | | |
| *Please provide details of any other funding / resources that will be applied to the implementation of the project:* | | | |  | |
|  | | | | | |

|  |
| --- |
| **10. ETHICS:** |
| If ethical approval is required, please attach copies of your submission to the relevant Ethics Committee(s) along with a copy of the approval if available. The Foundation will consider applications before ethical approval is obtained but would require a copy of the ethics approval letter within six months of notification of the grant. If your application is from outside the UK, please attach copies of documents that show compliance with your country’s research ethics regulations (along with translation into English, for documents in other languages).  **Ethics Approval is: Attached / Being Sought / Not Required\***  (\*Please delete as appropriate) |

|  |
| --- |
| **11. DETAILS OF PROJECT:**  *Please attach full details of the project including (but not necessarily limited to) the following information*   1. Title 2. Background and rationale 3. Aims and objectives 4. Description of the project and plans for its implementation 5. Plans for evaluation 6. Detailed justification for the financial support requested 7. Key references |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **12. AUTHORISATION:**  This application should be submitted by/through (i) the principal of the organisation/institution (ii) the officer who will be responsible for administering any grant that may be awarded. Each should be asked to complete the following declaration.  I confirm that I have read this application and that, if successful, the work will be accommodated and administered in the Department/Institution. | | | | | | |
| i) Principal of Institution | | | Name (Block) |  | |  |
|  | |
| Title |  | |
|  | |
| Date |  | | Signature |  | |
|  | |  | |
| ii) Finance Officer/Treasurer | | | Name (Block) |  | |
|  | |
| Title |  | |
|  | |
| Date |  | | Signature |  | |
|  | |  | |
| Address of Finance Officer/Treasurer | | | | | |
|  | |  | | |  | |
|  | | |
|  | | |
|  | | |
|  | | |