**Humber and North Yorkshire Cancer Alliance**

**Cancer Innovation Grants 2024/25**

**Application Form**

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| **PRIVACY & USE OF PERSONAL DATA**  |
| This award is from the Humber and North Yorkshire Cancer Alliance and their individual privacy statement is available in [Privacy Policy - Humber and North Yorkshire Cancer Alliance (hnycanceralliance.org.uk)](https://hnycanceralliance.org.uk/privacy-policy/)Minimal work-related data is requested, which will be handled by Humber and North Yorkshire Cancer Alliance and held in line with their policies |

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| **PLEASE MARK WITH ‘X’ IN THE TICK BOXES WHICH WORKSTREAM YOU WISH TO APPLY FOR**  |
| Earlier Diagnosis [ ]   |
| Faster Diagnosis, Treatment and Pathways [ ]  |
| Living With and Beyond Cancer [ ]   |
| If your project cuts across these themes or you aren’t sure which workstream then please highlight this box [ ]  |

**Section 1: Application form guidance and principles of assessment**

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| **Application form guidance** |
| **Completing the proposal form** | * **PLEASE ENSURE ALL SECTIONS ARE COMPLETED.**
* The competition is for the Humber and North Yorkshire Cancer Alliance geography only. At least one of the partners / stakeholders must be within the Humber and North Yorkshire footprint.
* For statutory organisations we would like each place/trust to co-ordinate discussions through a single lead, evidencing the breadth of local discussions/ buy in from colleagues. **Contact details provided in Appendix 1.**
* Please note we will manage all your data as per the Confidentiality and Data Protection Policy provided in **Appendix 2.**
* Applications to be emailed in **PDF** format to the CDI generic mailbox hnyicb-ery.cdi.team@nhs.net Please use the following in the email subject title **CANCER INNOVATION GRANT 24-25**
* Files should be named in the following format **“Title of your project, Cancer Innovation Grant 24 - 25”.**
* Any queries / questions will be answered through the CDI generic mailbox as above.
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**Section 2: Assessment and Scoring Criteria**

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|  **Principals of Assessment, what are the parameters?** |
|  | * Applications will be assessed and scored based on the criteria set out in the guidance document.
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| Please use the space below to summarise the key areas of expenditure that the grant will be used for. (e.g. roles, technology, course fees, backfill, printing costs) and its associated cost. If unsure on the actual cost, please give a range in which the particular expenditure is likely to be at this point. |
|  **Cost Analysis** |
| **Activity (Staff / Non Staff Costs)** | **Indicative Cost (£)** |
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| **TOTAL:** |  |
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| **NOTE THE MAXIMUM TOTAL FUNDING PER APPLICATION AVAILABLE IS** **£ 50,000** |

**Section 3a) Lead Bidder and Organisation**

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| **APPLICANT DETAILS** |
| **Applicant surname** | **Forename(s)** | **Title** | **Email address** |
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| **Date of Application** | **Start Date (of project)** | **End Date (of project)** | **Total amount requested (see above)** |
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| **Postal address of applicant** |  | **Phone number** |  |
| **Present Role** |  |
| **Present employer / Organisation** |  |

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| **PROJECT CATEGORY** |
| **Please indicate if the funding is to be used to:** |
| **Build on and expand the scope of an existing project** |[ ]
| **Launch a new project** |[ ]
| **Evaluate a current project** |[ ]
| **Other** **Please specify:** |[ ]

**3b) Background and Project details**

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| **EXECUTIVE SUMMARY - What is the specific scope and content of the proposed project/scheme? Please ensure this addresses the criteria in guidance document *(Maximum 200 words)*** |
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| **Please provide 3 problem statements that your project seeks to resolve.** ***These should be in the format; ‘We have noticed that…which is causing…which has the consequence of…which leads to…’.*****(Maximum 200 words)** |
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| **Project Details**  |
| **How do you propose to use your grant? (500 words maximum)****Please attach any relevant supporting documents to support this section.***For schemes over £20k we ask that you also develop an outline project plan, describing the anticipated key dates and timescales for implementation, including any recruitment required***Remember to link to the full criteria in the guidance document:** * **Novel Innovation**
* **Collaboration and Integration**
* **Benefits to pathways and patients**
* **Health Inequalities**
* **Data, Collection, Impact and Evaluation**
* **Sustainability and Transferability**
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| BRANDING |
| The alliance requests that should any successful applicants wish to do any public-facing communication activities to showcase their innovation that they include HNY Cancer Alliance branding/style and work on this in partnership with the Cancer Alliance communications and engagement team: comms.hnycanceralliance@nhs.net |

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| **TO BE COMPLETED BY APPLICANT**  |
| **Title** |  | **Surname** |  | **Forename(s)** |  |
| **Signature** |  | **Date** |  |
| As the applicant I confirm:* I have obtained the relevant organisational approval and support of the application.
* If successful, I confirm I am willing and able to complete an end of year report and evaluation at the end of the project funding
* If successful, I confirm I am willing and able to provide project progress updates to the Cancer Alliance as funder of the project.
* I confirm that my organisation will take responsibility on my behalf for handling financial transactions with the HNY Cancer Alliance
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| In addition to thoroughly reviewing and approving the application as a whole the applicant lead **MUST** confirm that the applicant meets the main application criteria listed below. The reason for this is to reduce the amount of information that needs to be collected and held by both organisations in relation to the applicant. |
| **TO BE COMPLETED BY APPLICANT LEAD (For example, Cancer Lead Manager / Place based lead)**  |
| **Title** |  | **Surname** |  | **Forename(s)** |  |
| **Job Title** |  | **Email Address** |  |
| **Signature** |  | **Date** |  |
| **I confirm that this application has been co-ordinated and agreed across the trust/place through local discussions.** |[ ]
| **I confirm that the applicant is eligible for the “Cancer Innovation Grant” as they are one of the following:*** Primary care teams or individual
* Secondary care teams or individual
* A collaborative bid from a team or individual on behalf of others across multiple footprints (such as organisations, geographies or care settings)
* A VCSE organisation/patient group
 |[ ]

For office use only:

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| TO BE COMPLETED BY HUMBER AND NORTH YORKSHIRE CANCER ALLIANCE |
| This applicant is approved for the Delivering innovative patient education solutions to underpin supported self-management Innovation Award |[ ]
| Surname | Forename(s) | Title | Job Title | Signature |
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**Appendix 1: Lead contacts for Trusts in HNY**

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| **Organisation** | **Lead Contact** | **Email** |
| Hull University Teaching Hospitals NHS Trust | Denise GaleAssociate Director of Cancer | dgale@nhs.net  |
| York and Scarborough Teaching Hospitals NHS Foundation Trust | Beth EastwoodHead of Cancer | beth.eastwood4@nhs.net  |
| North Lincolnshire and Goole Hospital NHS Trust | Denise GaleAssociate Director of Cancer | dgale@nhs.net  |

**Appendix 2 – Humber and North Yorkshire ICB Data and Confidentiality Policy**

Please click link below to view policy or contact the Alliance CDI Team via email to request a copy: hnyicb-ery.cdi.team@nhs.net

[Operational - Humber and North Yorkshire Integrated Care Board (ICB)](https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/)