

Postbus 800 3800 AV Amersfoort

Telefoon 033 752 35 00

Website www.mlds.nl

E-mail research@mlds.nl

KvK Utrecht 41010169

# Grant Proposal

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| Registration Number: **\*** \* will be assigned by MLDS  |

**Please refer to the ‘Manual for the Grant proposal’ for instructions.**

**Do not exceed the maximum of 14 pages with font size 10 (excluding signatures and all appendices).**

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| **General information** |
| 1 | Institute |       |
|  | Department |       |
|  | Street/ P.O.Box |       |
|  | Zip code |       | City |       |
| 2 | Project leader |  | [ ] Mr. / [ ]  Ms. |
|  |  | Title(s) |       |
|  |  | Initials  |       |
|  |  | First name |       |
|  |  | Last name |       |
|  |  | Position at the applying institute | Description of position |       |
|  |  |  | Type of contract | [ ]  Temporarily, until      [ ]  Permanent |
|  |  | Telephone |       |
|  |  | E-mail |       |
|  |  | Room number |       |
| 3 | Project group | Name, academic title | Discipline | Employed by | Time spent on this project (fte / total number of months) |
|  |  |       |       |       |       /       |
|  |  |       |       |       |       /       |
|  |  |       |       |       |       /       |
|  |  |       |       |       |       /       |
|  |  |       |       |       |       /       |
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|  |  |       |       |       |       /       |
|  |  |       |       |       |       /       |
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| **Project information** |
| 4 | Title of the project | English |
|       |
| Dutch |
|       |
| 5 | Expected start date (mm/yy) |       (max. 12 months after granting) |
| Expected project duration (mm/yy) |       months  |
| 6 | Type of research | [ ]  Fundamental[ ]  Clinical[ ]  Translational |
| 7 | Disease(s) | 1)      2)       | Organ(s) | 1)      2)       |
| 8 | Abstract | English summary (max. 300 words) |
| Please include the following items:**Objective:**      **Background:**      **Methods:**      **Anticipated results:**       |
| 9 | Theoretical background and literature references |        |
| Literature references |
|       |
| 10 | Preliminary data and relevant publications of the project group |       |
| References of project group |
|       |
| 11 | Goal(s) and hypotheses |       |
| 12 | Work plan of the whole project per year (include study methods and milestones) |       |
| 13 | Reflection on other national and international initiatives regarding the research goal  |       |
| 14 | Patient participation during design and execution of this project |       |

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| **Experiments** |
| 15 | **Humans** |
| Humans | number |
| healthy subjects |       |
| patients |       |
| Nature of intervention(s) |
|      [ ]  CCMO or ME(T)C permission is requested[ ]  CCMO or ME(T)C permission is obtained |
| 1. What is the burden of the experiment(s) for the participants (physical, emotional, time expenditure)? |       |
| 2. What are the (health) risks for the participants? |       |
| 16 | **Animals** |
| Animals (species) | number |
|       |       |
|       |       |
| Nature of intervention(s) |
|      [ ]  CCD/DEC permission is requested[ ]  CCD/DEC permission is obtained |
| 1. Motivation why the research question can only be answered using animal models. Why are in vitro models and/or human studies not sufficient to answer the research question? |       |
| 2. What animal model will be used? |       |
| 3. Motivate the choice of your animal model. Which animal models are available and what is the argumentation for your choice of animal model? |       |
| 4. What is the relevance of these studies for humans? |       |
| 5. Describe the working protocols and the design of the experiments. |       |
|  | 6. Do you randomize? If yes, which specific method do you use? If not, why not? |       |
| 7. Is ‘blinding’ applied during the experiments? If yes, how? If not, why not? |       |
| 8. Provide argumentation for the choice in group size. Is a statistician involved for these calculations? |       |

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| **Impact of the project** |
| 17 | Relevance of the project for  | Patients (i.e. impact on quality of life) |
|       |
| Doctors (i.e. treatment methods) |
|       |
| Society (i.e. cost reduction) |
|       |
| Science (i.e. insights) |
|       |
| 18 | Results and implications of the project for | Diagnoses and/or treatment |
|       |
| Clinical practice  |
|       |
| Product development |
|       |
| 19 | Distribution of results |       |
| 20 | Action plan for implementation of results |       |

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| **Other funding** |
| 21 | Has this grant proposal been submitted or will this proposal be submitted to another funding organization? | [ ] No |
| [ ] Yes, submitted to       | [ ]  Proposal accepted[ ]  Proposal pending, decision expected       (dd/mm/yyyy) | [ ]  No conditions are imposed on the grant.[ ]  Conditions are imposed on the grant, namely      .  |
| [ ] Yes, will be submitted to       | Decision expected       (dd/mm/yyyy) | [ ]  It is unknown if there will be conditions imposed on the grant.[ ]  No conditions will be imposed on the grant.[ ]  Conditions will be imposed on the grant, namely      . |
| 22 | Confirmation of the organization that provides financial support for this research proposal | Date (dd/mm/yyyy):       |
| Organization:       |
| Name:       Function:      Signature:  |
| Amount of financial support provided: €       |

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| **Signatures** |
| Project leader | Head of department/institute |
| Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  |
| Participants of project group  |
| Name:      Date (dd/mm/yyyy):      Signature: | Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  |
| Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  |
| Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  | Name:      Date (dd/mm/yyyy):      Signature:  |

**Appendix A. International experts**

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| 1. List five 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 |       |
| Name |       |
| Institute |       |
| Specialties |       |
| E-mail |       |
| Name |       |
| Institute |       |
| Specialties |       |
| E-mail |       |

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| 1. Please do **not** select the following reviewer for this project.
 | Name |       |
| Institute |       |
| Name |       |
| Institute |       |
| Name |       |
| Institute |       |
| Name |       |
| Institute |       |

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| **Appendix B. Financial specifications** |
| **1** | **Personnel**  |
|  | **Type** | **FTE**  | **Duration of appointment** | **€** |
| [ ]  PhD student (non-MD) |       |       |       |
| [ ]  PhD student (MD) |       |       |       |
| [ ]  Post doc |       |       |       |
| [ ]  Supporting Non Academic Personnel  |       |       |       |
| [ ]  Other,       |       |       |       |
| **Motivation:**       |
| **Specification of personnel costs:**       |
|  | **Total personnel costs (€)** |       |
| Amount covered by MLDS grant (€) |       |
| Amount covered by others (€) | Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| **2** | **Equipment** |
|  | **Type** | **€** | **Specification** | **Organization that covers these costs** |
|  | Materials |                 |                 |                 |
| Animals |                 |                 |                 |
| Other |                 |                 |                 |
|  | **Total equipment costs (€)** |       |
| Amount covered by MLDS grant (€) |       |
| Amount covered by others (€) | Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| Amount:      Name of organization:       | [ ]  Requested, not yet confirmed. Decision expected in       (mm/yyyy)[ ]  Confirmed |
| **3** | **Total project costs (€)** |       |
|  | Amount covered by MLDS grant (€) |       |
| Amount covered by others (€) | Amount:      Name of organization:       |
|  | Amount:      Name of organization:       |
|  | Amount:      Name of organization:       |

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| **4** | **Signatures** |
|  | Drafted by |       |
| Name |       |
| Position |       |
| Telephone number |       |
| Date |       |
| Signature |  |

**Appendix C. Pictures, tables and figures**

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| 1.  | 2.  |
| 3.  | 4.  |
| 5.  | 6.  |
| 7.  | 8.  |
| 9.  | 10.  |
| 11.  | 12.  |
| 13.  | 14.  |
| 15.  | 16.  |