**2025-26 Research Project Grants**

**Pre-proposal application form**

All pre-proposals 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 invited to submit a full application.

Please use this pre-proposal template as a guide.

* Text should be in a font size no smaller than 11 pt
* Section 7 (Project Overview) should not exceed one page
* 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**

**Submission Deadline: 1st November 2025 at 5pm**

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| 1. **Project title** |  | | | | | |
| 1. **Research Priority** (please refer to the MSA Trust Research Strategy 2025) | Finding the cause of MSA  Understanding clinical progression of MSA  Developing an evidence base to inform and improve clinical care for people with MSA  Disease Modification  Biomarker Identification  Symptom Management  Mental Health and Quality of Life | | | | | |
| 1. **Project duration** |  | | | | | |
| 1. **Estimated cost** | £  (please note this can be estimated, but the full application must not deviate more than 25% from this figure) | | | | | |
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| 1. **Lead applicant** | | | | | | |
| **Name** |  | | | | | |
| **Institute** |  | | | | | |
| **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. It is our aim to accelerate research for this rare and devastating disease. | | | | | | |
| **Name** | | **Institute** | | **Email address** | | |
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| 1. **Project overview**  * Please set out your proposal on page 3 below, making sure that it is contained on a single page (no smaller than 11pt font). * Please include other resources you may have to support this research * Please also consider how your research might lead to patient benefit. * An additional page may be added for the inclusion of references plus tables and figures with key supporting data. | | | | | | |
|  |  | | | | | |
| **Signature of Lead Applicant** | |  | | **Date** | |  |

**Project overview**