

# Application Form

## Summary

<b>Reference number</b>	
<b>Institution</b>	
<b>Lead Applicant</b>	
<b>Partners</b>	
<b>Collaborators</b>	
<b>Total Requested</b>	

**General Information**

<b>Project Title</b>	
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<b>Number of Centres</b>	
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<b>Project Duration (months)</b>	
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<b>Type of Applicant</b>	
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<b>Type of Application</b>	
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**Lead Applicant**

<b>Forename(s)</b>		<b>Position</b>	Professor
<b>Surname</b>		<b>Department</b>	
<b>Institution</b>		<b>Email Address</b>	
<b>Country</b>			
<b>City/Town</b>			

**Partner Contact Details**

<b>Name</b>	<b>Organisation</b>	<b>Status</b>

<b>Total Budget by Organisation</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>Total</b>				

## Overview

### Abstract

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### Coordination and Management - Multicentre Studies only

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### Role and Contribution of Partner(s) in the Project - Multicentre Studies only

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### Relevance to the Telethon- UILDM call

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### Impact on Patients

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### Disease Name

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### Disease Code

Please select what code or codes you can provide for the disease specified above.

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### Disease OMIM Number

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### MeSH Terms

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Indicate the research area(s) (all that apply)

**Research Areas**

**Lay Abstract - English**

**Project Title - Italian**

**Lay Abstract - Italian**

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## Scientific Strategy

### Background - Rationale - Objectives

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**Preliminary Results**

**Preliminary Results**

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**Clinical Protocol**

<b>Clinical Protocol</b>

<b>Timetable</b>

<b>Methods</b>

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**Cited Literature**

**Cited Literature**

Sample PDF



## Lead Applicant and Partner

<b>Title</b>		<b>Address Line 1</b>	
<b>Forename(s)</b>		<b>Address Line 2</b>	
<b>Surname</b>		<b>Address Line 3</b>	
<b>Date of Birth</b>		<b>Country</b>	
<b>Nationality</b>		<b>Postcode</b>	
<b>Institution</b>		<b>Department</b>	

<b>Partner</b>	
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<b>Title</b>		<b>Address Line 1</b>	
<b>Forename(s)</b>		<b>Address Line 2</b>	
<b>Surname</b>		<b>Address Line 3</b>	
<b>Date of Birth</b>		<b>Country</b>	
<b>Nationality</b>		<b>Postcode</b>	
<b>Institution</b>		<b>Department</b>	

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## Collaborators

### Collaborators actively involved in this proposal

Name	Institution	Department	Laboratory	Contribution to the project	PDF scan of the collaboration letter, in English only

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## Administrative Details

### Lead Applicant & Partner Organisation

#### Organisation 1

### Personal Data and Curriculum Vitae

#### PERSONAL DATA

ID Research Platform	
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Personal Author ID	
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#### BIOSKETCH

(Biosketch is included as an appendix within this file.)

Financial Interests Disclosure	

#### Host Institution

#### ORGANISATION APPROVER

Title		Address Line 1	
Forename(s)		County	
Surname		Postcode	
Date of Birth			
Nationality			
Grant Organisation			

#### APPLICANT

Permanent Position	
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Position Title	
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Main Research Fields	
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Name of the Laboratory/Clinical Unit	
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Number of Staff Members	
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<b>Are you the Chief of the Laboratory/Clinical Unit?</b>	
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<b>Any other Appointment (including Foreign)?</b>	
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**FACILITIES AND RESOURCES**

<b>Laboratory Space</b>	
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<b>Clinical Resources</b>
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<b>Office Space</b>	
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<b>Major Equipment</b>
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<b>Core Facilities and Services</b>
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**HUMAN SUBJECTS**

<b>Indicate whether the Study involves:</b> If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained. Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws ( <a href="https://www.aifa.gov.it/modulistica-sperimentazione-clinica">https://www.aifa.gov.it/modulistica-sperimentazione-clinica</a> ) Telethon reserves the right to ask for a copy of all the relevant approval documentation.
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**Budgets and Personnel**

<b>Totals</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Salaries				
Materials, Supplies and Services				
Equipment				
Travel Costs				
IT Equipment				
Project-related Travel Costs				
Overhead				
Coordination Costs				
Patient Related Costs				
Startup Costs				
Other Expenses				
<b>Total</b>				

**Coordination Costs (Coordinator Only)**

<b>Item</b>				
<b>Description and Justification</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

**Startup Costs**

<b>Item</b>				
<b>Description and Justification</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

**Patient-related Costs**

<b>Item</b>				
<b>Description and Justification</b>				

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	Year 1	Year 2	Year 3	Total

**Equipment**

<b>Item</b>	
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<b>Description and Justification</b>

	Year 1	Year 2	Year 3	Total

**IT Equipment**

<b>Item</b>	
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<b>Description and Justification</b>

	Year 1	Year 2	Year 3	Total

**Materials, Supplies and Services**

<b>Item</b>	Reagents
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<b>Description and Justification</b>

	Year 1	Year 2	Year 3	Total

**Personnel and Salaries**

<b>Role on Project</b>	
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<b>Annual Effort %</b>	
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<b>Name</b>	
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<b>Surname</b>	
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<b>Birth Date</b>	
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<b>Degree</b>	
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<b>Type of Contract at the Host Institution</b>	
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<b>Is this Contract already active?</b>	
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<b>Is a Salary being requested?</b>	
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	Year 1	Year 2	Year 3	Total

**Travel Costs**

<b>Item</b>	
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<b>Description and Justification</b>	

	Year 1	Year 2	Year 3	Total
Cost				

**Project-related Travel Costs**

**Other Expenses**

**Overhead**

<b>Item</b>	
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<b>Description and Justification</b>	

	Year 1	Year 2	Year 3	Total

**Other Financial Support**

<b>Granting Agency</b>	
<b>Title of the Project</b> (in English)	
<b>Status</b>	
<b>Start Date</b>	
<b>End Date</b>	
<b>Gross Amount</b>	
<b>Currency</b>	
<b>Brief Description</b>	
<b>Specify Overlaps with this Application, if any</b>	

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**Organisation 2**

**Personal Data and Curriculum Vitae**

**PERSONAL DATA**

<b>ID Research Platform</b>	
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<b>Personal Author ID</b>	
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**BIOSKETCH**

(Biosketch - ) is included as an appendix within this file.

<b>Financial Interests Disclosure</b>

**Host Institution**

<b>Title</b>		<b>Address Line 1</b>	
<b>Forename(s)</b>		<b>Address Line 2</b>	
<b>Surname</b>		<b>Address Line 3</b>	
<b>Date of Birth</b>		<b>County</b>	
<b>Nationality</b>		<b>Postcode</b>	
<b>Grant Organisation</b>			

**ORGANISATION APPROVER**

**APPLICANT**

<b>Permanent Position</b>	
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<b>Position Title</b>	
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<b>Main Research Fields</b>	
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<b>Name of the Laboratory/Clinical Unit</b>	
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<b>Number of Staff Members</b>	
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<b>Are you the Chief of the Laboratory/Clinical Unit?</b>	
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<b>Any other Appointment (including Foreign)?</b>	
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**FACILITIES AND RESOURCES**

<b>Laboratory Space</b>	
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<b>Clinical Resources</b>
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<b>Office Space</b>	
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<b>Major Equipment</b>
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<b>Core Facilities and Services</b>
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**HUMAN SUBJECTS**

<p><b>Indicate whether the Study involves:</b>                  If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.                  Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws (<a href="https://www.aifa.gov.it/modulistica-sperimentazione-clinica">https://www.aifa.gov.it/modulistica-sperimentazione-clinica</a>)                  Telethon reserves the right to ask for a copy of all the relevant approval documentation.</p>

**Budgets and Personnel**

<b>Totals</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Salaries				
Materials, Supplies and Services				
Equipment				
Travel Costs				
IT Equipment				
Project-related Travel Costs				

<b>Totals</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Overhead				
Coordination Costs				
Patient Related Costs				
Startup Costs				
Other Expenses				
<b>Total</b>				

**Coordination Costs (Coordinator Only)**

**Startup Costs**

<b>Item</b>	
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<b>Description and Justification</b>

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

**Patient-related Costs**

<b>Item</b>	
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<b>Description and Justification</b>

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

**Equipment**

**IT Equipment**

**Materials, Supplies and Services**

<b>Item</b>	
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<b>Description and Justification</b>

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

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- Personnel and Salaries**
- Travel Costs**
- Project-related Travel Costs**
- Other Expenses**
- Overhead**

<b>Item</b>	
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<b>Description and Justification</b>

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>

**Other Financial Support**

<b>Granting Agency</b>	
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<b>Title of the Project (in English)</b>	
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<b>Status</b>	
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<b>Start Date</b>	
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<b>End Date</b>	
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<b>Gross Amount</b>	
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<b>Currency</b>	
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<b>Brief Description</b>

<b>Specify Overlaps with this Application, if any</b>



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<b>Total Budget by Organisation</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>Total</b>				

**Title**  
**Forename(s)**  
**Surname**  
**Date of Birth**  
**Nationality**  
**Grant Organisation**

**Address Line 1**  
**Address Line 2**  
**Address Line 3**  
**County**  
**Postcode**

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## Reviewers

**Suggested Reviewers**

**Excluded Reviewers**

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**Notes**

**SUPPLEMENTARY CONTENTS**

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## Declaration

### DECLARATION

- I hereby certify that all information included in the online Application is accurate and complete.
- I certify that I am entitled and/or authorized to disclose all Information provided within the Application.
- I declare to have provided any collaborator involved in the Application with the information about Data Processing attached to the Call for Application in Appendix 1. I also declare that the relevant consents have been gathered in order to be authorized to indicate the personal data of any other collaborator in the Application.

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