

Grant Application Form

2025

Maximum £10,000

### **Pelican Cancer Foundation**

The Ark

Dinwoodie Drive

Basingstoke

RG24 9NN

Tel: 01256 314746

Email: admin@pelicancancer.org

Please modify this form throughout and send the completed document to admin@pelicancancer.org by Friday 5th September 2025

The final page, including signatures, may be sent as a pdf

**Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Institution | Job title | Email address |
| Primary Applicant |  |  |  |  |
| Chief Investigator |  |  |  |  |
| Co-applicant |  |  |  |  |
| Co-applicant |  |  |  |  |
| (Add more lines as needed) |  |  |  |  |

**Project Title**

|  |  |
| --- | --- |
| Full title |  |
| Acronym |  |
| Lay title |  |

**Funding Details**

|  |  |
| --- | --- |
| Total funding requested | £ |

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| --- | --- | --- |
| Item (please add/delete as appropriate) | Description/Justification | Amount |
| Personnel |  |  |
| Equipment |  |  |
| Consumables |  |  |
| Travel |  |  |
| Dissemination |  |  |

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| Is this project receiving financial support from any other organisation? If so, what is the amount and duration of the funding? |
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| Are you currently applying elsewhere for support of work that forms part of the proposal? If so, to which organisation and by what date is a decision expected? |
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| Have you or your group been the beneficiary of a previous Pelican grant? If yes, please give the name of the project. |
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**Details of Project**

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| Lay Summary (max 250 words) |
| *This is a key part of the application – our peer review panel has two lay members and the lay summary will also be used to inform the Pelican Board and charitable donors.* |

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| Executive Summary (max 300 words) |
| *Please provide a concise summary of the project, its goals, expected outcomes and relevance to Pelican’s research strategy.* |

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| Background and Rationale (max 500 words) |
| *Explain the problem or gap in knowledge your project addresses. Include relevant data, literature or previous work.* |

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| Objectives (max 250 words) |
| *List specific, measurable objectives that your project aims to achieve.* |

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| Methods (max 750 words) |
| *Describe your research methods, intervention strategies or implementation plan* |

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| Impact and Evaluation (max 250 words) |
| *How will this project improve outcomes for cancer patients or advance knowledge? How will success be measured?* |

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| Patient and Public Involvement (max 250 words) |
| *How have patients, carers or members of the public been involved in the design and development of this project?* |

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| Ethics approval |
| *Is REC approval required? If so, has this already been obtained? If not, what is the timeline for this approval?* |

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| Timeline |
| *Please provide a Gantt chart or timeline of key milestones and deliverables*  |

**Signatures**

Please note, applications cannot be accepted without **all** of the below signatures.

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| ***I confirm that I have read the Terms and Conditions applying to the Pelican Cancer Foundation awards and, if my application is successful, I agree to abide by them. I shall be actively engaged in, and in day-to-day control of, the project.*** |
| Signature of primary applicant |  |
| Date |  |

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| ***I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department in accordance with the Pelican Cancer Foundation’s terms and conditions.*** |
| Signature of Head of Department |  |
| Name |  |
| Institution and Department |  |
| Email address |  |
| Date |  |

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| ***I confirm that the Institution will administer the grant, if awarded, and that the staff grading and salaries quoted are correct and in accordance with the normal practice of this Institution. I agree that no overhead costs will be taken from this grant.***  |
| Signature of Finance Officer |  |
| Name |  |
| Institution and Department |  |
| Email address |  |
| Date |  |

Please send the completed form along with **CVs for the primary applicant and chief investigator** by email to admin@pelicancancer.org

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| **References** |
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