



Zijdeweg 29, 2244 BD Wassenaar

submit application by email to: info@fshd.nl

GRANT APPLICATION

To be completed by the FSHD Stichting				
Grant application no. :				
1. Applicant University/Institute Faculty or Hospital Research Institute Department Postal address Phone & Fax E-mail				
2. Title	(max. 100 characters)			
3a. Onset of the project Duration Requested support	Date : Year(s) : Months: Total amount : € Personnel : € Material : €			
3b. Research agreement	Did you sign the research agreement with the FSHD stichting? o yes o no			
4. Project group a. principal participants already engaged b. personnel requested	Name, academic degree	Discipline	Presently employed by	Hrs/week in the project
5. Summary	Please give information about background, hypothesis, study objectives, material & methods, study design and expected results (max. 350 words)			

6. Classification of the proposed research	<ul style="list-style-type: none"> <input type="radio"/> epidemiology <input type="radio"/> diagnostics <input type="radio"/> disease mechanism <input type="checkbox"/> therapeutic <input type="radio"/> patient care (short term, i.e. <2 yrs)
7. Research line a. embedding b. previous research of the applicant c. collaboration d. infrastructure e. publications (max. 10)	(max. 400 words)
8. Research question a. description of the project b. hypothesis c. objectives d. publications relevant to the research question and proof of principle (max. 15)	(max. 500 words)
9. Research plan a. patients/material & methods b. detailed time schedule c. analysis d. interpretation of expected results	(max. 500 words)
10. Ethics a. human	Will the study include: a. healthy individuals/individuals material? <input type="checkbox"/> yes <input type="radio"/> no b. patients/patients material? <input type="radio"/> yes <input type="checkbox"/> no Does your application have the approval of the local medical ethical committee? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: The approval of this committee is: <input type="checkbox"/> enclosed <input type="checkbox"/> requested <input type="checkbox"/> will be forwarded If no: Approval is not required, because
b. animal	Will experiments be performed with animals? <input type="checkbox"/> yes <input type="radio"/> no - animal species: - number(s) annually: - nature of the experiments: Does your application have the approval of the local committee for experiments on

	<p>animals?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes:</p> <p>The approval of this committee is:</p> <p><input type="checkbox"/> enclosed</p> <p><input type="checkbox"/> requested</p> <p><input type="checkbox"/> will be forwarded</p> <p>If no:</p> <p>Approval is not required, because</p>
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c. biohazards	<p>Will experiments be performed with:</p> <p><input type="checkbox"/> recombinant DNA</p> <p><input type="checkbox"/> radiation (particles and/or photons)</p> <p><input type="checkbox"/> radioactive isotopes</p> <p><input type="checkbox"/> pathogenic micro-organisms</p> <p>Are the required facilities and permits available?</p> <p><input type="checkbox"/> yes (enclose copies) <input type="checkbox"/> no</p>
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11. Intellectual property	<p>Is valorisation an aspect of the proposed project (e.g. patent application or industrial collaboration)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, specify how.</p>
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12. Requested support

Personnel							
Level	Category	Fte	Period (year)	Fee €	Benchfee € (only for scientific personnel)	End of project fee €	Total €
Total Personnel €							

Consumables					
Materials Description	Year 1	Year 2	Year 3	Year 4	Total
Total Materials €					
Animals Description					
	Year 1	Year 2	Year 3	Year 4	Total
Total Animals €					
Total Materials + Animals €					
TOTAL REQUESTED SUPPORT €					Total €
13. Concise justification of requested support for personnel, animals & consumables					
14. Contribution from own institute	For every grant application financial co-financing by the institute where research takes place is required. Please specify the contribution provided by your institute.				
15. Other grant applications	<p>Did you submit (or do you have the intention to submit) a similar grant application to other funding organisations?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so</p> <p>- funding organisation:</p> <p>- title of grant application:</p> <p>- what was the result:</p>				
16. Financial administration	<p>The financial administration is in the hands of:</p> <p>Name:</p> <p>Position:</p> <p>Address:</p> <p>Phone & Fax:</p> <p>E-mail:</p>				
17. Signatures	Name	Signature		Date	
Applicant					
Director of institute					
18. Popular abstract	Popular abstract for lay people to be published on the FSHD website (200 words max)				