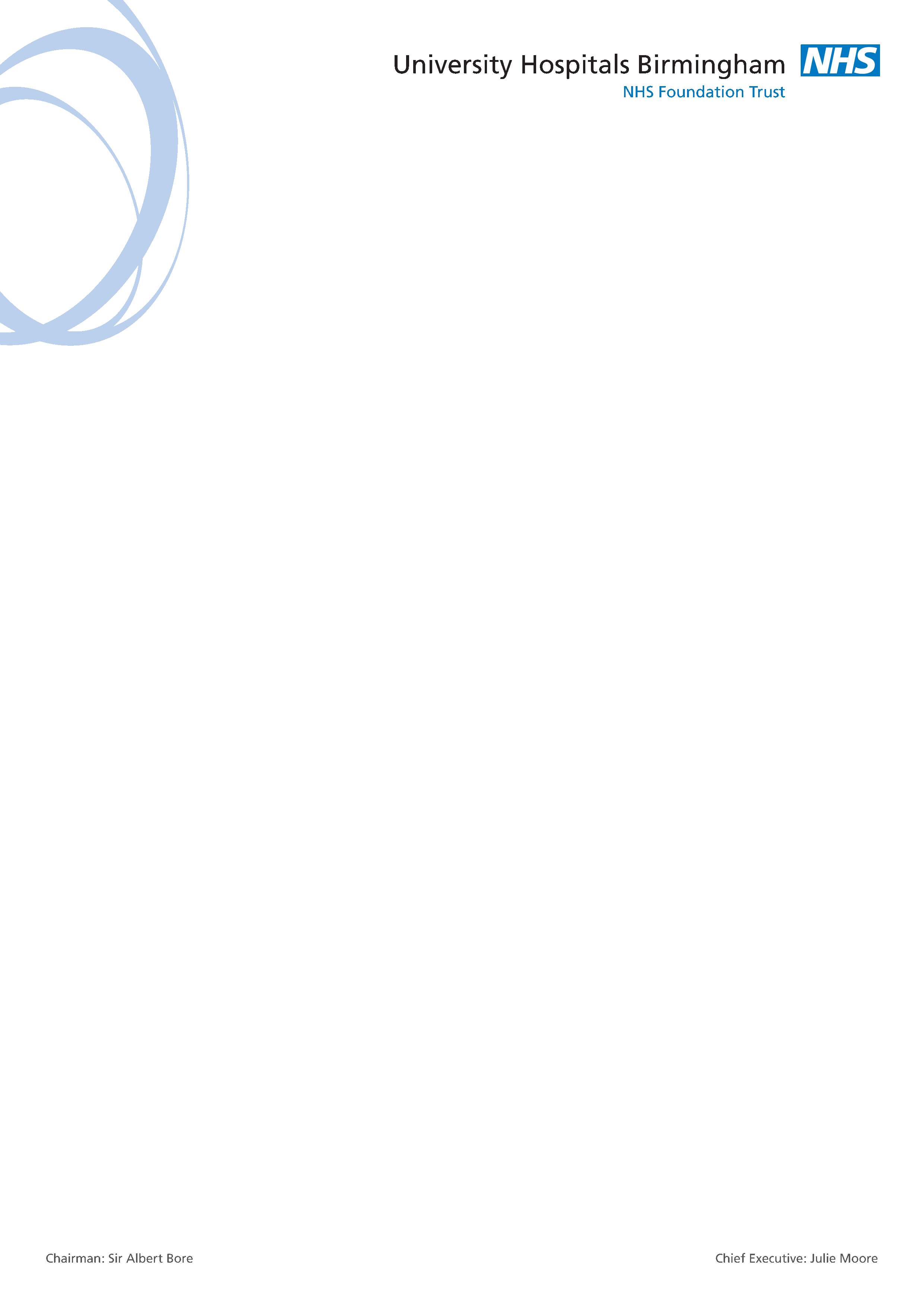
|  |
| --- |
| **\*Deadline/Intended Date of Submission:** |
| **Title:** |
| **\*Lead Applicant:** |
| **\*UHB Applicant:** |
| **\*Lead Organisation:** |
| **\*Lead NHS Trust:** |
| **\*Sponsor:** |
| **\*Funder Name:** |
| **\*Funding Stream:** |
| **\*Estimated Start Date:** |
| **\*Estimated Duration:** |
| **Other Partners:** |
| **Other Partners Contact Name & Email:** |
| **Proposed Delivery Team(s):** |
| **\*Digital Health Research:**  Yes /  No |
| **\*Summary:**  ​​ |
|  |



**RAS GRANTS PRO FORMA**