

## **Application to Tool 1: Project Funding**

### **Step II: Full application - “Research Projects to generate new Knowledge relevant for CF-Diagnosis and Therapy”**

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

**Project Title** *(guideline max. 140 characters)*

**Acronym:**

**Date:**

**Various Number:**

**Quote previous Project number:**

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The information contained in this document, especially unpublished data, is a property of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 (FMG) 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.

**1. Applicant:**

**First Name/ Last name**

**Academic Degree**

**Date of Birth**

**Institution**

**Department**

**Street/House Number**

**Post Code**

**Town**

**Phone**

**Fax**

**E-Mail**

## **Synopsis**

### **Project Leader**

### **1. Cooperation Partner**

### **2. Cooperation Partner**

### **Objectives/Hypothesis**

### **Expected Benefit for CF-patients**

**Milestones**

**Step 1 / Date**

**Step 2 / Date**

**Step 3 / Date**

**Methods**

## **Duration**

Required commencement date:

Expected duration:

month

## **Total costs**

Staff:

Equipment:

Consumables:

Travel expenses

Miscellaneous costs:

Total funding required:

## **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:

City, Date

**Cooperation Partner 1:**

City, Date

**Cooperation Partner 2:**

**City, Date**

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## **1. Applicants**

### **1.1 Project Leader**

**First name**

**Last name**

**Academic degree**

(additional information on page 1 of the application)

### **1.2 Staff at the Institution**

### **1.3 Cooperation Partner**

## **2. Exclusion of Experts for Evaluation**



### **3. Summary** *(guideline: 1500 characters)*

**4. Scientific Background** (guideline: 2 fields; if field 1 (max. 2900 characters) is not enough, please also use field 2 (max. 2900 characters))

Field 1

## **Scientific Background** Field 2

**5. Objectives** (guideline: 2 fields; if field 1 (max. 2900 characters) is not enough, please also use field 2 (max. 2900 characters))

Field 1

## **Objectives** Field 2

## 6. Own Results

**7. Work Schedule** (guideline: 4 fields; if field 1 (max. 2900 characters) is not enough, please also use field 2-4 (each field max. 2900 characters))

Field 1

## **Work Schedule** Field 2



## Work Schedule Field 3

## **Work Schedule** Field 4

**8. Relevance for CF-Therapy** *(guideline: 2 fields; if field 1 (max. 2900 characters) is not enough, please also use field 2 (max. 2900 characters))*

Field 1

## **Relevance for CF-Therapy** Field 2

## **9. Risk Benefit Discussion**

## **10. Financial Support**

### **10.1 Total funding required**

Staff:

Equipment:

Consumables:

Travel expenses

Miscellaneous costs:

Total funding required:

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

#### **10.1.1 Staff**

per year

total

### 10.1.2 Equipment

per year

total

### 10.1.3 Consumables

per year

total

#### **10.1.4 Travel expenses**

per year

total

#### **10.1.5 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 grating agencies**

## **11. Laienverständliche Zusammenfassung des Vorhabens**

**Projekttitle in deutscher Sprache** (*Richtwert max. 140 Zeichen*)

**Zusammenfassung**

**Ziele**

## **Methodik**

## **Ausblick**

## **12. 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:

City, Date

**Cooperation Partner 1**

City, Date

**Cooperation Partner 2**

City, Date

## **Attachments**

**Bibliography of all quoted publications**

**Bibliography of own publications with relevance for the proposal**

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

**Graphics and photographs**

**Additional Attachments** (*e. g. submitted publications or congress abstracts*)

**Download the application form from the website, fill it out, add your attachments and send it as one document via e-mail attachment to [shafkemeyer@muko.info](mailto:shafkemeyer@muko.info). For more information please call: +49 (0)228 98 78 042.**