

**Transport Technology Research Innovation Grants Programme (T-TRIG) 2020/21**

**Grant Application Form**

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| Project Title |  |
| Company/Organisation Name |  |
| Challenge applying for | Choose an item. |

**SECTION 1**

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| **A. AWARENESS OF T-TRIG COMPETITION** | |
| How did you learn about the T-TRIG competition? | |
| A1 | Previous experience of applying for T-TRIG  DfT website  Twitter  LinkedIn  Informed by CPC (Connected Places Catapult)  Informed by KTN (Knowledge Transfer Network)  Informed by EPSRC (Engineering and Physical Science Research Council).  Media (i.e. online news, newspaper)  (please specify) Click here to enter text.  Other social media channels  (please specify) Click here to enter text.  Other  (please specify) Click here to enter text. |

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| **B. COMPANY/ORGANISATION INFORMATION** | | |
| B1 | Full company/organisation name.  *(If this application is successful, this is the name that will be used in publicity, unless an alternative name is clearly specified here).* | Click here to enter text. |
| B2 | Registered office address | Click here to enter text. |
| B2a | Company registration number |  |
| B3 | Company/organisation VAT registration number | Click here to enter text. |
| B4 | Please confirm that you have and will maintain the following insurances.   * Public liability Choose an item. * Professional indemnity Choose an item. * Employers insurance Choose an item. | |
| B5 | How would you classify your organisation?  (select from list) | Choose an item. |
| B6 | Is your company a voluntary, community or social enterprise organisation? | Choose an item. |
| *Other (please specify)* |
| B7 | Name of your immediate parent company (if applicable) | Click here to enter text. |
| *Other (please specify)* |
| B8 | Are you collaborating with another company, organisation or authority? If you answer Yes, please provide details in section B9 and B10. | Choose an item. |
| B9 | Details of other organisations (company name, contact person, address and their involvement in the project) that will be involved in delivering the project. | Click here to enter text. |
| B10 | Details of authorities involved in this project (authority name, contact person and their involvement in the project). | Click here to enter text. |

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| **C. COMPANY/ORGANISATION CONTACT** | | |
| C1 | Name | Click here to enter text. |
| C2 | Position | Click here to enter text. |
| C3 | Address | Click here to enter text. |
| C4 | Telephone number | Click here to enter text. |
| C5 | Mobile number | Click here to enter text. |
| C6 | E-mail address | Click here to enter text. |
| C7 | Finance contact (for providing financial documents) | Click here to enter text. |
| C8 | Finance contact’s telephone and email address | Click here to enter text. |

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| **D. DUE DILIGENCE** | | |
| D1 | Are you able to provide a copy of your accounts for the last two years, if requested? | Yes  No |
| D2 | Has your organisation or any of its officers, employees or other persons associated with it been convicted of any offence involving slavery and human trafficking? | Yes  No |
| D3 | Do you have a policy / statement that sets out the steps your organisation has taken to ensure that slavery and human trafficking is not taking place in any of your supply chains or in any part of your own business? | Yes  No |
| D4 | If you have answered “No” to question D3, please provide a summary of the actions you are taking to ensure the eradication of slavery and human trafficking within your supply chain or in any part of your business. | |
|  | Summary of actions  Click here to enter text. | |
| D5 | Does your organisation comply with your statutory obligations under the Equality Act 2010? | Yes  No |
| D6 | In the last three (3) years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)? | Yes  No |
| D7 | In the last three (3) years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds or alleged unlawful discrimination? | Yes  No |
| D8 | If you have answered “Yes” to one or both of questions D6 or D7 above, please provide a brief summary of the nature of the investigation and an explanation of the outcome of the investigation to date. If the investigation upheld the complaint against your organisation, please also explain what action (if any) you have taken to prevent unlawful discrimination from reoccurring | |
|  | Summary  Click here to enter text. | |
| D9 | Has your organisation or any of its Directors or Executive Officers been in receipt of enforcement / remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last three (3) years? | Yes  No |
| D10 | If your answer to question D9 is “Yes”, please provide details of any enforcement/remedial orders served and give details of any remedial action or changes to procedures you have made as a result | |
|  | Details and remedial action  Click here to enter text. | |
| D11 | Does your organisation have a Health and Safety Policy that complies with current legislative requirements? | Yes  No |
| D12 | Does your organisation have an in-house policy for the management of Environmental issues? | Yes  No |
| D13 | Has your organisation been convicted of breaching environmental legislation, or had any notice served upon it, in the last three (3) years by any environmental regulator of authority (including local authority)? | Yes  No |
| D14 | If your answer to question D13 is “Yes”, please provide details of the conviction or notice and details of any remedial action or changes you have made as a result of conviction or notices served. |  |
|  | Details and remedial action  Click here to enter text. | |
| D15 | Does your organisation have an in-house policy for the management of Quality issues? | Yes  No |

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| **E. CONFLICT OF INTEREST** | | |
| This is a Pass/Fail question. If an applicant cannot or is unwilling to suitably demonstrate that they have suitable safeguards to mitigate any conflict of interest, then their application will be deemed non-compliant and they will NOT be considered for this competition. | | |
| E1 | Do you have any potential, actual or perceived conflicts of interest that may be relevant to this competition? | Yes  No |
| E2 | If answered Yes in D.1, please provide details of any potential, actual or perceived conflicts of interest in respect of this project and outline what safeguards would be put in place to mitigate this risk arising during the project. | |
| Click here to enter text. | | |

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| **F. FUTURE OPPORTUNITIES** | |
| Can the DfT or Connected Places Catapult (CPC) contact you about other innovation research competitions? | Yes  No |
| If your application is successful, the DfT would also like to share your project details with partners who may be interested in working with you to progress the results of the project. Please tick if you are content for DfT to share your project details with others listed below.  **Note: Details will only be shared if you give permission by ticking the boxes below.**  Innovate UK  Transport or Local Authorities  Knowledge Transfer Network  Other Government Departments  Other | |

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| **G. PREVIOUS APPLICATIONS** | | |
| G1 | Have you ever applied to the T-TRIG or other DfT funded Programme? | Yes  No |
| G2 | If yes, please tell us which programme, your project title, and the year in which you applied. | |

**SECTION 2**

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| **H1. PROJECT TITLE** |
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| **H2. PROJECT OUTLINE (one sentence max.)** |
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| **H3. PUBLIC PROJECT SUMMARY (250 words max.)** |
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| **H4. The Challenge (500 words max.)** |
| What is the challenge being addressed by the proposed project? |
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| **H5. Innovation (1,000 words max.)** |
| How is your Application innovative? |
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| **H6. Project Management and Team (500 words max. plus Gantt Chart)** |
| What is your project plan to deliver the project? What are the relevant skills and expertise of the team? |
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| **H7. Impact and Exploitation (800 words max.)** |
| How will the outcome from this research have a beneficial impact on UK transport? |
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| **H8. PROJECT FINANCES** |
| How much will the project cost to deliver and how will this be spent to ensure value for money? This section can be edited. |
| |  |  |  |  | | --- | --- | --- | --- | | Use this table to detail your costings for the project. List each person involved, along with their daily rate and number of days worked. Also include other costs, such as equipment, material and contracting. | | | | | **Name of employee and company if in collaboration** | **Daily rate** | **Number of days per employee** | **Total budget (£)** | |  | £ |  | 0 | |  | £ |  | 0 | |  | £ |  | 0 | |  | £ |  | 0 | | Consultancy costs (£) | | | 0 | | Material costs (£) | | | 0 | | Equipment cost (£) | | | 0 | | Laboratory/testing cost (£) | | | 0 | | Other expenses (£) (please specify) | | | 0 | | **A. Total Cost (£)** | | | 0 | | **B. Total funding sought from T-TRIG (£)** | | | 0 | | If the total project cost **(A)** is greater that the funding being sought **(B)** please explain how you plan to fund the difference. | | | | |

**SECTION 3**

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| **I. STATE AID** |
| The organisation acknowledges that the Programme is funded by the Department for Transport and that the grant funds are therefore public monies. Consequently, the award of such monies must be done in a manner compliant with state aid rules. Any monies awarded to the organisation under the Programme will be given under the de minimis state aid regulation which permits aid to an undertaking that totals under €200,000 over a rolling 3-year period.  If the organisation’s application for grant funding under the Programme is acceptable, the organisation will be required as part of its acceptance of the Grant Offer to complete a de minimis state aid declaration confirming that the amount of grant awarded to the organisation will not contravene the de minimis limit (i.e. that the organisation will not have received more than €200,000 in state aid in the last 3 years from the date of grant). |
| Please tick the box to confirm that you do not anticipate that any grant award under the Programme will cause the organisation to contravene the de minimis state aid limit |

**SECTION 4**

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| **J. TERMS AND CONDITIONS** |
| Please tick this box to confirm that you have reviewed the terms of the Grant Agreement and that you accept them |
| *Having examined the Application Guidance Document (and FAQ’s) and Grant Agreement, I hereby submit our application on the full understanding that any resulting Grant Offer shall be subject to the provisions of the Funding Agreement and I accept these terms and conditions.*  *I certify that the information set out in this Grant Application Form is true and complete. I understand that if any of this information is subsequently discovered to be false or misleading the organisation’s participation in the Programme may be terminated and any funds paid to the organisation may be required to be repaid.* |
| Name:  Company:  Position:  Signature:  Date: |