

**Grant Application Form MLDS**

**(complete protocol/ research proposal)**

# Grant Cycle Scientific Research

# “Selectiecall IBD” 2022

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

**Please refer to the ‘Manual for the Grant Application 2022’ for instructions.**

**Do not exceed the maximum of 14 pages with font size 11 (excluding signatures and all appendices).**

Postbus 800 3800 AV Amersfoort

Telefoon 033 752 35 00

Website www.mlds.nl

E-mail [research@mlds.nl](mailto:research@mlds.nl)

KvK Utrecht 41010169

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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) |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |
|  |  |  | |  |  | | / |

|  |  |  |
| --- | --- | --- |
| **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 (max. 48 months) |
| 6 | Type of research | Fundamental  Clinical  Translational |
| 7 | Subtheme selection call IBD | Nutrition  Fatigue  Personalized care |
| 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 |  |
| 14A | Patient participation during design and execution of this project |  |
| 14B | Integration feedback ‘’IBD patiëntenpanel MLDS’’ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? |  | | |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: € | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. 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: | | | | | |

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

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

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