Application Form

Call for Research Proposals:

Applied Research in Oculo-Pharyngeal Muscular Dystrophy

Part A – General Information

1. Title (Hebrew):			
2. Title (English):			
3. Area of Research according to the call of proposals:			
4. Duration of Proposed Research (Years):		5. Requested date for start of research:	
6. Number of institutions participating in the proposal:			
7. Total project budget (NIS):	First year:	Second year:	Total:

1. Research Institution's Name and address:

2. **Institution authorization**

   a. We confirm that the conducting of the research by the following undersigned researchers is in accordance with the detailed proposal in the Application Form.

   b. We declare that we read the Call for Proposals and the attached contract, and we are aware of the conditions for conducting the research.

   c. We declare that the Program Coordinator belongs to the permanent staff of the institute (including Emeritus researchers).

We the undersigned declare that the provided information submitted within this proposal is accurate, correct and updated.

Signature of the authorized signatories of the submitting institution

Name	Position	I.D. Number	Signature	Date

The Program Coordinator and the Principal investigators participating in the research (representative from each research team – add lines if needed)

1. Program Coordinator

Name	Signature	Institution's Name

2. Principal Investigator

Name	Signature	Institution's Name

3. Principal Investigator

Name	Signature	Institution's Name

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3. **Administrative information of the Program Coordinator and the Principal investigators**

   a. **Program Coordinator**

Surname: (Hebrew) (English)	First Name: (Hebrew) (English)	Year of Birth:	I.D..(including control digit):
Title:	Position:	Laboratory or Department:	Research Institution:
Tel. (work):	Tel. (mobile):	Fax:	Email:
Address:			

   b. **Principal Investigator I:**

Surname: (Hebrew) (English)	First Name: (Hebrew) (English)	Year of Birth:	I.D. (including control digit):
Title:	Position:	Laboratory or Department:	Research Institution:
Tel. (work):	Tel. (mobile):	Fax:	Email:
Address:			

Part B – Abstract (In English and in Hebrew)

Abstract

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Part C-1 – Research Proposal

NOTE: Items 1-9 should be limited to **ten pages**.

Part C-2 – Time table

Number	Stage	6	12	18	24

Part D – Detailed Budget Request

Name of Principal Investigator:

 Institution:

1. **Salary*** (the total time dedicated to the research, including unbudgeted researchers, should be stated in number of man-months).

Name (Surname, First name, Title)	Role in the project	In NIS				
		Requested Man months	Budget **Year A**	Requested Man months	Budget **Year B**	Institution's participation
Total for salaries						

* Do not include sabbaticals

2. Consumable Materials, and Laboratory animals

Consumable Materials and equipment	Requested participation in NIS		Sources for Institution's Participation
	Year A	Year B	
1			
2			
3			
4			
Total requested budget for consumable materials			

3. **Other expenses** (the budget should NOT include participation in conferences in Israel and abroad)

	Expenses' Description	Requested participation in NIS		Sources for Institution's Participation
		Year A	Year B	
1				
2				
3				
4				
5				
Total other expenses				

4. **Sum of Expenses (summing up the budget details of all programs in NIS from tables 1-4)**

Items	Year A	Year B	Total for years A,B	Sources for Institution's Participation
Manpower				
Consumable Material				
Other Expenses				
Total budget without overhead				
Total requested budget				
The budget was prepared according to the costs of month year				

Budget Justification

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Total Sum up of expenses for the program

Name of program coordinator:

Institute:

Items	Year A	Year B	Total for years A,B	Sources for Institution's Participation
Manpower				
Consumable Material				
Other Expenses				
Total budget without overhead				
Total requested budget				

a. Total project budget (NIS)	First year:	Second year:	Total:
b. Requested budget (NIS)	First year:	Second year:	Total:

Name of Principal investigator:

Institute:

Additional sources of funding –

Each group should fill out the budget request for this program. Add records and explanation as needed. Add pages if required.

    a. If budget exceeds limit by the sponsor, explain how this difference will be funded and detail funding.

        Note: there will not be duplication of funding granted by the sponsor for the same research subject.

    b. Were Patent applications submitted or granted for this research? Detail patent number and country in which submitted. Detail inventor names etc.

    c. Were there manuscripts submitted for publication on the current research?

    d. Describe all current research the Principal Investigator is currently involved in (budget and funding sources) according to the following table:

Name of PI	Research title	Funding agency	% of time allocated to project	Amount of grant (NIS)	Start date	Expected end date

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Part E – Short Personal Background

A short background should be filled out for the Center's director.

Summary (the professional suitability of the Director of the program- up to 20 lines.

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