

# Award application form

Click on any of the headings to start your form. Once you have completed all mandatory questions within a section and moved to the next, you will see a tick appear on the section tab.

You can save and return to complete the form at any time by going to [AIMS.health.org.uk](https://AIMS.health.org.uk) and logging in.

Once you have completed all sections you can submit the form by clicking on "Save and Exit" and then "Yes, submit entire form now." We recommend you print or save a copy of the form before submitting it.

## 1. Contact Information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

1.1 Application information	
AIMS ID:	
Programme:	
Call:	

1.2 Organisation	
Please provide the name and address of the body that would administer any award, including charity and company numbers if applicable.	
These details are pulled from the Contacts tab. If you need to amend these, save the form and then hover over the 'Contacts' tab underneath the Health Foundation logo. Select the 'Edit my details' tab and edit as required.	

Organisation name:	
Type of organisation:	<input type="checkbox"/> Academic Institution <input type="checkbox"/> Acute Trust <input type="checkbox"/> Ambulance Trust <input type="checkbox"/> Arm's Length Body <input type="checkbox"/> Care Home Provider <input type="checkbox"/> Commissioning Body <input type="checkbox"/> Community Healthcare Trust <input type="checkbox"/> Dental Practice <input type="checkbox"/> Eye Care Service <input type="checkbox"/> Foundation Trust <input type="checkbox"/> General Practice <input type="checkbox"/> Hospice Provider <input type="checkbox"/> Local Authority <input type="checkbox"/> Mental Health Trust <input type="checkbox"/> NHS Trust <input type="checkbox"/> Pharmacy <input type="checkbox"/> Regional Health Board <input type="checkbox"/> Local Health Board

- Health and Social Care Trust
- Health and Social Care Board / Public Health Agency
- Regional networks
- Social Enterprise/Community Interest Group
- Special Health Board
- Royal College/Specialist Society
- Voluntary Sector
- Other: please specify

**Organisation description:**

1110 character limit (approximately 200 words).

**Address line 1:**

**Address line 2:**

**Address line 3:**

**Address line 4:**

**Postcode:**

**Country:**

- England
- Northern Ireland
- Scotland
- Wales
- International
- UK-wide

Please tick box if registered address is different than above.

**Is your organisation registered to pay tax in the UK?**

### 1.3 Primary Contact

Provide details of the primary contact. These are the details of the person we will contact regarding the administration of the application e.g. to arrange interview.

These details are pulled from the Contacts tab. If you need to amend these, save the form and then hover over the 'Contacts' tab underneath the Health Foundation logo. Select the 'Edit my details' tab and edit as required.

**Full name:**

**Email:**

**Telephone:**

**Job Title:**

**Organisation Name:**



SAMPLE – DO NOT COMPLETE

## 2. Project information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

2.1 Project Title.

275 character limit (approximately 50 words).

2.2 Aims

What are the overall aims of the project?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

2.3 Background

How do you know there is a need for your project? What evidence do you have that a problem exists?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

**2.4 Activities or methods**

Please describe your project methodology.

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

**2.5 Timetable / Project plan**

What are the major milestones for the project and how will progress be monitored?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

**Project plan**  
If required, please upload a project plan below.

Add file attachment:  
eg plan / Gantt chart

Please select 'Save' or 'Save & Continue' to ensure that the file is attached correctly. This can be found at the bottom of the page.

**2.6 Project duration**

Please enter duration in months.

**2.7 Please select the area in which your project will have most impact.**

If your project is based in England, an additional drop down of regional options will appear.

Please select;

- Eastern for Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk, Suffolk
- London for all London boroughs including Richmond, Kingston, Sutton, Bromley and Bexley
- South East for Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight, Sussex, Surrey, Kent

Country:

**2.8 Please select the areas in which your project will have additional impact.**

If your project is based in England, an additional drop down of regional options will appear.

Please select;

- Eastern for Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk, Suffolk
- London for all London boroughs including Richmond, Kingston, Sutton, Bromley and Bexley
- South East for Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight, Sussex, Surrey, Kent

Country:

**2.9 Staffing and organisation**

Who are the key personnel and how will work be assigned to different members of the project team? If personnel will be recruited as part of the project, please advise on the roles you will be seeking to fill.

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

**2.10 Project risks**

What are the key project risks and how will you manage these?

This section does not have a character / word limit, but, we do ask that answers are not more than 500 words. \*

Upload a project risk register here:

#### 2.11 Expected outcomes

Describe the anticipated results of the project and also any outputs such as publications, educational material or patient information. How would you describe success?

This section does not have a character / word limit, but, we do ask that answers are not more than 1,000 words.

#### 2.12 Dissemination

What are your plans for disseminating results and learning? How will learning be embedded?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

### 3. Financial Information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

#### 3.1 Total cost

What is the total cost of your project?

Total cost:

#### 3.2 Total amount of funding requested

How much funding are you requesting from the Health Foundation?

Total funding requested:

#### 3.3 Other funding

Have you approached anyone else for funding? If so please provide details.

This section does not have a character / word limit, but, we do ask that answers are not more than 1,000 words.

Blank area for providing details of other funding.

SAMPLE — DO NOT



### 3.4 Detailed budget

Please complete the attached budget form, with details of how much you are requesting for the following:

#### A Staff costs

Please give the name of the postholder (if known), their total salary plus on-costs, the percentage of time allocated to the project and the number of months they will work on the project for each member of staff to be funded for each year of duration of the project. For clarity, salary and on-costs relates to gross salary (i.e. before tax) plus National Insurance plus employer's pension only. The totals will then automatically calculate based on data entered.

The number and level of staff requested should be appropriate to the work proposed. Where funds are being used to fund or part-fund an individual's salary over more than one year, the amount of increase we will pay will be capped at the level of RPI for the latest month within the period of application window for which RPI figures will become available in time to submit an application.

#### B Subcontracting costs

Please give the name of the subcontractor (if known), their day rate, the number of days they will work on the project for each year of duration of the project. If VAT is chargeable, please make sure this is included in the budgeted amount. The totals will then automatically calculate based on the data entered.

#### C Running costs

The Foundation will fund reasonable running cost such as consumables, data analysis, computing costs, essential administration and office expenses directly related to this project. All such costs must be directly related to this project. Please note we do not fund overhead costs.

#### D Travel & Subsistence

Reasonable costs (economy/standard class fares) will be met, where applicants can justify the need to visit each other or collaborators or to participate in conferences and meetings.

#### E Non Recurring Costs

Equipment essential to the project but currently unavailable in the organisation/ department may be funded, provided this is clearly justified. The cost should be a current quotation from the supplier. If the applicant and the project move during the tenure of the award, the Foundation may require that any equipment purchased moves with them.

#### F Other Costs

Funding for exceptional items may be available providing they are justified. (For example access to specialist facilities or equipment or the use of consultants may incur charges). Please add any other costs which do not fit under any of the above headings here.

Maximum of one file attachment allowed. File types accepted: MS Excel (xls, xlsx), MS Word (doc, docx) and PDF.

Click [here](https://aimstest.health.org.uk/documents/Budget_template_research_award_v3.0.xlsx) to download the budget template that we would like you to use. Please upload once complete.

Upload completed budget here:

Please select 'Save' or 'Save & Continue' to ensure that the file is attached

correctly.  
This can be  
found at the  
bottom of  
the page.

### 3.5 Budget Justification

Please provide justification for items requested in the budget and the level of funding requested.

Please note an important part of our assessment will be how you demonstrate value for money.

1375 character limit (approximately 250 words).

*SAMPLE — DO NOT COMPLETE*

## 4. Declaration

### Privacy Notice

In order to process your application, the Health Foundation needs to collect and process your personal information.

The Health Foundation is the Data Controller (as defined by the Data Protection Act 2018, the General Data Protection Regulation, and all applicable laws which replace or amend it) who will collect and process your personal data.

Please refer to our Privacy Notice for full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data. Our Privacy Notice is available on our website - <http://www.health.org.uk/privacy-policy-and-cookies> . If you do not have access to the Internet, please write to the Health Foundation Data Protection Officer (DPO) at the details listed below with your address and a copy will be sent to you in the post.

In summary, we will collect and process your information to assess your application.

The information we collect will be;

- Name, job title, organisation name and contact details such as email address.
- Processing requires your application information and personal details to be shared with third parties including assessors, website editors and copywriters, partner organisations and service providers.
- We will ensure that all parties we share your data with keep your information secure and do not use it for any other purposes than those which we have specified in the Privacy Notice.
- We will share your information if we are required to by law.
- We will retain this data for as long as is necessary for the relevant activity. We may keep some of your data indefinitely.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice please contact:

The Health Foundation Data Protection Officer (DPO)  
The Health Foundation  
90 Long Acre  
London  
WC2E 9RA

• By submitting your completed application, you give permission for details of this application and contact information to be shared on the Health Foundation website (following your approval of the copy) should you be successful in your application.

• Please click here if you would like to subscribe to the monthly Health Foundation newsletter – <http://www.health.org.uk/newsletter>

4.1 Declaration	
Declaration of applicant:	<input type="checkbox"/> I confirm that I have read and understood the above privacy notice.
Name:	
Date:	

4.2 Marketing Information

Tell us how you first heard about this programme:

SAMPLE — DO NOT COMPLETE