**Small Research Project Grants**

**application form**

All Small Research Project Grant applications are handled confidentially by the MSA Trust and its Scientific Advisory Panel (SAP). Each submission will be reviewed, and only those that best align with the criteria outlined in the [MSA Trust’s Research Strategy](https://www.msatrust.org.uk/wp-content/uploads/2021/03/MSA-Trust-Research-Strategy-2025.pdf) will be considered.

Note that proof of concept projects will be considered, however if you are a current grant recipient, the project cannot be an addition to your main grant research.

Please use this template as a guide.

* Text should be in a font size no smaller than 11 pt
* Section 9 (Project overview) should not exceed two pages
* You may delete the instructional text to conserve space

You may include **one additional page** for references and relevant preliminary data, provided this information is clearly cited within the main pre-proposal narrative.

**Please submit your pre-proposal in 1 single PDF via email to karen.walker@msatrust.org.uk**

**Small Research Project Grant applications may be submitted at any time but will only be reviewed quarterly by SAP.**

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| 1. **Project title** |  | | | | | | | | | |
| 1. **Research Priority** (please refer to the MSA Trust Research Strategy 2025) | Understanding clinical progression of MSA  Developing an evidence base to inform and improve clinical care for people with MSA  Symptom Management  Mental Health and Quality of Life | | | | | | | | | |
| 1. **Project location** |  | | | | | | | | | |
| 1. **Project start date** |  | | | | | | | | | |
| 1. **Project duration** |  | | | | | | | | | |
| 1. **Lead applicant** (please provide CV) | | | | | | | | | | |
| **Name** |  | | | | | | | | | |
| **Institution** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **Post held** |  | | | | | | | | | |
| **Email** |  | | | | **Telephone** | | |  | | |
|  |  | | | | | | | | | |
| 1. **The Collaborative Team**   Please name the individuals who will be involved in the project.  Note: The MSA Trust strongly encourages collaborative projects among two or more institutions. | | | | | | | | | | |
| **Name** | | **Institution** | | | | | **Email address** | | | |
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| 1. **Costings** | | | | | | | | | | |
| Basic Salary | £ | | | Recurrent expenses | | | | | £ | |
| London Weighting | £ | | | Materials/consumables | | | | | £ | |
| National Insurance | £ | | | Other | | | | | £ | |
| 1. **Total salary costs** | £ | | | 1. **Total recurrent costs** | | | | | £ | |
| 1. **Equipment costs** | £ | | | **Total costs requested** (a+b+c) | | | | | £ | |
| **Explanation of costs requested**  Please refer to the Terms and Conditions (sec 3 point 8) for further explanation |  | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. **Project overview**  * Please present your proposal using no more than two pages, in Arial font size 11 or larger. * Include any additional resources available to support the research * Please consider how your research may lead to patient benefit * You may include one additional page for references, as well as tables or figures containing key supporting data. All supplementary material must be referenced within the main proposal narrative. | | | | | | | | | | |
|  |  | | | | | | | | | |
| **Signature of Lead Applicant** | | |  | | | **Date** | | | |  |

**Project overview**

1. **Purpose and background**
2. **Project plan**
3. **Expected outcomes**