**Application to Tool 1: Project Funding**

**Step II: Full application - “Research Projects to generate new knowledge relevant for CF-diagnosis and therapy”**

*To see the helpful hints for completing this form please activate “***¶***” (show/hide) in the can be activated in the standard Word toolbar icon "Show / Hide” in the standard toolbar.*

*Please note that only applications that are written in English can be evaluated by international experts, which is the basis for grant approval.*

***Graphics and photographs may be inserted******in section 12.***

Version Number:

Date:

**Project Title:**

In cases of application for project extension, please quote previous project number:

**PROJECT LEADER**

**First name**

**Surname**

**Academic degree**

**Date of birth**

**Nationality**

**Institution**

**Department**

**Postal address**

**(Street, Post Code, Town)**

**Telephone**

**Telefax**

**E-Mail**

*Each grant application must contain the following confidentiality statement:*

*The information contained in this document, especially unpublished data, is a property of*       *(e.g. project leader). This document is therefore provided in confidence for review by the staff of the Mukoviszidose e.V., the executive board (FGM) and experts chosen by the FGM for review. It is understood that this information will not be disclosed to others without written authorisation from the project leader.*

**Synopsis**

|  |  |
| --- | --- |
| **Project Leader** | • First name, last name, academic title  • Institution and department  (for Details, please see above) |
|  |  |
| **1. Cooperation partner** (delete where appropriate) | • First name, last name, academic title  • Institution and department  (for details, please see section 1.3) |
|  |  |

|  |  |
| --- | --- |
| **2. Cooperation partner**  (delete where appropriate) | • First name, last name, academic title  • Institution and department  (for details, please see section 1.3) |
|  |  |

|  |  |
| --- | --- |
| **Objectives / Hypothesis** |  |
|  |  |
| **Expected benefit for CF-patients** |  |
|  |  |
| **Milestones** (in case of multiple applicants the respon-sible researcher should be specified for each working step) | Step 1:       / date:  Step 2:       / date:  Step 3:       / date: |
|  |  |
| **Methods** Please mention the methods proposed to achieve the goals of the project |  |
|  |  |
| **Duration of the project** | Required commencement date:        Expected duration:       (in months) |
|  |  |
| **Total costs** | Staff\*:  Equipment:  Consumables:  Travel expenses:  Miscellaneous costs:  Total funding required:  \* salary categories in accordance with the Federal Collective Agreement for Public Employees (TV-L/ TVÖD) |

Signature

The undersigned confirm that they agree to the grant application, will participate in the project and will conduct the project according to Good Laboratory Practice and the applicable regulatory requirements (e.g. with regard to animal studies or experiments involving gene technology).

Project leader:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name in capital letters) (Signature) Date

1. Cooperation partner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name in capital letters) (Signature) Date

2. Cooperation partner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name in capital letters) (Signature) Date

**Abbreviations**

**Content**

*Please limit your application to a maximum of 20 pages for the sections 1-8; font size 12, 1.5 spacing.*

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# 

# Applicant(s)

*Please list names and postal addresses of* ***all persons involved in the project****.*

## Project leader

**First name**

**Surname**

**Academic degree**

(additional information on page 1 of the application)

## Staff at the institution

First name, last name, academic title

Institution and department

Employment status

Date of birth, nationality

Institution and department (complete name)

Postal address

Telephone

Fax

E-mail address

## Cooperation partner

First name, last name, academic title

Institution and department

Employment status

Date of birth, nationality

Institution and department (complete name)

Postal address

Telephone

Fax

E-mail address

# Exclusion of experts for evaluation

*If there are any experts you do not wish to get your grant application (e.g. competitive groups), you may note this here.*

# Summary

*Please give a summary of the main aspects of (e.g. goals, design, subjects, expected outcome) of your project.*

*The summary should not exceed 250 words.*

# Scientific background

*Please give a short introduction according to the state of the art. Which principal research questions are to be addressed in the project? What is the novel aspect of the proposed project?*

# Objectives

*Please state the basic hypothesis (-es) of your project and give an outline of its objectives. Also make sure and give reasons how the results of the proposed project will be applicable in future CF care and/or following research projects. Furthermore list the milestones as specified on page 2 and describe more closely. In case of multiple applicants the program has to be defined individually for each working group as well as for the whole project.*

# Own Results

*If there are any own results of interest for the project, please describe them here.*

# Work Schedule/ Methods

*Please describe the methods proposed to achieve the goals of the project. If cooperation partners are involved, please explain methods and expertises according to the cooperation partner. Please describe the estimated time course and the duration of the whole project (max. 3 years) and state your favoured starting date. For the working program the milestones (section 5) should be correlated with the particular time line. A statistical calculation should be included if indicated.*

# Relevance for CF-therapy

*Why is the proposed project relevant for CF-therapy? Which applications can be expected from the results? How far is the project innovative? When can practical implementation of findings be expected (products, applications in CF therapy)?*

# Risk benefit discussion

*Please include a risk-benefit discussion: What are the bottlenecks of the suggested project? Please specify the dependency of the different work packages on milestones within the project.*

# Financial support

## Total funding required

|  |  |
| --- | --- |
| **Total costs** | Staff\*:  Equipment:  Consumables:  Travel expenses:  Miscellaneous costs:  Total funding required:  \* salary categories in accordance with the Federal Collective Agreement for Public Employees (TV-L/ TVÖD)  The funding provided by MI is a non-commercial research grant and therefore is not subject to Value Added Tax or any other kind of taxation. |

## Please specify the costs in the following fields and give a detailed comment.

### Staff

      per year       total

*Salary categories in accordance with the Federal Collective Agreement for Public Employees (TV-L/ TVÖD)*

### Equipment

      per year       total

### Consumables

      per year       total

### Travel expenses

      per year       total

### Miscellaneous costs

      per year       total

*Cost for publications can be applied within miscellaneous costs. Please comment on the calculated budget.*

## Declaration on applications submitted to other granting agencies

*In case you have already submitted the same request for financial support or parts hereof to other institutions or to the Mukoviszidose e.V., please mention this here. Indicate those third parties which will provide funds, free services or consumables. If this is not the case please declare:*

"A request for funding this project has not been submitted to any other address. In case I submit such a request I will inform the Mukoviszidose e.V. immediately.”

## 11. Laienverständliche Zusammenfassung des Vorhabens und Darstellung der CF-Relevanz in deutscher Sprache

**Projekttitel in deutscher Sprache:**

**Zusammenfassung:**

**Ziele:**

**Methodik:**

**Ausblick:**

*Erklären Sie bitte kurz und für Laien verständlich die zu erwartenden Ergebnisse des Projektes und den Einfluss für CF Patienten. “Was bringt das Projekt für Patienten? Was ist neu?”*

*Please explain shortly and in lay language the expected results of the project and the impact for CF patients. “What is in the project for patients? What is new?”*

# Attachments

## Curriculum Vitae of applicants (project leader and internal scientific staff involved in the project and main cooperation partner; not more than 2 pages per person)

## Own Publications during last 5 years

### Publications relevant to the project

### Other Publications

## List of projects with external funding

## References

***13. Graphics and photographs***

***14. Attachment (e. g. submitted publications or congress abstracts)***