E-mail: subsidies@msresearch.nl

Tel. +31-71-5 600 500 or +31-71-5 600 508 (research coordinator)

Our project number: **21 – MS**

Please send the Word-file and a scan of the signed application to the e-mail address above

*>> Use Arial 10, single line spacing. Extra attachments will not be accepted.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Basic details** | | | | | | | |
| **1** | **Name applicant, title(s)** | | |  | | | |
| **Position** | | |  | | | |
| **Institute** | | |  | | | |
| **Department** | | |  | | | |
| **Address, zip code, city** | | |  | | | |
| **Telephone** | | |  | | | |
| **E-mail** | | |  | | | |
| **2** | **Curriculum vitae of the applicant** (*max. 2 pages*) | | | | | | |
| **Education and training** | | | | | | |
| **Relevant work experience** | | | | | | |
| **Additional relevant information** | | | | | | |
| **3** | **List of publications** | | | | | | |
|  | | | | | | |
| **4** | **Title proposed project** | | | | | | |
|  | | | | | | |
| **5** | **Brief summary of research question and study design** *(max. 300 words)* | | | | | | |
|  | | | | | | |
| **Number of words:** | | | | | | |
| **Host institute (if applicable)** | | | | | | | |
| **6** | **Relevance for MS** | | | |  | | |
| **Host institute** | | | |  | | |
| **Research group** | | | |  | | |
| **Department** | | | |  | | |
| **Address, zip code, city** | | | |  | | |
| **Country** | | | |  | | |
| **7** | **Supervisor or coordinator** | | | | **Name, title(s)** | | **Position** |
|  | |  |
| **Research proposal** | | | | | | | |
| **8** | **Background & research questions** *(max. 500 words (main text & figure legends)* | | | | | | |
|  | | | | | | |
| **Number of words:** | | | | | | |
| **References** *(max. 25 references)* | | | | | | |
| **9** | **Study design & work plan** *max. 500 words (main text & figure legends)* | | | | | | |
|  | | | | | | |
| **Number of words:** | | | | | | |
| **10** | **Relevance for MS** | | | | | | |
|  | | | | | | |
| **11** | **Feasibility of the project with regard to the COVID-19 pandemic**  Note that in the current round the Dutch MS Research Foundation will only fund research projects that can be executed. Please clarify below to what extent the execution and outcomes of proposed research might be affected by the corona situation. If applicable, also indicate how the work plan is or can be adjusted to affirm feasibility of the goals without losing the original character of the project. | | | | | | |
|  | | | | | | |
| **12** | **Has this grant proposal been submitted to Stichting MS Research previously?** | | | Yes / no\* | | | |
| If yes: | | |  | | | |
| * What was the project number of this proposal? | | |
| * What are the differences between this and the previously submitted application? | | |  | | | |
| **13** | **Has this grant proposal been submitted elsewhere?** | | | Yes / no\* | | | |
| **Personnel and budget requested \*\*** | | | | | | | |
| **14** | **Personnel** | | **Scientific staff** | | | **Technical staff** | |
| Function | |  | | |  | |
| Lump sum category | | PhD student / scientific personnel\* | | | Non-scientific personnel level 1 / level 2\* | |
| Fte | |  | | |  | |
| Amount of months | |  | | |  | |
| **15** | **Costs (€)** | | | | | | |
| Personnel | |  | | |  | |
| Materials/patients | |  | | |  | |
| Other | |  | | |  | |
| **Total costs (€)** | |  | | | | |
| **Signatures** | | | | | | | |
| Stichting MS Research will treat the content of this application as confidential and will not store your data for any longer than is necessary for the procedure of submission and granting. The quality and relevance of this application will be evaluated by patient-referees and the Scientific Advisory Board of Stichting MS Research.  I understand and agree that the foundation will share the content of this application with the members of the Scientific Advisory Board and the content of the appendix with patient-referees. | | | | | | | |
| **16** |  | **Applicant** | | | | | |
| Name |  | | | | | |
|  | Yes, I like Stichting MS Research to keep me informed about future funding possibilities and activities in the context of MS research and give the foundation permission to process my contact details for this purpose.\*\*\* | | | | | |
| Date |  | | | | | |
| Signature |  | | | | | |
|  |  | | | |  | |
| Name | **Head of MS centre / department** | | | | **Responsible administrator of organisation** | |
| Date |  | | | |  | |
| Signature |  | | | |  | |

\* Delete whichever is not applicable

\*\* According to the grant directives (version 2021)

\*\*\* The [privacy statement](https://msresearch.nl/privacyverklaring/) of Stichting MS Research entails more information about the processing of your personal information and deregistration.

Supplement

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| --- |
| **Recommendation letter of the coordinator or supervisor of the applicant (can be attached)** |

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| --- |
| **Letter of host institute stating that the applicant is permitted to come and carry out research at the institute (can be attached)** |