FONDAZIONE **elethon**

Application Form

Summary

Reference number	xxx
Institution	Fondazione Telethon
Lead Applicant	xxxxxx
Total Requested	xxxxxx

General Information

Project Title	Project		
Project duration			
Type of Applicant		New Applicant	
Type of Application		New Application	

Forename(s)	xxx	Position	xxx
Surname	xxx	Department	IΤ
Institution	Fondazione Telethon	Email Address	xxxxx
County	Lombardia		
City/Town	Milano		

Overview	
Abstract	
Lay Abstract in english	
<u> </u>	
Lay Abstract in italian	
Project title in italian	
Froject title in italian	
MeSH Terms	
Disease Name	
ORPHA Number	
Orphanet classification	
Disease OMIM Number	
ICD-11 Code	
	_1
Please check all that apply	
Area of Research	
Chromosomal anomaly	
Research Type	
Developmental Biology	

Overall Description of the Research Project

(Please note that this part will be used for the triage)

Please describe central hypothesis, objectives, specific aims, research design, methods, and potential outcomes



Research Plan

(Research Plan - Research plan template Multiround.pdf) is included as an appendix within this file.

Indicate whether the Study involves:

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.

Telethon reserves the right to ask for a copy of all the relevant approval documentation.

Yes - I confirm that all current rules and regulations regarding animal treatment will be strictly adhered to. In Progress

Does your proposal involve vertebrate animals?

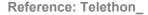
Specify whether activities involving vertebrate animals are planned at any time during the proposed project.

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.

Telethon reserves the right to ask for a copy of all the relevant approval documentation.

Please indicate if the Ethical Authorization is already in place.



Collaborators

Institution	
Department	
Laboratory	
Contribution to the project	

(Collaboration Letter - xxx.pdf) is included as an appendix within this file.

Personal Data and Curriculum Vitae

ID Research Platform	
Personal Author ID	

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



Budget and Personnel

Direct Costs					
	Year 1	Year 2	Total		
Salaries					
Materials, Supplies and Services					
Equipment					
Travel Costs					
IT Equipment					
Project-Related Travel Costs					
Other Expenses					
Total					

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Εq	LJ			

Item	
1	

Description and Justification

		Year 1	Year 2	Total
Cost				

IT Equipment

Item	
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Description and Justification	
IT	

	Year 1	Year 2	Total
Cost			

Materials, Supply and Services

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1 • 2	1
l Itom	1
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100111	1

Description and Justification	

		Year 1	Year 2	Total
Cost				
Personnel and Salaries				
Role on Project				
Annual Effort %				
Name				
Surname				
Birth Date				
Degree				
Type of Contract at the				
Host Institution				
Is this Contract already active?		6		
	6.4			
Is a Salary being requested?				
Colony		Year 1	Year 2	Total
Salary				<u> </u>
Project-related Travel Cost	ts			
Item		Test		
		1.001		
Description and Justifica	tion			
		Year 1	Year 2	Total
				

Other Expenses

Cost

Item			
Description and Justification			
	Year 1	Year 2	Total
Cost			
Fravel Costs			
Item		-	
Description and Justification			
Description and dustineation			
	Year 1	Year 2	Total
Cost			
Salaries total			
- Calairio total	Year 1	Year 2	Total
Salaries	6		
Total			
Overhead			
Total Costs			
Total costs	Year 1	Year 2	Total
Salaries	Tour 1	10012	Total
Materials, Supplies and Services			
Equipment			
Travel Costs			
IT Equipment			
Project-Related Travel Costs			
Overhead			
Other Expenses			
Total			

Other Financial Support

Granting Agency		
Title of the project Please use English langua	age	
0 0		
Status		
Period: From		
Period: To		
Gross Amount		
Currency		
Brief Description		
Specify overlaps with this application, if any		

Host Istitution	
Chief of the Host Institution	
Permanent position	
Position Title	
Г	Г
Main research fields	
[
Name of the Laboratory	
North and the first and the same	
Number of staff members	
Ave you blood of the Leberatom/2	
Are you Head of the Laboratory?	
Any other appointment (including foreig	m)3
Any other appointment (including loreig	11):
Other appointment	
Test	
1031	
Laboratory space	
Clinical resources	
	<u> </u>
Office space	
Major equipment	
Core Facilities and Services	
•	
Other	
Organisation Approver	

Reviewers

Suggested Reviewers

Please provide details of any Suggested Reviewers for your grant application.

Title	-
First Name	xxx
Last Name	xx
Expertise	-
Department	-
Institution	xx
Email	-
Reason	-

Excluded Reviewers

Please provide details and reason of any Reviewers that should be excluded from your grant application.

Title	-
First Name	xx
Last Name	xx
Expertise	-
Department	-
Institution	x
Email	
Reason	xxxx

Notes

Your Notes, if any

Any personal comments, details or additional information the Applicant wishes to add to any specific sections of the Application can be inserted here. Please indicate which section you are referring to and the reasons for including more information.



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.

Application:	
Full Name	
Place/Date	

(Data Processing Document - prova1(2).pdf) is included as an appendix within this file.

Appendices

- 1) Research Plan Research plan template_Multiround.pdf Collaboration Letter xxxx.pdf
- 3) Biosketch Biosketch_Multiround.pdf
- 4) Data Processing Document xxxx.pdf

