



Summary

Reference number	
Institution	
Lead Applicant	
Collaborators	
Total Requested	

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General Information

Project Title	
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Project Duration (months)	
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Type of Applicant	
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Type of Application	
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Title
Forename(s)
Surname
Date of Birth
Gender

Email Address
Telephone No.
Address Line 1
City/Town
Postcode

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Overview

Abstract

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MeSH Terms

MeSH Terms

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Added value and unmet need

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Lay Summary - English

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Project Title - Italian

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Lay Summary - Italia

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Type of Research

Disease name

Disease code

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

ORPHA Number

ICD-11 code

Disease OMIM number

Research Type

Research Step

Background and Rationale

Background - Rationale - Objectives

Preliminary Results

If available

Background on Intellectual Property

Specific Aims and Experimental Plan

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Expected Outcomes and Future Development

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Cited Literature

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Host Institution and Overall Information

Institution	
Department	
City	
CAP / Zip Code	
Region	
Province	
Country	

APPLICANT

Permanent position	
Position Title	
Main research fields	
Name of the Laboratory	
Number of staff members	
Are you Head of the Laboratory?	
Any other appointment (including foreign)?	

Other appointment	
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FACILITIES AND RESOURCES

Laboratory space	
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Clinical resources	
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Office space	
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Major equipment	
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Core Facilities and Services	
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Other	
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HUMAN SUBJECTS

Be aware that the relevant approval docs must be provided for grant activation.

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Be aware that the relevant approval docs must be provided for grant activation.

Does your proposal involve vertebrate animals?	
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Budget

Salaries

	Year 1	Total
Cost		

Salaries description

Materials, Supply and Services

	Year 1	Total
Cost		

Materials, Supply and Services Description

Travel Costs

	Year 1	Total
Cost		

Travel Costs description

Other Expenses

	Year 1	Total
Cost		

Other Expenses Description

Overhead %	
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Totals	
	Total
Salaries	
Materials, supplies and services	
Travel Costs	
Overhead	
Other Expenses	
Total	

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Personal Data and CV

Education / Training

From	To	Qualification	Subject	Country	Institution	Class	Department / School / Division

Positions

From	To	Position	Department	Organisation

Personal Statement

Date	Details

Additional Info

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Financial interests disclosures

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ID Researcher Form

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Personal author ID

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Publications relevant to this proposal

Publications

Reviewers

Suggested Reviewers

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

Excluded Reviewers

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

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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.

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Declaration

Declaration

- I hereby certify that all information submitted in the online application form is accurate and complete.
- If I am awarded funding from the Fondazione Telethon for this project, I will accept the conditions set by the Fondazione Telethon.

Full Name	
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Place/Date	
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