

Reference Number	
Institution	
Lead Applicant	
Collaborators	
Total Requested	

Project Overview

Project title

Project Duration (in months)

Cannot be more than 12 months.

Total Budget Requested

Have you applied to a previous Fondazione Telethon Call?

Have you applied to a previous Fondazione Cariplo Call?

Has your project been funded?



Have you applied to a previous Fondazione Cariplo - Fondazione Telethon Joint Call?



Type of Applicant

Type of Application

Overview

Abstract

Relevance to the Call

Lay Summary - English

Project Title - Italian

Lay Summary - Italian

Type of Research

Disease Name

Disease OMIM Number

ICD-11 Code

ORPHA Number

Mesh Terms

Indicate Tdark(s)

Indicate the rationale for which the Tdark(s) is/are related to the proposed disease

Research Type

Area of Research

Research Steps

Does the project involve bioinformatic analyses?



Please specify the type of analysis that will be performed and who will be responsible for such analysis.

Research Proposal

Hypothesis, Background and Rationale for Proposed Research (Why?)

Hypothesis, Background and Rationale for Proposed Research Figures

Total Files: 1

Research Plan, Research Design and Methods (How?)**Feasibility, possible Pitfalls and alternative approaches****Engagement and training of young researchers**

Gantt Chart

Total Files: 1

Long-term strategy and dissemination

Explain what is the project contribution and significance towards the development of a long-term research strategy pursued in your laboratory. Within this vision, please also indicate any foreseen project-related activities that can help with the dissemination of the research outcomes.

Literature

Cited Literature:

Ethical Documents

Human Subjects

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. For clinical studies, please refer to <https://www.aifa.gov.it/modulistica-sperimentazione-clinica>.

Fondazione Telethon ETS (and/or its Alliance partners, in case of Joint Calls, Initiatives) reserves the right to ask for a copy of all the relevant approval documentation

Indicate whether the study involves (consider both Applicant and collaborator(s) activities):

Please indicate if the Ethical Authorization is already in place.

-
-
-

Please, specify the origin of the samples. If the study involves patient-derived samples, please include a summary of patients' details (e.g., age, sex, origin, genetics, ...)

Vertebrate Animals

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.

Fondazione Telethon ETS (and/or its Alliance partners, in case of Joint Calls, Initiatives) reserves the right to ask for a copy of all the relevant approval documentation.

Indicate if the study involves the use of vertebrates or not.

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-

Host Institution

Applicant Details

Permanent position**Position Title****Main Research Fields****Name of Laboratory/Clinical Unit****Number of staff members****Are you the Chief of the Laboratory/Clinical Unit?****Chief of the Laboratory****Independence Statement**

An Independence statement must be uploaded before final submission (PDF only).

Total Files: 1

Any other appointment (including foreign)?

Financial Interests Disclosure

Facilities And Resources

Laboratory space

Clinical Resources

Office space

Major Equipment

Core Facilities and Services

Other

Contacts

Approver

#	Full Name	Institution	Email	Role

Collaborators

Use icon to invite collaborators. Once they have accepted the invite they will be able to see this application.

To remove invited Collaborators, click on and click on icon displayed next to their names in the list.

Prefix	First Name	Last Name	Email	Role	Status

Budget

Principal Investigator::	
Application Number:	
Institution Name:	
Project Title:	

Year 1

Software			
Item	Description	Managed by	Cost

Materials, Supplies and Services

Item	Description	Managed by	Cost

Travel

Item	Description	Managed by	Cost

Other Expenses

Item	Description	Managed by	Cost

Overheads

Item	Description	Managed by	Cost

Personnel & Salaries

Role on Project	
Annual effort %	
Name	
Surname	
Birthdate	
Degree	
Type of Contract at the Host Institution	
Is this contract already active?	
Is a salary being requested?	
Managed by	
Salary	

Total Direct Costs:	
Indirect Costs:	
Total Estimated Budget:	

Email:**Mobile:****Education/Training**

Institution	Location	Degree (if applicable)	Completion date	Field of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Personal Statement**Positions, Scientific Appointments, and Honors****Contributions to Science****Relevant Publications**

Patents (whether relevant or not for the project)**Companies (founder of or appointed by any start-up? Involved in industrial partnership?)****Biosketch File**

Upload your Biosketch based on the template in Reference Documents on top of the application

Total Files: 1

Declarations

Notes

Your Notes, if any**Supporting Documents**

Please attach any supporting documentation (if any)

Total Files: 1

Declarations

- I hereby certify that all information submitted in the online application form is accurate and complete.
- If I am awarded funding for this project, I will accept the conditions set by Fondazione Telethon ETS and/or its Alliance partners, in case of Joint Calls Initiatives.

Full Name:

Place:

Date:

Attachments