# Digitally Enhanced Advanced Services (DEAS) Network Plus Call

**DEAS Network Plus Transportation and Mobility Projects 2020 Application Form**

**Closing date for applications: ~~21~~~~st~~ ~~February 2020~~ 13th March 2020 17.00**

*Please complete the form using minimum font size 11 Arial. The length of this form is restricted to 8 pages (not including letters of support and Gantt chart where relevant). The completed form should be emailed to* F.Lumbers@exeter.ac.uk *by March 2020 17.00.*

Project Details

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title | | | |
| Stream A (scanning project) or stream B (implentation project) | | | |
| Research question(s) covered | | | |
| Lead Institution | | Partner(s) | |
| Project length *(in months)* | Expected start date | | Expected end date |

Personal details of Principal Investigator

|  |  |
| --- | --- |
| Name and title | |
| Current position and date of appointment | |
| Employer name/University Department Name | |
| Work address | |
| Work telephone number | Work email |

Personal details of Co-Investigators (Please provide one table per Co-Investigator)

|  |  |
| --- | --- |
| Name and title | |
| Current position and date of appointment | |
| Employer name/University Department Name | |
| Work address | |
| Work telephone number | Work email |

Administration – please provide a finance/legal/research support contact

|  |  |
| --- | --- |
| Name and title | |
| Current position | |
| Employer name/University Department Name | |
| Work address | |
| Work telephone number | Work email |

**Project Aims, Method and Impact**

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| Project Aims |
| Brief description of proposed project method/activities (Include how you intend to meet the requirements of interdisciplinarity and the involvement of real users.) |
| Impact (Potential for short-, medium-, and long‐term impact in accordance with the DEAS Network Plus vision and objectives. Please explain how you will contribute to the formation of the DEAS scientific community and the DEAS website. Indicate potential sources of continuation funding.) |
| Skills and expertise of project team including a brief track record of work relevant to DEAS Network Plus |

|  |  |
| --- | --- |
| Please confirm that at least one member of your project team will attend, and present, at project monitoring meetings. Tick the box to confirm. |  |

Finance requested (It is important that your proposal is realistically costed)

|  |  |  |
| --- | --- | --- |
|  | **FEC Budget (i.e., 100%)** | **Funded Amount (i.e., 80% fEC)** |
| DIRECTLY INCURRED COSTS | | |
| Staff | £ [insert amount] | £ [insert amount] |
| Consumables | £ [insert amount] | £ [insert amount] |
| Travel & Subsistence | £ [insert amount] | £ [insert amount] |
| Other DI | £ [insert amount] | £ [insert amount] |
|  |  |  |
| DIRECTLY ALLOCATED COSTS | | |
| Investigators | £ [insert amount] | £ [insert amount] |
| Estates | £ [insert amount] | £ [insert amount] |
| Other DA | £ [insert amount] | £ [insert amount] |
|  | | |
| INDIRECT COSTS | £ [insert amount] | £ [insert amount] |
| EXCEPTIONAL ITEMS | £ [insert amount] | £ [insert amount] |
| **Total** | **£ [insert amount]** | **£ [insert amount]** |

Please note:

* All sums are inclusive of VAT, if applicable.
* Any collaboration on the grant would need the lead university (i.e., where the PI is based) to arrange the collaboration agreement with the collaborators. The University of Exeter will not do this for you.
* If you are going to recruit someone to assist the research, you should include costings for the time this requires and be sure of these associated costs (by speaking to your research services finance team).

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| Justification of requested budget (e.g., staff salaries, workshops costs, anticipated travel) |

Additional Information

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Ethical Consideration

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| --- | --- |
| Please confirm that you will seek the relevant guidance and ethics approval (if relevant) from your own university. | Initials to signify confirmation: |

Signatures

|  |  |
| --- | --- |
| Signature of Applicant | Date |
| User organisation approval: I confirm that I have seen and authorise this application  Print Name:  Signature: | Date |

For Stream A and B projects - Industrial Support

Please submit any relevant letters of support with your application.

For Stream B projects only – Gantt Chart

Please submita Gantt chart work plan, maximum 1 side of A4, with your application.