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| --- |
| **\*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**