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# **PPI Ignite Network @ UCC Seed Funding Call 2023**

# **Application form**

To be considered for seed funding, applicants must submit **this completed application form before Tuesday 31st Oct 2023 at 17.00 (GMT) by email to**

**ppi@ucc.ie**

Please ensure that you strictly adhere to the word count limits where stated.

# Eligibility Checklist:

Is one of the applicants a PPI contributor or organisation engaged in PPI? (mark one only)

Yes [ ]

No [ ]

Is one of the applicants a UCC staff member? (mark one only)

Yes [ ]

No [ ]

Will the project be completed within 12 months of the award date? (mark one only)

Yes [ ]

No [ ]

If your application is successful, a grant requirement is for successful applicants is to provide a report within 3 months of project close. Please tick this box to confirm you agree to provide this report:

I, on behalf of all applicants, agree to provide the report within 3 months of the project close [ ]

| 1. Principal Investigator (PI) - Personal Details |
| --- |
| Name\* |  |
| Occupation/Role |  |
| Organisation |  |
| Email\* |  |
| Date\* |  |

| 2. Title of project (50 words max) |
| --- |
|  |

| 3. Summary of the project (1000 words max) |
| --- |
| Including:How the project fits into the theme "Development/establishment of innovative and meaningful PPI partnerships”.How Public and Patient Involvement (PPI) been embedded into the project.How PPI partner(s) and research partner(s) have and will contribute and collaborate together on the project. |
|  |

| 4. What are the stated deliverable(s) and foreseen impact(s) of the project (500 words max)\*. |
| --- |
| By impact, we mean the demonstrable contribution that it will make to society, of benefit to individuals, organisations and local or national communities |
|  |

| 5. PPI Co-applicant(s) – Organisation(s) and/or individual PPI contributor(s) |
| --- |
| Name and Organisation | Email | Contribution to Project |
|  |  |  |
|  |  |  |
|  |  |  |

| 6. Co-applicant(s) (if applicable) |
| --- |
| Name and Organisation | Email | Contribution to Project |
|  |  |  |
|  |  |  |
|  |  |  |

| 7. What is the total budget that you are requesting for this project? (Max budget €2,000)  |
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|  |

| 8. Please provide a budget breakdown and justification for requested amount (250 words max) |
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|  |

**PI:**

Name:

Signature:

Date:

**PPI Co-applicant(s):**

Name:

Organisation (if applicable)

Signature:

Date:

PPI Organisation engaged in PPI stamp (if applicable)

**Other Co-applicants (if applicable)**

Name:

Organisation (if applicable)

Signature:

Date: