FONDAZIONE

Telethon

# Application Form

## Summary

| Reference number | xxx |
|---|---|
| Institution | Fondazione Telethon |
| Lead Applicant | xxxxxx |
| Total Requested | xxxxxx |

## General Information

| Project Title | Project |
|---|---|

| Project duration | |
|---|---|

| Type of Applicant | New Applicant |
|---|---|

| Type of Application | New Application |
|---|---|

| | | | |
|---|---|---|---|
| **Forename(s)** | xxx | **Position** | xxx |
| **Surname** | xxx | **Department** | IT |
| **Institution** | Fondazione Telethon | **Email Address** | xxxxx |
| **County** | Lombardia | | |
| **City/Town** | Milano | | |

## Overview

**Abstract**

**Lay Abstract in english**

**Lay Abstract in italian**

**Project title in italian**

| **MeSH Terms** | |
|---|---|

| **Disease Name** | |
|---|---|

| **ORPHA Number** | |
|---|---|

| **Orphanet classification** | |
|---|---|

| **Disease OMIM Number** | |
|---|---|

| **ICD-11 Code** | |
|---|---|

Please check all that apply

**Area of Research**
Chromosomal anomaly

**Research Type**
Developmental Biology

## Overall Description of the Research Project

(Please note that this part will be used for the triage)

| Please describe central hypothesis, objectives, specific aims, research design, methods, and potential outcomes |
| --- |
|  |

## Research Plan

(Research Plan - Research plan template_Multiround.pdf) is included as an appendix within this file.

| |
|---|
| **Indicate whether the Study involves:**<br>If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.<br>Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws.<br>Telethon reserves the right to ask for a copy of all the relevant approval documentation. |
| |

Yes - I confirm that all current rules and regulations regarding animal treatment will be strictly adhered to.

In Progress

| |
|---|
| **Does your proposal involve vertebrate animals?**<br>**Specify whether activities involving vertebrate animals are planned at any time during the proposed project.**<br>If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.<br>Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws.<br>Telethon reserves the right to ask for a copy of all the relevant approval documentation. |
| |

| | |
|---|---|
| **Please indicate if the Ethical Authorization is already in place.** | |

## Collaborators

| Institution | |
|---|---|

| Department | |
|---|---|

| Laboratory | |
|---|---|

| Contribution to the project |
|---|
| |

(Collaboration Letter -  xxx.pdf) is included as an appendix within this file.

## Personal Data and Curriculum Vitae

| ID Research Platform | |
|---|---|
| | |

| Personal Author ID | |
|---|---|
| | |

(Biosketch - Biosketch_Multiround.pdf) is included as an appendix within this file.

## Budget and Personnel

| Direct Costs | | | |
|---|---|---|---|
| | **Year 1** | **Year 2** | **Total** |
| Salaries | | | |
| Materials, Supplies and Services | | | |
| Equipment | | | |
| Travel Costs | | | |
| IT Equipment | | | |
| Project-Related Travel Costs | | | |
| Other Expenses | | | |
| **Total** | | | |

### Equipment

| Item | |
|---|---|
| | |

| Description and Justification |
|---|
| |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

### IT Equipment

| Item | |
|---|---|
| | |

| Description and Justification |
|---|
| IT |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

### Materials, Supply and Services

| Item | |
|---|---|
| | |

| Description and Justification |
|---|
| |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

**Personnel and Salaries**

| Role on Project | |
|---|---|

| Annual Effort % | |
|---|---|

| Name | |
|---|---|

| Surname | |
|---|---|

| Birth Date | |
|---|---|

| Degree | |
|---|---|

| Type of Contract at the Host Institution | |
|---|---|

| Is this Contract already active? | |
|---|---|

| Is a Salary being requested? | |
|---|---|

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Salary | | | |

**Project-related Travel Costs**

| Item | Test |
|---|---|

| Description and Justification | |
|---|---|
| | |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

**Other Expenses**

| Item | |
|---|---|
| | |

| Description and Justification |
|---|
| |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

## Travel Costs

| Item | |
|---|---|
| | |

| Description and Justification |
|---|
| |

| | Year 1 | Year 2 | Total |
|---|---|---|---|
| Cost | | | |

| Salaries total | | | |
|---|---|---|---|
| | Year 1 | Year 2 | Total |
| Salaries | | | |
| Total | | | |

## Overhead

| Total Costs | | | |
|---|---|---|---|
| | Year 1 | Year 2 | Total |
| Salaries | | | |
| Materials, Supplies and Services | | | |
| Equipment | | | |
| Travel Costs | | | |
| IT Equipment | | | |
| Project-Related Travel Costs | | | |
| Overhead | | | |
| Other Expenses | | | |
| Total | | | |

## Other Financial Support

| Granting Agency | |
|---|---|

| Title of the project<br>Please use English language | |
|---|---|

| Status | |
|---|---|

| Period: From | |
|---|---|

| Period: To | |
|---|---|

| Gross Amount | |
|---|---|

| Currency | |
|---|---|

| Brief Description |
|---|
| |

| Specify overlaps with this application, if any |
|---|
| |

## Host Istitution

| | |
|---|---|
| **Chief of the Host Institution** | |

| | |
|---|---|
| **Permanent position** | |

| | |
|---|---|
| **Position Title** | |

| | |
|---|---|
| **Main research fields** | |

| | |
|---|---|
| **Name of the Laboratory** | |

| | |
|---|---|
| **Number of staff members** | |

| | |
|---|---|
| **Are you Head of the Laboratory?** | |

| | |
|---|---|
| **Any other appointment (including foreign)?** | |

| |
|---|
| **Other appointment** |
| Test |

| | |
|---|---|
| **Laboratory space** | |

| | |
|---|---|
| **Clinical resources** | |

| | |
|---|---|
| **Office space** | |

| | |
|---|---|
| **Major equipment** | |

| | |
|---|---|
| **Core Facilities and Services** | |

| | |
|---|---|
| **Other** | |

**Organisation Approver**
xxxxxxxx

## Reviewers

**Suggested Reviewers**
Please provide details of any Suggested Reviewers for your grant application.

| Title | - |
|---|---|
| First Name | xxx |
| Last Name | xx |
| Expertise | - |
| Department | - |
| Institution | xx |
| Email | - |
| Reason | - |

**Excluded Reviewers**
Please provide details and reason of any Reviewers that should be excluded from your grant application.

| Title | - |
|---|---|
| First Name | xx |
| Last Name | xx |
| Expertise | - |
| Department | - |
| Institution | x |
| Email | - |
| Reason | xxxx |

## Notes

**Your Notes, if any**

Any personal comments, details or additional information the Applicant wishes to add to any specific sections of the Application can be inserted here. Please indicate which section you are referring to and the reasons for including more information.

## Declaration

- I hereby certify that all information included in the online Application is accurate and complete.
- I certify that I am entitled and/or authorized to disclose all Information provided within the Application.
- I declare to have provided any collaborator involved in the Application with the information about Data Processing attached to the Call 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 any other collaborator in the Application.

| **Full Name** | |
|---|---|

| **Place/Date** | |
|---|---|

(Data Processing Document - prova1(2).pdf) is included as an appendix within this file.

## Appendices

1) Research Plan - Research plan template_Multiround.pdf
Collaboration Letter - xxxx.pdf
3) Biosketch - Biosketch_Multiround.pdf
4) Data Processing Document - xxxx.pdf