**Grant Application**

**Swiss Foundation for Research on Muscle Diseases**
Chemin des Jordils 4

2016 Cortaillod

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www.fsrmm.ch

Rev. 3.2018

**RESEARCH GRANT APPLICATION**

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| --- | --- |
| 1. TITLE OF PROJECT | 2. GRANT TYPE: (click on the box to tick) 2a. ORIGINAL GRANT [ ]  No [ ]  Yes 2b. RESUBMISSION [ ]  No [ ]  Yes |
| 3. PRINCIPAL INVESTIGATOR      |
| 3a. POSITION TITLE       | 3d. MAILING ADDRESS *(Street, zip code, city)*                  |
| 3b. DEPARTMENT       |
| 3c. TELEPHONE       | 3e. E-MAIL ADDRESS:      |
| 4. HUMAN SUBJECTS RESEARCH[ ]  No [ ]  Yes |
|
| 5. DATES OF PROPOSED PERIOD OF SUPPORT *(ex.: 1st January 2019)* | 6. FUNDS REQUESTED FOR PROPOSED PERIOD OF SUPPORT: | 7. FUNDS REQUESTED FOR SECOND YEAR OF SUPPORT IF APPLICABLE: |
| From | Through |       |       |
|       |       |
| SIGNATURE  | DATE      |

**PROJECT ABSTRACT**

State the application’s broad, long-term objectives and specific aims, making reference to the relatedness of the project to Polymyalgia rheumatica. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. (Do not exceed 300 words.)

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| **Performance site(s)** *(organization, city)*      |
| **Key personnel** Use continuation pages as needed to provide the required information in the format shown below.Start with Principal Investigator. List all other key personnel in alphabetical order, last name first. |
| Name | Organization | Role on Project |
|       |       |       |
|       |       |       |
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**LAY PERSON SUMMARY**

**(Limit 300 words)**

**BUDGET**

**(Amount in CHF)**

**Personnel:**

(name, title, and percent effort. Salary incl. social insurance according to Swiss National Fonds)

The following costs are not allowable:

* Institutional overhead (indirect costs)
* New construction and alterations or renovations of existing facilities
* Consultant fees, unless specified in the original grant application
* Travel costs
* Principal Investigator's salary
* Supply and infrastructure costs

**BUDGET JUSTIFICATION**

**Other support**

**as it applies to this grant**

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| **BIOGRAPHICAL SKETCH****Do not exceed four (4) pages total**  |
| NAME      | POSITION TITLE      |
| **Education/Training** *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* |
| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | YEAR(s) | FIELD OF STUDY |
|       |       |       |       |
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 **Personal Statement**

**Positions and Honors**

List in chronological order all non-degree training, including postdoctoral research training, all employment after college. Clinicians should include information on internship, residency and specialty board certification (actual and anticipated with dates) in addition to other information requested. State the Activity/Occupation and include beginning/end dates, field, name of institution/company, and the name of your supervisor/employer.

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| --- | --- | --- | --- | --- | --- |
| Activity/Occupation | Beginning Date | Ending Date | Field | Institution/Company | Supervisor/Employer |
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**Academic and Professional Honors**

**Selected Publications and Patent Citations**

**Research activities for the past 3 years**

**RESEARCH PLAN**

**(Limit to five pages)**

**RESEARCH PLAN**

**(Limit to five pages)**

**RESEARCH PLAN**

**(Limit to five pages)**

**RESEARCH PLAN**

**(Limit to five pages)**

**RESEARCH PLAN**

**(Limit to five pages)**

**CATEGORIZATION OF RESEARCH PROPOSAL**

**(Please check all that apply)**

|  |  |
| --- | --- |
| **Check if applicable** | **Category** |
|  | Etiology/Pathogenesis (could include a broad range of studies of immunity, inflammation, or vascular biology. (Relevance to human PR will be taken into account by the reviewers.) |
|  | Epidemiology, including genetics. |
|  | Diagnosis, including identification of disease subtypes. |
|  | Treatment/Management, including therapeutics to treat PR or prevent complications, biomarkers, and psychosocial outcomes. |
|  | Other: (please specify) |