E-mail: subsidies@msresearch.nl

Tel. +31-71-5 600 500

Our project number: **22 – 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** | | |  | | | | |
| **Position** | | |  | | | | |
| **Professional experience** | | |  | | | | |
| **Key publications** (top-5) | | |  | | | | |
| **1b** | If applicable:  **Name co-applicant, title(s)** | | |  | | | | |
| **Institute** | | |  | | | | |
| **Department** | | |  | | | | |
| **Address, zip code, city** | | |  | | | | |
| **Telephone** | | |  | | | | |
| **E-mail** | | |  | | | | |
| **Position** | | |  | | | | |
| **Professional experience** | | |  | | | | |
| **Key publications** (top-5) | | |  | | | | |
| **2** | **Title proposed project** | | | | | | | |
|  | | | | | | | |
| **3** | **Brief summary of research question and study design** *(max. 300 words)* | | | | | | | |
|  | | | | | | | |
| **Number of words:** | | | | | | | |
| **4** | **Relevance for MS** | | | | | | | |
| If applicable, please also indicate how this research proposal fits the terms of the call alternatives for animal testing.# | | | | | | | |
| **Research proposal** | | | | | | | | |
| **5** | **Background & research questions** *(max. 500 words (main text & figure legends)* | | | | | | | |
|  | | | | | | | |
| **Number of words:** | | | | | | | |
| **References** *(max. 25 references)* | | | | | | | |
| **6** | **Study design & work plan** *max. 500 words (main text & figure legends)* | | | | | | | |
|  | | | | | | | |
| **Number of words:** | | | | | | | |
| **7** | **Project group**  (\*fte involved in this project) | | | **Title(s) and name** | **Discipline** | | **Employed by** | **Fte\*** |
|  |  | |  |  |
| **8** | **Embedding & cooperation** *max. 400 words (main text & figure legends)* | | | | | | | |
|  | | | | | | | |
| **Number of words:** | | | | | | | |
| **9** | **Feasibility of the project**  Please state the main threat(s) that may affect the execution and outcomes of the project. If applicable, indicate how the work plan can be adjusted to affirm feasibility of the goals without losing the original character of the project. | | | | | | | |
|  | | | | | | | |
| **10** | **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? | | |  | | | | |
| **11** | **Has this grant proposal been submitted elsewhere?** | | | Yes / no\* | | | | |
| **Personnel and budget requested \*\*** | | | | | | | | |
| **13** | **Personnel** | | **Scientific staff** | | | **Technical staff** | | |
| Function | |  | | |  | | |
| Lump sum category | | PhD student / scientific personnel\* | | | Non-scientific personnel level 1 / level 2\* | | |
| Fte | |  | | |  | | |
| Amount of months | |  | | |  | | |
| **14** | **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. | | | | | | | | |
| **15** |  | **Project leader** | | | | | | |
| 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 2022)

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

# For the call alternatives for animal testing, this research project should contribute to the development and/or optimization of human experimental models for MS, in order to reduce and/or prevent the use of laboratory animals. Research for which no laboratory animals are normally used, such as clinical research with patients or MRI research, are not eligible for funding.

|  |
| --- |
| **Appendix – Publiekssamenvatting** (Please submit separately) |