**Business Engagement and Partnerships Development Fund**

**for Social Sciences and Humanities**

2019

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| **INSTRUCTIONS**  |
| Please complete all relevant fields. If you require additional space, please attach separate sheets clearly marked with your name and contact details. Ask your Head of Department to complete the endorsement section. Applications should be submitted to bep@socsci.ox.ac.uk by your departmental administrator/research support officer. |
| **PROJECT DETAILS**  |
| Project Title |       |
| Project start date |       | Project end date |       |

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| **ACADEMIC LEAD (S)** *The person or persons who will take overall leadership of the project. At least one convenor must be designated as the Principal Investigator (PI) and will be additionally responsible for managing the infrastructure and reporting. Please attach a separate sheet for additional Convenors.* |
| **Academic Lead 1** |
| Surname |       | Name |       | Title |       |
| Post/Job title |       |
| Department/Faculty |       |
| Email address |       | Telephone |       |

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| **RESOURCES** *Please give a clear breakdown of the resources requested. Attach separate sheet for additional budget items.***Please attach quotes for items, from suppliers, where appropriate.** |
|  | Itemised description | Amount  |
| Hardware/Equipment |       |       |
|       |       |
| Software |       |       |
|       |       |
| Facilities/Access to Datasets |       |       |
|       |       |
| Other  |       |       |
|       |       |
| **Total Requested** |  |
| **ADDITIONAL BUDGET INFORMATION** *(where applicable)* |
| Total university project costs |       |
| Details of any matching **grant** funding sought/received *(£ and source)*: |       |
| Departmental/College support:*(direct contributions only e.g. support for event costs)* |       |
| Cash contributions from partners: *(£ and description of what this covers)*:  |       |
| In-kind contributions from partners: *(estimated £ and description of contributions*) |       |
| **ENDORSEMENT BY HEAD(S) OF DEPARTMENT/FACULTY**  |
| ***Please tick to confirm that the Heads of Department or Chairs of Faculty for each of the Convenors have endorsed the application and give the name of the individual who has approved the application.****In doing so they agree to provide the necessary facilities and confirm that the project would not entail a significant increase in use of any university services, and that any health and safety and ethical requirements would be covered.* |
| Academic Lead 1 | [ ]  Yes | Endorsed by:       |
| **OTHER INFORMATION** |
| Declaration of Interests: *If applicable*       |
| All projects supported by this funding must adhere to the University’s Code of Practice and Procedure for Academic Integrity in Research, and comply with appropriate legal and regulatory requirements. If any form of licence is needed (e.g. Home Office, Intellectual Property, Radiation Protection) these must be in place before the project commences. Please check this box to confirm that you have read and agree to these terms. [ ]  |
| Where did you hear about this funding call? |       |