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| **GRANT APPLICATION FORM** |
| Before filling in this form, please, read the GRANT APPLICATION POLICY, attentively.  |
| **LEAVE BLANK – FOR INTERNAL USE ONLY** | Type: | Number: | Activity: |
| Reviewers: |  |  |
| Date received: |  | Date reviewed: |
| Project title:       |
| **Principal Investigator** |
| Name:       | Mailing address:      |
| Position/Title:       |
| Hospital/Department:       | Email address:      |
| Fax and Phone:       |
| **Type of Research Project** |
| [ ]  Fundamental Research | [ ]  Animal StudyAuthorization Number       | [ ]  Clinical StudyEthics Commission Approval Number:       |
| [ ]  Cell Study | [ ]  Poster Presentation | [ ]  Publication |
| [ ]  Master/PhD Thesis | [ ]  Other |  |
| **Additional Investigator** |
| Name:       | Mailing address:      |
| Position/Title:       |
| Hospital/Department:       | Email address:      |
| Fax and Phone:       |
| **Additional Investigator** |
| Name:       | Mailing address:      |
| Position/Title:       |
| Hospital/Department:       | Email address:      |
| Fax and Phone:       |
| **Additional Investigator** |
| Name:       | Mailing address:      |
| Position/Title:       |
| Hospital/Department:       | Email address:      |
| Fax and Phone:       |
| Use a separate page if additional investigators participate in this project. |

**Description:** This is the synopsis of your research project. Please follow the instructions of the GRANT APPLICATION POLICY. State the application's purpose, hypothesis, long-term objectives and specific aims. Indicate the statistic method used to calculate the number of measurements needed to answer your research question(s) (i.e. number of animals, number of patients). **Do not exceed three pages for this project summary.**

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| **PROJECT SUMMARY** |
| **Project period and overall costs** |
| Date of proposed period | Costs requested to initiate the project (in €) | Total grant required for the entire project (in €) |
| From :      To :       | €       | €       |
| **Project description** |
| **Aim and Purpose**      |
| **Project design**      |
| **Test hypothesis**      |
| **Statistical method**       |
| **Material and method**      |
| **Project schedule (milestones and foreseen corresponding costs)**      |
| **Relevance of the project** (Do not exceed 5 sentences)      |
| **Summary for Public Information** |
| (Do not exceed 5 sentences)      |
| **Signature of Applicant and Co-applicants** |
| By signing this application, the applicants recognize that they read and accepted the Grant Application Policy. The investigators must indicate in publications and presentations that the project was granted by the **Oral Reconstruction Foundation**. |
| Name:       | Date:       | Signature:       |
| Name:       | Date:       | Signature:       |
| Name:       | Date:       | Signature:       |
| Name:       | Date:       | Signature:       |

**Check list for additional mandatory documentation**

[ ]  Letter of motivation [ ]  Short Curriculum Vitae of project leader

[ ]  Detailed budget