**Business Interaction Voucher (BIV) - Application Form**

*Please read the Business Interaction Voucher (BIV) Guidance of the i-NutriLife Hub BEFORE you complete this application form (Note: all boxes are expandable).*

|  |
| --- |
| **1. Project**  |
| **Project Title** |  |
| **Funding requested** (in £) **from the i-NutriLife Hub at 100%** *(£20K recommended/maximum request is £50K).* **Note: If you are successful, you will be awarded 100% of this sum** |  |
| **If you have any funding from industry partner(s) towards this project please describe this.** *Funding from industry (cash or in-kind) is encouraged but is not required.* |
| **Cash** (in £) |  |
| **In-kind contribution** (value in £) |  |
| **2. Applicant(s) Details**  |
| **Academic partner(s) details.** *Principal investigator/applicant as well as their institution must be eligible for BBSRC funding. Applications from ECRs are encouraged. Academic co-applicants are optional. An industry partner must be named. Further co-applicants/industry partners may be added by copying and pasting the blank boxes below. All applicants are encouraged to join the i-NutriLife Hub. All successful applicants, co-applicants and their industry partners must join the Hub.* |
| **Principal investigator/applicant: Please provide a 2-page CV** |
| Name |  |
| Position held |  |
| University/Institution  |  |
| Department and address |  |
| Phone Number |  |
| E-mail |  |
| Finance/Research office contact name |  |
| Phone Number |  |
| E-mail |  |
| Summary of PI expertise (max. 200 words) |  |
| Is the PI an ECR? If so please provide further details |  |
| **Co-investigator (optional)** |
| Name  |  |
| University/Institution |  |
| Department and address |  |
| Phone Number |  |
| E-mail |  |
| **Industry Partner** |
| Name |  |
| Position |  |
| Company name |  |
| Address |  |
| Phone Number |  |
| E-mail |  |
| Company’s office address |  |
| Company’s website  |  |
| Employee headcount – *Please* *highlight as appropriate*: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <5 | 5-9 | 10-24 | 25-49 | 50-99 | 100-249 | 250-499 | 500-1000 | 1001-4999 | >5000 |

|  |
| --- |
| Company annual turnover for the last financial year – *Please highlight as appropriate*: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <£10k | £10k-99,999 | £100k-249,999 | £250k-499,999 | £500k-749,999 | £750k-999,999 |
| £1M-1.9M | £2M-5M | £5M-9.9M | £10M-24.9M | £25M-50M | £>50M |

*(Further applicants/partners may be added by copying and pasting the above boxes).*

|  |
| --- |
| **3. Project Details** (max. 1500 words in total) |
| **Proposed start date**  |  |
| **Proposed end date** *(maximum duration: 9 months)* |  |
| **What is the lifecourse nutrition issue, problem, risk or opportunity that you seek to address?** (max. 200 words) *Please ensure that the connection with the remit of the i-NutriLife Hub is clearly stated.* |
|  |
| **What do you plan to do? Please include aim(s), objective(s) and hypothesis as appropriate** (max. 200 words) |
|  |
| **What will be your key activities and milestones?** (up to 400 words) |
|  |
| **What are your planned outputs?** (up to 150 words) |
|  |
| **Outcomes and next steps** (max. 150 words)*Describe how this project, if successful, could lead to long-term impact? How do you plan to finance a long-term impact e.g. apply for funding from BBSRC, industrial funding.* |
|  |
| **Who are your key industry, academic or government partners or stakeholders and how will they contribute (e.g. access to facilities, samples, data, expertise?)** (max. 150 words) |
|  |
| **Does your project provide specific opportunities for ECRs?** (max. 150 words)*Please describe.* |
|  |
| **Anything you think is important for us to know when reviewing your application** (max. 250 words)*For example: If you have a pilot project or other data that establish a higher level or readiness to progress the project; if you already have employees or trainees working on project activities; if this project will support a longer term relationship between partners; if collaborative agreements are important in your partnership; if any ethical requirements have been met; if you anticipate challenges in the project that you think members of the i-NutriLife Hub can help with.* |
|  |

|  |
| --- |
| **4. Financial Details** |
| **Project costs for academic partner*** *Please provide a summary of the of project costs in the table below at 100%.*
* *If successful you will be funded at 100% of your request.*
* *The Hub will not fund purchase of equipment.*
* *The i-NutrLife Hub aims to support primarily research activities (Directly Incurred costs) and encourages other costs (Directly Allocated) to be limited to 20% of the total project costs.*
* *Estates costs and Indirect costs are NOT permitted.*
 |
| **Directly Incurred (DI)** | **Amount** (in £) at100% |
| Staff |  |
| Travel and subsistence |  |
| Consumables and other research costs |  |
| Other costs (excluding equipment) |  |
| **Directly Allocated (DA) costs: Please provide details** |  |
|  |  |
| **Total project costs** (in £) **at 100%** |  |
| **Justification of costs** (max. 300 words)*Please provide a brief justification of Directly Incurred (DI) costs such as consumables, travel/subsistence and staff. Please provide written justification for the requested Directly Allocated (DA) costs.* |
|  |
| **Project contribution(s) from industry partner(s)** (encouraged)*Please provide a summary of any cash or in-kind contributions (please estimate the financial value).* |
| **Use** | **Amount** (in £) |
| Cash |  |
| Staff time |  |
| Materials provided |  |
| Access to equipment |  |
| Other (please specify, *e.g.* meeting costs) |  |
| **Total project funding from industry partner** (in £) |  |
| **Describe how the industry contribution will be used.** (max. 300 words) |

|  |
| --- |
| **5. Skills and Experience** |
| **Partnership skills and experience** (max. 400 words) *Please* *detail the skills and experiences across the proposed partnership (including Principal Applicant) relevant to delivering the proposed project.*  |
|  |
| **6. Letter of support from industry partner(s)** |
| *This should be signed by the industry partner and should include the company logo, objectives of the collaboration (one or two sentences), and confirmation that, if this application is successful, a collaboration agreement will be put in place before the project starts.* |
| **7. Ethical and Social Issues** |
| **Does your project have any ethical or social issues? (Yes/No)** *Please delete one the Yes/No options.* If **yes**, please complete the following:Human participation:Does the proposed project involve the use of human subjects **(Yes/No)**, human tissue **(Yes/No**), biological samples **(Yes/No)** or administration of substances to humans **(Yes/No)**? Will personal information be used? **(Yes/No)** If **yes**, will participants be identifiable? **(Yes/No)**Is ethics approval in place? **(Yes/No)**Animal participation:Does the proposed project involve the use of vertebrate animals or other organisms covered by the Animals (Scientific Procedures) Act? **(Yes/No)**If **yes**, what is the severity of the procedures? Please provide details:Genetic and biological risk:Does the proposed project involve production and/or use of genetically modified animals, plants or microbes? **(Yes/No)**If **yes**, will genetic modification be used as an experimental tool? **(Yes/No)**Will the research involve release of the genetically modified organism(s)? **(Yes/No)**Will the research be aimed at the development of commercial or industrial genetically modified process(es) or product(s)? **(Yes/No)**Approvals:Please provide evidence, *e.g.* copies of Home Office animal licences.Have the required/necessary approvals been given? **(Yes/No)**Other issues: Are there any other ethical or social issues that you need to tell us about? |

**Final checklist:**

|  |  |
| --- | --- |
| ✓ | **Please read and tick to indicate you have done the following:** |
|  | I have read the Business Interaction Voucher (BIV) guidance for the i-NutriLife Hub |
|  | I have read the i-NutriLife Hub Privacy Notice |
|  | I consent to i-NutriLife Hub and University of Southampton holding the personal information included in this application |
|  | I understand the funding and duration limits of this call. |
|  | I am a member of the i-NutriLife Hub (encouraged). |
|  | The industry partner is a member of the i-NutriLife Hub (encouraged). |
|  | Letter(s) of support from the industry partner(s) has/have been attached. |
|  | I have provided a cv with this application. |
|  | I confirm that I am not submitting this same application to another Diet and Heath Innovation Hub |
|  | I consent that my application may be shared with the Leads of other Hubs if it is deemed to be more appropriate to their remit than to the i-NutriLife Hub remit. |

**To submit the application:**

Please send the completed application form and letter(s) of support by e-mail to the i-NutriLife Hub Manager: i-NutriLife@soton.ac.uk.

The application form should be a MS Word document. Any other documents can be submitted as a PDF.

**Any questions?**

Please e-mail the i-NutriLife Hub Manager: i-NutriLife@soton.ac.uk.

