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**HRCI/HRB Joint Funding Scheme 2020**

**(formerly the MRCG/HRB Joint Funding Scheme)**

**PART C2**

**Infrastructure Agreement Form**

**Section 1: Application details**

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| **Title of Application** |
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| **Principal Investigator’s Name** |
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**Section 2: Details of the Clinical Research Infrastructure**

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| **Centre/Facility/Unit** |
| **Name, Institution/Company and address** |

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| **Please describe the nature of the support provided to the applicant team from the Research Infrastructure?** *Please provide details with regard to:** *the nature of the role provided by the Clinical Research Infrastructure (e.g. service, advisory, co-applicant or official collaborator)*
* *the nature of the support provided to the project (study design, regulatory affairs, participant recruitment, pharmacy, radiography, clinical data collection, data management, trial monitoring, data analysis etc.)*
* *the numbers of study participants this support covers (where applicable)*
* *how the proposed involvement enables the planned research to be undertaken to the required quality or timescale.*
* *the feasibility and the timescale for the delivery of the support to the project*

**(max 500 words)** |
|  |

**Section 3: Funding**

**Please provide details on any income or expenditure related to the project arising out of accessing the Clinical Research Infrastructure. *Please note that items of expenditure which are being requested from the award budget must also be added into the budget section on the application form as well as detailed below.***

|  |  |  |
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| **Category** | **Cost of support (€)** | **Specify if 1,2 or 3**1. *In-kind Contribution*
2. *Funding requested from project*
3. *Funded leveraged by additional contribution*
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| e.g. consultancy fees |  |  |
| e.g. methodological support |  |  |
| e.g. fee per participant |  |  |
| e.g. set up fee for database |  |  |
| e.g. fee for trial monitoring  |  |  |
| e.g. Overheads\* |  |  |

**Please edit/extend table as necessary to include additional categories**

\* If an overhead contribution is requested as part of securing the services of the Clinical Research Infrastructure, it must be included within the overall HRB overhead contribution to the project budget. It is responsibility of the Principal Investigator, the Host Institution and the Clinical Research Infrastructure provider to establish any sub-agreements as to how the overheads payment from HRB will be distributed in such a case.

**Provide details and justification for all items listed in the table above (max 200 words)**

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**Section 4: Signatures**

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| **Principal Investigator**As the Principal Investigator I confirm, to the best of my knowledge, that the information provided is correct.Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Director or any other person authorised on behalf of the Research Infrastructure or equivalent to endorse this agreement**The **General Data Protection Regulation (GDPR)** came into force on 25 May 2018. As a result the applicant team are asked to consent that personal data provided as part of this application, including but not limited to CV information, may be shared with person(s) based outside of the European Economic Area (EEA) for the specific purpose of obtaining peer reviews of this application, and for assessment, monitoring and evaluation purposes.As Director of the Research Infrastructure or equivalent (insert position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I confirm, to the best of my knowledge, that the information provided is correct, and consent to (a) sharing of my data outside of the EEA for the purpose of international peer review, and (b) the  use of my data for assessment of the application; monitoring of successful awards; and evaluation of HRBs approach to funding and investment in research, in line with HRB policies and as detailed in the ILP 2019 Call Guidance Notes.Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Clinical Research Infrastructure Agreement Form must be included with the application.**

**Forms must be completed, signed and dated.**

Electronic signatures are accepted.