Strategic Methods Fund

Application Form and guidance notes

2016

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Please find below an application form for the Strategic Methods Fund (SMF) 2016 and accompanying guidance notes.

# Application guidance notes

Please use this guidance to complete the following application form. Please refer to the call document which sets out SMF grant criteria, eligibility and selection criteria. We will not accept applications beyond the closing date. Please complete all sections and return your completed form electronically to Jackie Chandler jchandler@cochrane.org.

1. GENERAL PROJECT INFORMATION

Please complete all boxes in this section providing the information requested. Add additional boxes if required for co-applicants (project responsibility) and collaborators (supporting the project proposal). Please note Central Executive Staff are not eligible to apply. Applications are strengthened when they involve individuals most relevant to the project objectives currently working in Cochrane. Please provide a short project summary in plain English. We will use this along with any other additional information for SMF and project communication.

2. PROJECT PROPOSAL

Proposals need to meet the SMF criteria. Please ensure you understand these criteria, and address any queries to Jackie Chandler [jchandler@cochrane.org](mailto:jchandler@cochrane.org) before submission deadline. We invite novel approaches that engage the Cochrane community to implement review methods ensuring their quality and trustworthiness. Please provide a brief background summary with a rationale for the project. Information provided needs to sufficiently describe what the project intends to do and how. In addition, please identify impact on Cochrane systems and any risks the project might involve.

3. PROPOSAL SELECTION CRITERIA

A panel specifically set up for this fund involves a wide range of skilled people from Cochrane Methods Groups, Review Groups, Central Executive staff, external organisations supporting research and the implementation of research.

Panel members are expected to declare any interests. Panel members are not eligible to be applicants and will step down from the panel should that occur. Panel members with other interests or relationships with any submission, its project lead or co-applicants, should declare these before any discussion and may be asked to withdraw from the discussion or decision on that submission.

Further details below.

**The SMF Panel:**

**David Tovey**

(Panel Chair), Editor in Chief, Cochrane, UK

**Holger Shὓnemann**, Chair Department of Clinical Epidemiology and Biostatistics, Cochrane GRADEing Methods Group convenor, Director Cochrane Canada

**Miranda Cumpston**

Head of Learning and Support, Cochrane, Australia

**Ian Shemilt**

Senior Lecturer in Economics and Evidence Synthesis Methodology, EPPI Centre, Campbell & Cochrane Economics Methods Group convenor, UK

**Mariska Leeflang**

Researcher, Clinical Epidemiology, Biostatistics and Bioinformatics Department, University of Amsterdam, Cochrane Screening and Diagnostic Tests Methods Group, Netherlands

**Peter Tugwell**

Canada Research Chair in Health Equity, Centre for Global Health, Cochrane Musculoskeletal Review Group Co-ordinating Editor, Campbell and Cochrane Equity Methods Group convenor, Canada

**Krista Connell**

Chief Executive Officer, Nova Scotia Health Research Foundation, Canada

**Terri Pigott**

School of Education Dean, University of Chicago, Methods Editor Campbell Collaboration, USA

**Anna Gagliardi**

Associate Professor, University of Toronto, Chair Implementation Work Group, Guidelines International Network, Canada

**Proposal selection criteria**

We will use the following criteria for the assessment of submitted proposal:

* Relevance and strength of proposal to meet SMF objectives.
* Strategic importance (priority) of method or set of methods meeting overall needs of review users, not currently well supported within Cochrane.
* Achievable
* Represents value for money for Cochrane
* Sustainable beyond the funding timeframe
* Seeks to build capacity to implement methods or facilitates the implementation of methods, or both.

BUDGET REQUEST

Please provide a realistic budget. Proposals may include funds for people to deliver initiatives for the life of the project. Proposals may provide technologically or digitally innovative solutions that need funds to support development and delivery. We fund all costs directly related to project outputs. All budget costs should directly relate to supporting the initiative proposed.

We will not fund computer or office equipment (or similar) for staff. We cannot fund support costs for Cochrane Group infrastructure or costs related to buildings and their contents. We do not fund any other general running costs, estate costs, support services normally referred to as ‘full economic costs’ by universities.

Please provide information on whether you are applying elsewhere for funds, if relevant. Please identify whether you will provide additional support using funds ‘in kind’ or whether matched funds is possible.

4. SIGNATURES

Please read the sections on data protection and undertakings. We need all signatures of all applicants. We do not require the signatures of any collaborators. Electronic signatures are acceptable.

SUPPORTING DOCUMENTATION

Please provide an additional documentation to support the application. This includes project lead and all other co-applicants, CV’s. We only need short, abridged versions relevant to the aims of the project proposal.

PROCEDURE FOLLOWING SUBMISSION

1. Closing date:

2. Peer Review:

3. Panel review and scoring:

4. Panel decision and applicant notification:

5. Expected project start before March 2017

# Strategic Methods Fund

# Application Form

Application forms must be completed in Source Sans Pro or Arial and at least font size 10. Applications must be submitted by email as MS-Word (.doc) files, although signature pages can be submitted as PDF (.pdf) files. CV’s of all applicants and project staff (if available) should be submitted as attachments to the application form. Please see above guidance for further details on completing this application.

1. GENERAL PROJECT INFORMATION

TITLE OF PROPOSED PROJECT

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METHODS GROUP(S) ENDORSING PROJECT (IF APPLICABLE)

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OTHER COCHRANE GROUPS AND EXTERNAL ORGANISATIONS COLLABORATING ON THIS PROPOSAL

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NAME OF HOST INSTITUTION OF PROJECT LEAD

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PROJECT LEAD

|  |  |
| --- | --- |
| Full name |  |
|  | |
| Email: | Tel: |
| Role in Cochrane: | |

CO-APPLICANTS

|  |  |
| --- | --- |
| Full name: | Title: |
| Contact address: | |
| Email: | Tel: |
| Role in Cochrane, if appropriate | |

|  |  |
| --- | --- |
| Full name: | Title: |
| Contact address: | |
| Email: | Tel: |
| Role in Cochrane, if appropriate | |

ADD AS REQUIRED

COLLABORATOR(S)

|  |  |
| --- | --- |
| Full name: | Title |
| Contact address: | |
| Email: | Tel: |
| Role in Cochrane, if appropriate | |

|  |  |
| --- | --- |
| Full name | Title |
| Contact address: | |
| Email: | Tel: |
| Role in Cochrane, if appropriate | |

ADD AS REQUIRED

BRIEF PLAIN LANGUAGE SUMMARY OF PROJECT (MAXIMUM 200 WORDS)

In the event that your application is successful, this summary may feature on Cochrane’s websites and used for other dissemination purposes.

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TOTAL DURATION OF PROJECT:

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Please provide breakdown of project timescales (in months):

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| --- | --- | --- | --- |
| Key project milestone | Year 1 | Year 2 | Year 3 |
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TOTAL PROPOSED PROJECT COSTS SOUGHT FROM COCHRANE:

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| --- |
| Total Project Costs: |

In the currency you would like funds to be awarded should your application be successful

2. PROJECT PROPOSAL

Please refer to the application guidance notes above and the call document.

Project proposal outline (aims, objectives, approach, description, roles and responsibilities of project team) (maximum 2000 words, excluding references)

Aims and objectives

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Proposal approach

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Please list the key project outputs

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Please provide any information on anticipated implications of the project Cochrane Review Groups, their authors, or others, and project risk assessment.

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| USE OF EXISTING COLLABORATION SYSTEMS OR RESOURCES  Please complete below if the proposal is likely to create additional burden on Cochrane’s resources or systems e.g. Archie, RevMan, etc. Please put ‘X’ in box. | | |
| Does your application require the use of, or access to, existing Cochrane resources or systems (e.g. Archie)? Please put a cross ‘x’ in the appropriate box | Yes: |  |
| No: |  |
|  | | |
| If ‘yes’, please explain what the use or access involves, confirm that you have received permission from the relevant Cochrane provider (including the name and contact details of the representative of the provider), and consider the ‘direct’ and ‘indirect’ cost implications. If there are ‘direct’ costs you wish to seek from - Cochrane as part of your application, please itemise them below and include in your proposal. | | |
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3. BUDGET REQUEST

Please complete the following:

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| --- | --- | --- | --- | --- | --- |
| BREAKDOWN OF REQUESTED COSTS (STAFF COSTS) | | | |  |  |
| STAFF NAME | FULL TIME SALARY | PERCENTAGE FULL TIME EQUIVALENT (FTE) ON PROJECT | COST | | |
|  |  |  | Year 1 | Year 2 | Year 3 |
|  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| BREAKDOWN OF REQUESTED COSTS (NON-STAFF COSTS) | |  | |  | |  |
| TYPE OF COST | COST (in currency requested) | | | | |  |
|  | Year 1 | | Year 2 | | | Year 3 |
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| TOTAL COST (Currency) |  | | | | |  |

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| BUDGET JUSTIFICATION  Please explain why the indicated resources are needed.  Please note it is not sufficient to list what is required. |
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Declaration of any other sources of funding sought that include or overlap with this project, if yes, please provide details below.

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Declaration of any conflicts of interests

Please provide details below of any conflicts of interests you may have with this proposed project

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4. SIGNATURES

DATA PROTECTION STATEMENT

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| Information that you supply in connection with this application (which includes all information sent that relates to your application, or, in the event of an award, relates to that award) will be used to process your application and for the purposes of audit and/or evaluation. It will be viewed by members of the Methods Application and Review Standards Advisory Committee, Steering Group, and Cochrane Editorial Unit. It may also be disclosed to external peer reviewers for the purpose of evaluating your application. |
| Cochrane will publish details of successful awards (e.g. on its website). Disseminating the results and outcomes of your proposed project to various audiences, particularly within Cochrane, will form an important part of your application. Dissemination and communication mechanisms for your project will be discussed with you should your application be successful.  Cochrane is registered with the UK Data Protection Register.  Cochrane members will have accounts in Archie and will be protected by their privacy rules:  <http://tech.cochrane.org/archie/terms-of-use/archie-privacy-policy> |
| UNDERTAKINGS  The applicants acknowledge that Cochrane relies on the accuracy and completeness of the information provided in this form and agrees that, in the event that an award is made, Cochrane may withdraw or amend the award in the event that there is any inconsistency or inaccuracy in that information. Please note that if the application is successful, Cochrane must be informed of any changes that may affect the project during the duration.  In signing the application form where shown below, and in consideration of the receipt of this application by Cochrane, all applicants accept that the information provided in the application form and otherwise in connection with this application is to the best of their knowledge and belief accurate and complete and that, in relation to any award resulting from the application, they will: |
| * Take all reasonable actions to ensure that Cochrane’s contribution to the funding of the activity is suitably acknowledged (see appendix 1, guidance for acknowledging affiliation to Cochrane). |
| * Promptly inform Cochrane of any changes during the period of an award to any of the details provided in this application |
| * Ensure that the funds provided are used for the purpose for which they have been given, and in accordance with any and all conditions of the award |

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| In signing this application, all applicants certify that they accept the Terms and Conditions (on request) pertaining to the Strategic Methods Fund (SMF) Request for Proposals and that there is no legal, financial, ethical or other possible conflict of interest, as usually understood or according to Cochrane’s policies, that would prevent them from participating in the MIF; or declare such a conflict so that the implications of this can be considered when the proposal is being assessed. | | | | |
| Signature of Project lead |  | | Date: |  |
| Signature of Co-applicant (s) |  | | Date: |  |
|  | | | | |
| Signature of Co-applicant(s) |  | | Date: |  |
| The application must be signed and dated below by a representative of the institution administering the grant, typically the institution of the Project lead, who is authorised to bind the Project lead to the terms and conditions allied to the SMF, and to compliance with the information submitted in the proposal.  In signing this application, the authorised signatory for the host institution gives approval for the Project lead to submit this application and will take responsibility to administer funds to the Project lead. If it is not appropriate for a host institution to be accountable for this funding the Project lead should sign as assuming authority and responsibility for administration of funds on behalf of the applicants. | | | | |
| Signature of authorised signatory |  | | Date: |  |
|  |  |  |  | |
| Position: |  | Institution: |  | |

We cannot accept proposals submitted without the required signatures.