



**Summary**

<b>Reference number</b>	
<b>Institution</b>	
<b>Lead Applicant</b>	
<b>Collaborators</b>	
<b>Total Requested</b>	

Pre-submission

**General Information**

<b>Project Title</b>	
<b>Project Duration (months)</b>	
<b>Type of Applicant</b>	
<b>Type of Application</b>	

<b>Title</b>	<b>Email Address</b>
<b>Forename(s)</b>	<b>Telephone No.</b>
<b>Surname</b>	<b>Address Line 1</b>
<b>Date of Birth</b>	<b>City/Town</b>
<b>Gender</b>	<b>Postcode</b>

Pre-submission

**Overview**

<b>Abstract</b>

**MeSH Terms**

<b>MeSH Terms</b>
Mesh1

<b>Added value and unmet need</b>

<b>Lay Summary - English</b>

<b>Project Title - Italian</b>
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<b>Lay Summary - Italian</b>

Pre-submission

**Type of Research**

<b>Disease name</b>	
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<b>Disease code</b>

<b>Disease OMIM number</b>	
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<b>Research Type</b>

<b>Research Step</b>

Pre-submission

**Background and Rationale**

**Background - Rationale - Objectives**

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**Preliminary Results**

*If available*

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**Background on Intellectual Property**

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(Preliminary Results Figures - xxxx.pdf) is included as an appendix within this file.

Pre-submission

## Research Plan

### Specific Aims and Experimental Plan

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### Expected Outcomes and Future Development

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(Gantt Chart -xxxx.pdf) is included as an appendix within this file.

(Experimental Plan Figures -xx.pdf) is included as an appendix within this file.

Pre-submission

**Cited Literature**


Pre-submission

## Host Institution and Overall Information

<b>Institution</b>	
<b>Department</b>	
<b>Administrative contact name(s) and email(s)</b>	
<b>City</b>	
<b>CAP / Zip Code</b>	
<b>Region</b>	
<b>Province</b>	
<b>Country</b>	

(Host Institution Agreement - Spring 2020 seed grants\_ Host Institution Agreement.pdf) is included as an appendix within this file.

### APPLICANT

<b>Permanent position</b>	
<b>Position Title</b>	
<b>Main research fields</b>	
<b>Name of the Laboratory</b>	
<b>Number of staff members</b>	
<b>Are you Head of the Laboratory?</b>	
<b>Head of the Laboratory</b> <i>Please indicate name and email address</i>	

(Independence Statement - xxx.pdf) is included as an appendix within this file.

<b>Any other appointment (including foreign)?</b>	
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### FACILITIES AND RESOURCES



Laboratory space	
Clinical resources	
Office space	
Major equipment	
Core Facilities and Services	
Other	

**HUMAN SUBJECTS**

*Be aware that the relevant approval docs must be provided for grant activation.*

Indicate whether the study involves:	
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**VERTEBRATE ANIMALS**

*Be aware that the relevant approval docs must be provided for grant activation.*

Does your proposal involve vertebrate animals?	
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Pre-submission

**Collaborations**

Pre-submission

**Budget**

**Budget**

	Year 1	Total

Overhead %	
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<b>Totals</b>	
	Total
Overhead	
Budget	
<b>Total</b>	

Pre-submission

**Other Financial Support**

Pre-submission

## Personal Data and CV

### Education / Training

From	To	Qualification	Subject	Country	Institution	Class	Department / School / Division

### Positions

From	To	Position	Organisation

### Personal Statement

Date	Details

### Additional Info

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### Financial interests disclosure

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### Codice Fiscale / Tax Code

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### ID Researcher Platform

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### Personal author ID

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### Publications relevant to this proposal

Publications

## Declaration

### Declaration

- I hereby certify that all information submitted in the online application form is accurate and complete.
- If I am awarded funding from the Fondazione Telethon for this project, I will accept the conditions set by the Fondazione Telethon.

<b>Full Name</b>	
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<b>Place/Date</b>	
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Pre-submission

## Appendices

- 1) Preliminary Results Figures -
- 2) Gantt Chart -
- 3) Experimental Plan Figures -
- 4) Host Institution Agreement -
- 5) Indipendence Statement -

Pre-submission

1) Preliminary Results Figures - if any

Pre-submission



2) Gantt Chart-

Pre-submission

3) Experimental Plan Figures - if any

Pre-submission

## 4) Host Institution Agreement-

FONDAZIONE



Applicant Name: \_\_\_\_\_

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### ACCEPTANCE OF APPLICATION BY THE HOST INSTITUTION

I, Dr./Prof. \_\_\_\_\_, on behalf of the  
(name of the Director of the Institute or other Responsible official)

Host Institution \_\_\_\_\_  
(name of the Institution)

Department or equivalent \_\_\_\_\_  
(name of the Department)

declare that I have read the research application submitted on-line to Telethon

by Dr./Prof. \_\_\_\_\_ Lead Applicant of the project titled  
**(name of the Applicant)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and that it is complete and correct.

I also declare that the Host Institution will provide the necessary facilities and personnel to carry out the above research project. **If the Applicant is not holder of a permanent position, I am aware that the salary of the Investigator cannot be requested within the Application as part of the Telethon Seed Grant and that it needs to be provided through other means.**

*If applicable* - I acknowledge that the above-mentioned Investigator also holds a foreign appointment at \_\_\_\_\_ and I declare that such appointment does not conflict with the time commitment indicated by the Investigator within the Telethon Application for an effective conduct of the proposed research project.

I declare that the Principal Investigator is authorized to submit the Application on the Host Institution's behalf. By signing the present Agreement (which will be uploaded within the Application), I declare that the Host Institution undertakes to respect any and all conditions under the Call for Application and discharges Telethon from any liability related to any breach of said conditions by the Applicant and/or by the Host Institution itself.

I declare that I have provided the Applicant and any researcher involved in the Application (Key Personnel or Collaborator) with the information attached to the *thecal for Application* in Appendix 1. I also declare that the relevant consents have been gathered in order to be authorized to indicate the personal data of the Applicant and any other researcher in the Application.

I declare that I am aware that Fondazione Telethon can, at any time, request the above-mentioned documents (Information to data subjects and declaration of consent) and that the Host Institution shall deliver any relevant document, according to Fondazione Telethon's request.

Dr./Prof. \_\_\_\_\_

*(Name of the Director of the Institute or other Responsible official)*

Position \_\_\_\_\_

Signature \_\_\_\_\_

Place and date \_\_\_\_\_

Pre-submission

5) Independence Statement - if applicable

Pre-submission