|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Study  Authorization Number | | | | | Clinical Study  Ethics 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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