

**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** |  | | | | | | |
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| **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)