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| **Northern Ireland Clinical Research Facility (NICRF)**  **TEMPLATE FOR GRANT-COSTING** |

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| This information can be used to populate RAS (QUB) and costing forms in Ulster University.  Please complete this form as fully as possible. Boxes will expand to permit full answers.  If you require assistance, please contact us on (028) 9504 0342. Additional information is also available on our website [www.qub.ac.uk/nicrf](http://www.qub.ac.uk/nicrf).  **Please check on our website to ensure that you have the most recent version of this form.** |

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| 1. **Working Project Title** |  |
| 1. **Primary Investigator / Chief Investigator** |  |
| 1. **Details of Funder** | |
| 1. **Funding Organisations** |  |
| 1. **Grant submission deadline** |  |
| 1. **Likely award date** |  |
| 1. **Category of Studies:**   *[Please read our Costing Policy online here:]*  [NICRF Costing Policy](http://www.qub.ac.uk/research-centres/TheWellcomeTrust-WolfsonNorthernIrelandClinicalResearchFacility/Filestore/Filetoupload,829470,en.docx) | **Pilot**  **Capability / Capacity Research**  **Investigator-led**  **Industry-led** |
| 1. **Additional Staff Requirements**   *[ie Are you requesting CRF staff assistance with Study?)* | **Yes No If yes, please provide details** |
| 1. **Please indicate details of visits, duration and include a list of required resources for each visit:** *[ie:]*   *Day 1 – 8 hours – ECG. ECHO, Spirometry, DEXA*  *Day 15 – 8 hours – No equipment*  *Week 4 – 6.5 hours – No equipment*  *Week 8 – 5 hours – No equipment*  *Week 16 – 5.5 hours – No equipment* |  |
| 1. **Number of Participants** |  |
| 1. **Thematic Area** |  |
| 1. **Date that costing information is required for grant applications, to enable CRF to prioritise against deadlines.** |  |