Logo

Description automatically generated

**Application for open access publishing fees**

**Before completing this form, please read our ‘Grantee Guide to Open Access’ and the notes below.**

Grantees of awards from the MND Association from 2011 onwards are mandated to make their peer reviewed papers directly arising from the grant available through open access. These research papers should be available within the UK PubMed Central (UKPMC) repository as soon as possible but within 6 months of publication of the paper.

The Association’s open access mandate applies to research that is wholly or substantially funded by the MND Association. Where research has been joint funded by another organisation, requests for open access fees will be considered on case-by-case basis.

This open access mandate excludes reviews, book chapters, editorials or conference proceedings. It also excludes publications arising from awards made prior to 2011.

Open access funding is not available for additional page and colour plate charges.

Please send a signed copy of the application form with evidence of acceptance from the journal to: [research.grants@mndassociation.org](mailto:research.grants@mndassociation.org)

If approved, open access fees will be reimbursed upon receipt of an invoice from the grantee institution. A copy of the invoice from the publisher should be included as supporting information.

Logo

Description automatically generated

**Application for open access publishing fees**

|  |  |
| --- | --- |
| **Grantee details** | |
| **Principal investigator** |  |
| **Institution** |  |
| **Grant title** |  |
| **Grant reference** |  |
| **Details of publication** | |
| **Publication title** |  |
| **Authors** |  |
| **Journal name** |  |
| **Other funders supporting this work** |  |
| **Funding requested** | |
| Amount requested from MND Association |  |
| Amount available from other sources |  |
| **I hereby confirm that the details given are accurate and that any money granted will be used to support open access publication charges only** | |
| Signature of principal investigator |  |
| Date |  |
|  | |
| **For MND Association use only:** | |
| Decision of application |  |
| Amount awarded |  |
| Date of decision |  |
| Date reimbursement invoice received |  |
| Date paid |  |

**Version 1.2 – Nov 2021**