

*Please refer to the ‘Manual Preliminary Grant Application 2023’ for instructions.*

# Algemene informatie

|  |  |  |
| --- | --- | --- |
| **1** | **Institute** |  |
|  | **Department** |  |
|  | **Project Leader** | First name, last name and title(s); Mr./ Mrs. ………………………………………Please specify your position at the apply institute ……………………………………………………………………………………………………………………….Do you have a permanent position? If not, when does your contract ends?.......................................................................................................................... |
|  | **Address** |  |
|  | **Telephone** |  |
|  | **E-mail** |  |
| **2** | **Project group** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Name, academic title* | *Discipline* | *Employed by* | *Time spent on this project (% fte)* |
|  |  |  |  |
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 |
| **3** | **Type of research** |  Clinical Fundamental Translational  |
| **4** | **Theme of research**  |  Esophageal cancer Colon cancer Unexplained digestive issues Gut microbiome Further development and/or implementation of promising project results on one of the above four themes, from research already funded by the MLDS in the context of early detection. Previous project code……..  |
| **5** | **Budget** |

|  |  |
| --- | --- |
| *Personal type* | *Equipment type* |
| *Total costs personnel* | *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?*NoYes, namely to……………………………………………… for an amount of €…………………………….. |
|  | *Will part of the budget be covered by another organization?*NoYes, namely to…………………………………………….for an amount of €…………………………………. |
| **6** | **Signatures** |
|  | **Project leader** Date (dd/mm/yyyy) |
|  | Name:Signature: |
|  | **Participants of project group** |
|  | Name: Name:Signature: Signature: |
|  | Name: Name:Signature: Signature: |
|  | Name: Name:Signature: Signature: |
|  | Name: Name:Signature: Signature: |
|  | **Head of department/ institute** Date (dd/mm/yyyy) |
|  | Name:Function:Signature: |

# Project summary (English, max 1000 words)

*Do not exceed the maximum of 1000 words excluding five relevant publications.*

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| --- | --- | --- |
| **7** | **Title** | English:Dutch: |
| **8** | **Background**  |  |
| **9** | **Hypothesis** |  |
| **10** | **Objective** |  |
| **11** | **Methods** |  |
| **11.1** | Research design: |  |
| **11.2** | Subjects (if applicable) |  Human  Animal  N.A. |
|  |  | Healthy subjects (number):Patients (patient description and number):  |
|  |  | Animal species (description and numbers): |
| **11.3** | Samples (if applicable) | Origin:Type:Amount:Availability: |
| **11.4** | Analysis  | Methods:Machine/software: |
| **11.5** | Work plan including timeframe and milestones |  |
| **17** | **Anticipated results** |  |
| **18** | **Five relevant publications concerning this application** | 1)2)3)4)5) |

# Appendix A. International experts

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** | **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 |  |