

# Application for an RNID Translational Research Grant: Preliminary Application

Please note that this is a sample form provided for information only – the preliminary application form must be completed and submitted through Flexi-Grant®

## Eligibility

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### Guidance

On this page please read the criteria below and confirm that your project will fit within RNID's funding remit.

### Eligibility statements

We request translational research proposals that will advance the development of novel therapeutics (excluding medical devices) for the treatment of hearing disorders, including tinnitus.

We want to support:

- Research focused on the development of a specific novel therapeutic for the treatment of hearing loss and/or tinnitus.
- Clearly defined experimental plans supported by relevant preliminary and/or proof-of-concept data
- Proposals that clearly outline the commercial potential of the therapeutic and describe how work undertaken during the Translational Research Grant will enable the innovation to attract follow-on funding for subsequent developmental steps

Applications can include:

- Studies which will enable lead optimisation and/or candidate selection.
- Pharmacokinetics/Pharmacodynamics (PKPD) studies.
- Safety/toxicology studies.
- Drug repositioning/repurposing.
- Validation of therapeutic targets for the treatment of hearing loss or tinnitus.
- Studies to strengthen confidence that a target or therapeutic approach will be applicable to human hearing loss or tinnitus.

All applications need to be supported by and contain clear descriptions of the preliminary data supporting the proposed approach.

**Please note that these studies must support the development of a specific therapeutic. General research not aligned to a specific therapeutic should be**

**submitted to other grant schemes offered by RNID (e.g. Discovery Research Grant).**

Applications will not be accepted in the following areas:

- Basic research into the causes and underpinning biology of hearing loss and tinnitus.
- The development of devices or software.
- The optimization of current clinical protocols.
- Health service studies.
- Identification/validation of methods or outcomes not aligned to a specific therapeutic.

For full details see Translational Grant call and guidelines

Questions

**Please tick box to confirm that you have read and understood the above instructions**

## **Lead Applicant Information**

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Guidance

On this page please provide the requested information for the lead applicant on this project. The lead applicant will be our main contact throughout the grant evaluation process and the project should it be funded

Questions

**Applicant information:** *Your contact details have been added to the table below. Please check that the contact details associated with this application are accurate. Please note that you can only be named as the lead applicant on ONE preliminary application (you can be named as a co-applicant or collaborator on other applications).*

**Lead organisation:** *Please add details of the host institution below. The host institution will be responsible for approving submission of your application and administering any award that results from it. If your organisation is not available within the searchable list, please contact a member of the grants team to request it to be added to the list.*

## **Co-applicants and Collaborators**

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Guidance

On this page please enter the details of up to 5 co-applicants and any collaborators associated with your grant application on this page.

Co-applicants are considered part of the project team and are expected to share responsibility for its successful delivery. Collaborators are individuals whose contribution is critical to the success of the project but who will not receive funding from this grant.

If there are no co-applicants or collaborators associated with the application, please select the no option for both questions and move to the next page.

### Questions

**Are co-applicants involved?** (Yes/No) > (If Yes)

**Co-applicant details:** *In the text box, provide the requested details for each co-applicant involved in your project. Structure your response as follows: Title, First name, Surname, Email, Institute. Please include each co-applicant on a separate line.*

**Team expertise:** *Briefly comment on how the assembled team of co-applicants brings the necessary expertise to support your therapeutic development project.*

**Are collaborators involved?** (Yes/No) > (If Yes)

**Collaborator details:** *In the text box, provide the requested details for each collaborator involved in your project. Structure your response as follows: Title, First name, Surname, Email, Institute. Please include each co-applicant on a separate line.*

**Team support:** *Briefly comment on how the assembled team of collaborators will support your therapeutic development project.*

## **Project Details**

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### Guidance

On this page please provide details of your proposed project below. Projects must be defined pieces of research with clearly stated objectives, experimental plan and expected outcomes.

### Questions

**Project title:** *Provide the full title of your proposed project.*

**Describe the therapeutic approach which is being developed:** *What therapeutic approach are you proposing to advance? Please specify the type of approach you are using, including the type and name (if applicable) of the compound your project focuses on, its target and mechanism of action (if known), and the proposed indication.*

*For example:*

*"This project focuses on compound [XXX], an inhibitor of function [XXX] targeting cell process [XXX], in order to regenerate hair cells in old gerbils and reverse age-related hearing loss."*

*"We have developed a gene therapy approach to prevent progressive hearing loss in condition [XXX], that targets gene [XXX] in cell type [XXX] to maintain normal function [XXX]."*

**Start date:** *Provide the proposed start date of the project (projects must start before 31<sup>st</sup> March 2026)*

**Project duration:** *Specify the proposed duration of the project in months.*

**Previous submission?** (Yes/No) > (If Yes)

**Previous project title:** *Please provide the title of the previous application.*

**Previous submission date(s):** *Provide the dates of your previous submission(s).*

**Description of proposed research:** *Please upload a description of your proposed project as a PDF document, making sure that you include the following information:*

- 1. Objectives of the proposed research*
- 2. What is the existing evidence for the candidate therapeutic's beneficial effect on protecting or rescuing hearing, or reducing tinnitus? Please include your own preliminary data as well as any supporting evidence from the literature.*
- 3. Research plan/key stages of research to be carried out? Please include relevant methods and techniques.*
- 4. What are the expected outcomes your study? What will you deliver?*
- 5. If you have previously submitted a related proposal to us, please detail how the current application differs from the previous submission.*

*Your proposal should be a maximum 3 sides of A4 (margins of 2 cm on each side), excluding references. Minimum font size 11pt, Arial or Times New Roman, single spaced. Up to 3 figures may be included.*

**RNID/Dunhill Medical Trust co-funding (for lead applicants based at a UK academic institution or small/medium enterprise)**

If your project is directly related to age-related hearing loss and/or older people, please tick the box below? (Yes/No) > (If Yes)

Please explain how your research is specifically ageing-related and/or aims to benefit to older people in the UK. (Text box – 250 words)

**Development Strategy:** *Please describe your strategy for developing your therapeutic approach towards clinical trials in patients, and how the outcomes of your translational grant will contribute to it.*

**Nominated reviewers:** *Please suggest four possible external reviewers for your full application, should you be invited to submit one. Please provide their full name, institution and institutional email address (if known). Please do not suggest any current member of our Translational Research Grant review panel – please see here for the current membership. We*

may send your application to other reviewers of our choice. If you do not suggest reviewers, we will not accept your application.

**Conflicted reviewers:** Please indicate any individuals or groups who should not be contacted to review this application (giving a brief reason in brackets, such as a conflict of interest).

## Declaration

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### Guidance

On this page you will be required to confirm your commitment to the project and that the details provided in your application are a fair and accurate representation of the proposed project. It is very important that all co-applicants and collaborators named on the application have read the Data Protection Statement and are happy to be included.

### Questions

**Applicant declaration:** *I confirm that I have read the Translational Research Grant Call and Guidelines and that my application meets the requirements of the call. If my application is successful, I agree to work closely with RNID, and will be actively engaged in and in day-to-day control of the project [tick box].*

**Head of Department declaration:** *I confirm that my Head of Department has read this application and agrees that, if granted, the work will be accommodated and administered in their Department [tick box].*

**Co-applicants & collaborators:** *I confirm that all named co-applicants and collaborators have read this application and the RNID Data Protection Statement and have given their consent to be included in the application [tick box].*