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Phone: 0333 323 4591

SUMMARY

FOR DISSEMINATION WITHIN THE MULTIPLE SYSTEM ATROPHY TRUST

AT funding: New project or continuation: Academic Supervisor: Project:	
ant: Academic Supervisor:	
ant: Academic Supervisor:	
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roject:	
19,000	
Date: Duration of project:	
ate match funding, if applicable: ate collaborations with other institutes, if applicable: of project: Annual cost:	
Consumables: Other:	
project (in lay terms):	
of annual costs: Consumables: Other:	



GRANT APPLICATION FORM 2017

PROJECT TITLE:		
Name:		
Date Submitted:		
Principal Applicant's Position :		
Address:		
Phone:	Email:	
Joint application name:		
Joint application institution:		NACA
Institution Address:		IVIDA

Trust



ABSTRACT AND COSTS

Project Title:

Abstract:

Duration of Project:

Costs

Staff Costs				54
Recurrent Expenses	5			
Equipment Expense	es		rı	IST
Total				106





DETAILED STATEMENT

PROJECT DETAILS

Project Title:

Proposed Investigation:

- 1. Purpose and background of proposed investigation
- 2. Plan of investigation
- 3. Explanation of financial support requested Staff (salary costs) + Recurrent expenses + Equipment

Staff Name:

PROJECT COSTS

Staff/Salary Costs:

Basic Salary:

London Weighting:

NI/pension contribution:

Salary Total:

Recurrent Expenses:

Materials/Consumables:

Other:

Total Recurrent Costs:

Equipment Costs:

Equipment:

TOTAL SUPPORT REQUESTED:



(if applicable)





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CV Name: Initials:

Qualifications:

Posts Held:

Recent Publications:







CV JOINT APPLICANT (2)

CV Name (2): Initials:

Qualifications:

Posts Held:

Recent Publications:





CV	JOIN	NT A	PPL	.ICA	NT	(3)
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CV Name (3): Initials:

Qualifications:

Posts Held:

Recent Publications:



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PREVIOUS SUPPORT

Other Support/Matched-Funding (Please include any other funding received for this aforementioned project and the amount):

Previous Support from MSA Trust:

AUTHORISATIONS

Authorisation Name: Position:

Signature:

Authorisation Name (2):

Position: Signature:

Authorisation Name (3): Position:

Signature: