

**Project number: \***\*will be assigned by the MLDS

*Please refer to the ‘Manual Preliminary Grant Application 2020’ for instructions.*

*Do not exceed the maximum of 5 pages excluding signatures and appendix.*

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| **1** | **Institute** |    |
|  | **Department** |    |
|  | **Project leader** | First name, last name and title(s) | [ ] Mr. / [ ]  Ms.    |
|  |  | Please specify your position at the applying institute.Do you have a permanent position at that institute? If not, when does your contract end? |
|  |  |    |
|  | **Address** |    |
|  | **Telephone** |    |
|  | **E-mail** |    |
| **2** | **Project group** | Name, academic title | Discipline | Employed by | Time spent on this project (% fte) |
|  |  |    |    |    |    |
|  |  |    |    |    |    |
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|  |  |    |    |    |    |
| **3** | **Title of the project** | English |
|  |  |       |
|  |  | Dutch |
|  |  |       |
| **4** | **Type of research** | [ ]  Fundamental[ ]  Clinical[ ]  Translational |
|  | **Disease(s)** | 1)   2)    | Organ(s) | 1)   2)    |
| **5** | **Abstract**Please include objective, background, methods and anticipated results | English (max. **300** words) |
|  |  | *Objective:*   *Background:*   *Methods:*   *Anticipated* *results:*    |

|  |  |  |
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| **6** | **Hypothesis** |       |
| **7** | **Methods** |       |
| **8** | **Work plan**  |       |
| **9** | **Relevance of the research** |       |
| **10** | **Novelty** |       |
| **11** | **Five relevant publications concerning this application**  |       |
|       |
|       |
|       |
|       |
| **12** | **Budget** | Personnel type[[1]](#footnote-1)  |        | Equipment type  |        |
| Total costs personnel1 |     | Total costs equipment  |     |
| **Total project costs** |     |
| **Total project costs requested from MLDS** |     |
| **Total project costs requested from other party** |     |
| *Has this grant proposal been submitted or will this proposal be submitted to another funding organization?* [ ]  No[ ]  Yes, namely to    for an amount of €   |
| *Will part of the budget be covered by another organization?* [ ] No[ ] Yes, namely by    for an amount of €   |
| **13** | **Signatures** |
|  | **Project leader** | Date (dd/mm/yyyy) |    |
| Name:   Signature:  |
| **Participants of project group**  |
| Name:   Function:   Signature:  | Name:   Function:   Signature:  |
| Name:   Function:   Signature:  | Name:   Function:   Signature:  |
| Name:   Function:   Signature:  | Name:   Function:   Signature:  |
| Name:   Function:   Signature:  | Name:   Function:   Signature:  |
| **Head of department/institute** | Date (dd/mm/yyyy) |    |
| Name:   Function:   Signature:  |

**Appendix A. International experts**

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| 1. **List three international experts that should be able to review your project, without a Conflict Of Interest.**

 | **Name** |    |
| Institute |    |
| Specialties |    |
| E-mail |    |
| **Name** |    |
| Institute |    |
| Specialties |    |
| E-mail |    |
| **Name** |    |
| Institute |    |
| Specialties |    |
| E-mail |    |

1. Please refer to the “Manual Preliminary Grant Application” for the instructions [↑](#footnote-ref-1)