

**Improving Sarcoma Diagnosis Funding Call**

Soft Tissue Sarcoma Diagnosis Fund – Sarcoma UK

**Application Form**

**The deadline for this funding call is 12pm midday on Thursday 20th June 2024**.

*Please note that this application form is for the Soft Tissue Sarcoma Diagnosis Fund. If you are applying for the Improving Sarcoma Diagnosis Funding Call, please ensure you complete the relevant form.*

Please ensure that you have read the Guidance for Applicants document before completing this form. Applicants should complete all sections in the application below and ensure that CVs from all applicants as well as any supporting documents are submitted with the application.

Applications must be submitted as a pdf file to Sarcoma UK at research@sarcoma.org.uk by the deadline advertised above. Applications missing this deadline will not be accepted.

For internal use:

|  |  |
| --- | --- |
| **Application code**  |   |
| **Principal Investigator**  |   |
| **Institution**  |   |
| **Amount requested**  |   |
| **Project Title**  |   |
| **Small grant**  | ​​ ​[ ] ​  |
| **Large Grant**  | ​​ ​[ ] ​  |

​

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**Application Form – Soft Tissue Sarcoma Fund**

Please refer to the Guidance for Applicants when completing this form.

## PART ONE – Project Details

### 1. Project Title:

### 2. Type of grant:

**Small Grant** (up to £100,000) ​[ ] ​

**Large Grant** (up to £250,000) ​[ ] ​

### 3. Investigators:

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Prinicipal Investigator**  | **Co-Investigator 1**  | **Co-Investigator 2**  |
| Title  |   |   |   |
| Full name  |   |   |   |
| Institution  |   |   |   |
| Position held  |   |   |   |
| Full postal address  |   |   |   |
| Email address  |   |   |   |
| Phone number  |   |   |   |
| ORCID |  |  |  |
| Hours per week to be spent on project  |   |   |   |

### 4. Administering Organisation:

|  |  |
| --- | --- |
| Name of Organsiation:  |   |
| Address:   |   |
| Address at which work will be undertaken, if different to above:  |   |

### 5. Start date and duration:

|  |  |
| --- | --- |
| Planned start date:  | Duration (months):  |
|   |   |

###

### 6. Funds requested:

|  |  |
| --- | --- |
| Total amount requested (£)  | Total fEC of project (£)  |
|   |   |

### 7. Type of sarcoma

**Please indicate the sarcoma subtypes this research focuses on.** Please provide details if the project applies to multiple subtypes or if they are not listed below.

|  |  |  |
| --- | --- | --- |
| **All or multiple soft tissue sarcoma subtypes**   | ​​ ​[ ] ​ ​  |  ​ |
| Angiosarcoma  |  ​[ ] ​  | Myxoid liposarcoma  |  ​[ ] ​  |
| Dermofibrosarcoma protuberans  |  ​[ ] ​  | Retroperitoneal Sarcoma  |  ​[ ] ​  |
| Endometrial Stromal Sarcoma   |  ​[ ] ​  | Rhabdomyosarcoma  |  ​[ ] ​  |
| Ewing sarcoma  |  ​[ ] ​  | Solitary Fibrous Tumour  |  ​[ ] ​  |
| Gastrointestinal stromal tumours (GIST)   |  ​[ ] ​  | Spindle cell sarcoma of the bone  |  ​[ ] ​  |
| Leiomyosarcoma  |  ​[ ] ​  | Synovial Sarcoma  |  ​[ ] ​  |
| Liposarcoma  |  ​[ ] ​  | Undifferentiated Pleiomorphic Sarcoma   |  ​[ ] ​  |
| Mxofibrosarcoma  |  ​[ ] ​  | **OTHER – PLEASE STATE**     |  ​[ ] ​  |

### 8. Patient participation:

**Does the research involve people affected by sarcoma to participate directly?**

**Yes** ​ ​[ ] ​ **No** ​[ ] ​

If yes, please explain the nature of this participation:

### 9. Ethical Approvals:

1. **Does the project require ethical approval for working with human subjects or tissues?**

**Yes** ​ ​[ ] ​ **No** ​ ​[ ] ​ ​

If yes, please explain why ethical approval is needed.

Please provide either the NRES / IRAS number if in place, indicate when this is likely to be granted, or your planned submission date:

Please also attach a copy of the appropriate approval to your application, or indicate when ethical approval may be granted if in progress.

1. **Does the planned project require the use of patient samples?**

**Yes** ​ ​[ ] ​   **No** ​ ​[ ] ​

If yes, please give details as to how the samples will be accessed and provide a letter of support confirming access from either a collaborator or biobank.

If yes, has this been costed in this application or funded through another grant?

### 10. Application assessment:

**Has this application been assessed / reviewed by:**

1. Your R&D office for any Excess Treatment Costs: **Yes** [ ]  **No** [ ]
2. The Research Design Service: **Yes** [ ]  **No** [ ]

If yes, which RDS?

1. Clinical Trials Unit: **Yes** [ ]  **No** [ ]

If yes, which Unit?

### 11. Research involving animals:

1. **Do your proposals include procedures to be carried out on animals** **in the UK under the Animals (Scientific Procedures) Act?**

**Yes** [ ]  **No** [ ]

If yes, have the necessary approvals been given by:

The Home Office (in relation to personal, project and establishment licences)

**Yes** [ ]  **No** [ ]  **Not required** [ ]

Animal Welfare and Ethical Review Body (AWERB)?

**Yes** [ ]  **No** [ ]  **Not required** [ ]

If not, have you applied for the appropriate approvals? Please give details.

Name of Licence holder for project:

Outsourced?

**Yes** [ ]  **No** [ ]  **to (if known):**

1. **Do your proposals involve the use of animals or animal tissue outside the UK?**

**Yes** [ ]  **No** [ ]

1. **Procedures and approaches:**
2. If your project involves the use of animals, what would be the severity of the procedures?

**Mild** [ ]  **Moderate** [ ]  **Severe** [ ]

Please provide details of any moderate or severe procedures (250 words)

1. Why is animal use necessary; are there any other possible approaches? (250 words)
2. Why is the species/model to be used the most appropriate? (250 words)
3. Please detail the experimental design and timescales for all experiments involving animals (250 words)
4. Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought.
5. Do you envisage any advances arising from the research that might lead to replacement, refinement or reduction of the use of animals? If so, please give details.

### 12. Other sources of funding:

1. **Has earlier research relevant to this study by you or your team been externally funded?**

**Yes** [ ]  **No** [ ]

If yes, please give details:

Project Title:

Supporting organisation / funder:

Value of award(s) £ Start date and duration of award(s)

1. **Is this project or a similar application being submitted elsewhere?**

**Yes** [ ]  **No** [ ]

If yes, please indicate to which organisation it has been submitted:

When is a decision anticipated?

1. **Has this application been submitted elsewhere during the last 12 months?**

**Yes** [ ]  **No** [ ]

If yes, please indicate to which organisation was it submitted:

What was the result of the application?

1. **Do you have a partial source of external funding already in place for this project?**

**Yes** [ ]  **No** [ ]

If yes, please provide details:

### 13. Intellectual Property and Exploitation:

**Is the proposed research likely to lead to any intellectual property (IP) which may be commercially exploited (e.g. via a patent or licence)?**

**Yes** [ ]  **No** [ ]

If yes, please give brief details of the potential IP:

* 1. What is the nature of the mechanism(s) used to determine whether registration is required?
	2. Please give the name and post of the official responsible for registering any intellectual property within the host institution:

### 14. External reviewers:

Please suggest up to three individuals who may be suitable to provide expert peer review for this grant. *Please refer to the Guidance for Applicants for guidelines around individuals who would be appropriate to identify. Please note this section will only be viewed and used by Sarcoma UK’s Research Team.*

Name, institution and position:

Email address:

Expertise:

Name, institution and position:

Email address:

Expertise:

Name, institution and position:

Email address:

Expertise:

Please list reviewers that you would prefer that we did not contact and give justifications for this.

### 15. Key words:

Please provide a list of up to 5 key words which summarise the proposed project, to assist in finding peer reviewers.

###

### 16. Lay summary of the proposed project:

*All applications will be reviewed by people affected by sarcoma (lay reviewers), who are not scientific experts. Lay Reviewers will primarily assess proposals on the relevance and importance of the proposed science to people affected by sarcoma. Please see the Guidance for Applicants for more information.*

Please ensure you write in **plain English** and that scientific concepts are explained for a non-expert audience. The summary should cover:

* **Aims, background and rationale**
	+ Why are you doing the study?
	+ What is already known about the problem that the project will address?
	+ What do you hope to find out?
* **What you plan to do and how you will go about it**
	+ Describe the methods and techniques you plan to use your research
* **The potential impact of the study for people affected by sarcoma**
	+ What will be the benefit of your research for people affected by sarcoma?
* **Outline any plans to involve or engage with people affected by sarcoma in the dissemination of results**
	+ What will be the benefit of your research for people affected by sarcoma and how does the research offer value for money?
	+ Describe any involvement of those affected by sarcoma and how this has shaped the proposed research and outline any plans to involve or engage with patients in the dissemination of results.
	+ How can the findings from the research be developed or put into practice after completion of the project?

Please note that you can include an additional page with any illustrations/schemes that will facilitate the lay description of your project.

17. Named Research and Project Staff (including post-docs and technicians):

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Staff 1**  | **Staff 2**  | **Staff 3**  |
| Full name  |   |   |   |
| Institution  |   |   |   |
| Position held  |   |   |   |
| Email address  |   |   |   |

### 18. Collaborators:

Please give details of collaborators on whom the viability of the project is dependent. Please include a statement (letter/email) of willingness to act as collaborator.

|  |
| --- |
| **Collaborator 1**  |
| Title  |   |
| Full Name  |   |
| Post  |   |
| Department  |   |
| Institution  |   |
| Address  |   |
|   | Post code  |   |
| Tel  |   | Email  |   |

|  |
| --- |
| **Collaborator 2**  |
| Title  |   |
| Full Name  |   |
| Post  |   |
| Department  |   |
| Institution   |   |
| Address  |   |
|   | Post code  |   |
| Tel  |   | Email  |   |

|  |
| --- |
| **Collaborator 3**  |
| Title  |   |
| Name  |   |
| Pos  |   |
| Department  |   |
| Institution  |   |
| Address  |   |
|   | Post code  |   |
| Tel  |   | Email   |   |

*Continue on a separate sheet if necessary*

### 19. Declaration and Institutional Approval:

The application should be approved by the Head of Department and by the Administrative or Finance Officer who will be responsible for administering any grant which may be awarded.

**Principal Investigator**

|  |  |
| --- | --- |
| **Signed**  | **Date**  |
|   | **​​**Click or tap to enter a date.**​**  |

**Head of Department**

I confirm that I have read this application and that if a grant is awarded the work will be accommodated and administered in our institution. The staff gradings and salaries quoted in the application are correct and are submitted in accordance with the normal practice of this institution. We will sub-contract where required to other organisations.

|  |  |
| --- | --- |
| Name  | Title  |
|   |   |
| Institution  | Tel  |
|   |   |
| Email  |   |
|   |   |
| **Signed**  | **Date**  |
|   | **​​**Click or tap to enter a date.**​**  |

**Financial/Administrative Officer**

|  |  |
| --- | --- |
| Name  | Title  |
|   |   |
| Institution  | Tel  |
|   |   |
| Email  |   |
|   |   |
| **Signed**  | **Date**  |
|   | **​​**Click or tap to enter a date.**​**  |

***We accept electronic signatures on applications by authorised officers.***

## PART TWO – THE PROPOSED RESEARCH STUDY

Please provide a full description of the proposed study, to a maximum length of 10 pages (including questions 20-22 below). Please use a minimum of 10-point size font and ensure all figures and data are displayed in a clear and legible format.

References and power calculations are not counted in your 10-page limit. Please ensure that references are provided in full, with all authors listed where appropriate.

**Please use the following headings:**

1. Project Title
2. Project Hypothesis
3. Academic Abstract
4. Background and rationale for the project
5. Purpose of the research
6. Plan of investigation and methods to be employed
	* Methodology
	* Data analysis including planned statistical analysis
	* Evidence to support and  justify any models used
7. Pathway to impact for sarcoma patients
8. Justification for the financial support requested
9. Plans for dissemination
10. Plans for progression of the research

### 20. Milestones:

Please detail your key milestones for the entire duration of your research proposal and include an estimated timeframe at which milestones will be completed.

### 21. Gantt chart:

Please attach a detailed Gantt chart for the proposed research, referring to the milestones detailed above.

22. Contingency Plans: (up to 300 words)

Outline any areas where problems may arise and provide details of how such problems may be overcome, including any potential problems which may prevent you from reaching a milestone.

References should also be provided in full (this will not be counted in your 10-page limit).

## PART THREE – DETAILS OF FINANCIAL SUPPORT REQUESTED

*You can apply for funding for staff, consumables and equipment.* *As medical charities we fund only the direct costs of research. We do not fund infrastructure costs such as heating, lighting, phones or routine office supplies. If you are intending to receive funding for an aspect of this project from another source please clearly indicate this in part 1, section 12. For a full list of allowed and disallowed costs, please refer to the Guidance for Applicants.*

*Please note that the maximum available project cost is £50,000. Please ensure you check rates and calculations prior to submission.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summary of requested support**  | **Year 1**  | **Year 2**  | **Year 3**  | **Year 4** | **Total**  |
| A. Staff  | £        | £        | £        | £        | £        |
| B. Consumables  | £        | £        | £        | £        | £        |
| C. Travel & subsistence  | £        | £        | £        | £        | £        |
| D. Other/Exceptional items  | £        | £        | £        | £        | £        |
| E. Equipment  | £        | £        | £        | £        | £        |
| **TOTAL**  | £        | £        | £        | £        | £        |

### 23.  Staff to be employed in the project:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Grade**  | **Start point on scale**  | **Increment date**  | **Starting salary**  | **Allowances**  | **Superannuation and NI**  |
| **Research Staff**  |
| 1.
2.
3.
 |                    |                    |                    |                    |                    |                    |
| **Technical Staff**  |
| 1.
2.
3.
 |                    |                    |                    |                    |                    |                    |
| **Clinical Staff**  |
| 1.
2.
3.
 |                    |                    |                    |                    |                    |                    |
| **Other Staff**  |
| 1.
2.
3.
 |                    |                    |                    |                    |                    |                    |

**Proposed annual cost to project of above posts**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **% of time**  | **Months on project**  | **Year 1 cost**  | **Year 2 cost**  | **Year 3 cost**  | **Year 4**  | **TOTAL COST**  |
| **Research staff** 1.       2.       3.        |                     |                     |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |
| **TOTAL cost Research staff**  | **£**        |
| **Technical** **staff** 1.       2.       3.        |                     |                     |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |
| **TOTAL cost Technical staff**  | **£**        |
| **Clinical** **staff** 1.       2.       3.        |                     |                     |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |
| **TOTAL cost Clinical staff**  | **£**        |
| **Other** **staff** 1.       2.       3.        |                     |                     |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |  £       £       £        |
| **TOTAL cost Other staff**  | **£**        |

### 24. Cost of consumables specific to the project:

*As a medical charity we fund only the Directly Incurred costs of research. We do not fund Directly Allocated, Infrastructure or Indirect costs*.

**Please specify:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item(s)**  | **Year 1 cost**  | **Year 2 cost**  | **Year 3 cost**  | **Year 4**  | **TOTAL**  |
|                                                                                            | £       £       £       £       £       £       £       £       £       £       £       £       £       £       £       £        | £       £       £       £       £       £       £       £       £       £       £       £       £       £       £       £        | £       £       £       £       £       £       £       £       £       £       £       £       £       £       £       £        | £       £       £       £       £       £       £       £       £       £       £       £       £       £       £       £        | £       £       £       £       £       £       £       £       £       £       £       £       £       £       £       £        |
| **TOTALS**  | **£**  | **£**  | **£**  | **£**  | **£**  |

### 25. Travel and subsistence:

*Conference attendance expenses can be included for dissemination/presentation of project results but not for general educational purposes for the individual.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Destination /Reason for journey**  | **No. of journeys**  | **Travel**  | **Subsistence**  | **Other Costs**  | **Total**  |
| **Within UK**  |
|                                                              |                                                              | £        £        £        £        £        £        £        £        £        £         | £        £        £        £        £        £        £        £        £        £         | £        £        £        £        £        £        £        £        £        £         | £        £        £        £        £        £        £        £        £        £         |
| **Overseas**  |
|                          |                          | £        £        £        £         | £        £        £        £         | £        £        £        £         | £        £        £        £         |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTALS**  | **Year 1**  | **Year 2**  | **Year 3**  | **Year 4**  | **TOTAL**  |
| **£**  | **£**  | **£**  | **£**  | **£**  |

### 26. Dissemination / Other / Exceptional items:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other/Exceptional items**  | **Year 1**  | **Year 2**  | **Year 3**  | **Year 4**  | **TOTAL**  |
|                                      | £        £        £        £        £        £         | £        £        £        £        £        £         | £        £        £        £        £        £         | £        £        £        £        £        £         | £        £        £        £        £        £         |
| **TOTALS**  | **£**  | **£**  | **£**  | **£**  | **£**  |

27. Equipment:*Must be project specific and quotes obtained for any item over £10K*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment**  | **Expected delivery date**  | **Basic Price**  | **Duties/fees**  | **TOTAL**  |
|                    |                    | £        £        £         | £        £        £         | £        £        £         |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTAL**  | **Year 1**  | **Year 2**  | **Year 3**  | **Year 4**  | **TOTAL**  |
| **£**  | **£**  | **£**  | **£**  | **£**  |

## PART FOUR – CURRICULA VITAE

Please provide a CV, which should include employment history and a list of research publications and research grants relevant to the application, for the PI and all co-investigators. This should be a **maximum of two pages** per individual.

Please include any collaborators’ letters associated with the project in this section.

## APPLICATION CHECKLIST

|  |
| --- |
| Resubmission letter, with changes made since the previous submission (if appropriate). Please refer to the Guidance for Applicants. |[ ]
| Part One |[ ]
| Additional sheet with Co-I’s (if more than 3)  |[ ]
| Ethical approval, if in place  |[ ]
| Part Two – Proposed Research Study (10 pages max) |[ ]
| Part Three – Support Requested  |[ ]
| Equipment quotes (if over £10k)  |[ ]
| Part Four - Investigator CV’s  |[ ]
| Collaborators’ letters |[ ]
| Ethical approval documents |[ ]

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Please compile into **one** PDF document and email to research@sarcoma.org.uk by **12pm on Thursday 20th June 2024**