

ANAT Grant Application 2019

Form 1

General Information (please fit spaces and add sheets if necessary)

Project Title: _____

Running Title: _____

N. Centres Involved _____ **N. Researchers involved** (including PI, Partner/s and internal/external collaborators) _____ **Project Duration** (yrs) _____

Type of Application:

New ANAT Application _____

Research Area (see priority areas in the ANAT Call for application): _____

Research Type (prevalent matter): _____

Human subjects involved: Yes ___ No ___ **Animal models involved:** Yes ___ No ___

Applicant (Principal Investigator) – Personal data

Name _____ Surname _____

Fiscal Code _____ Birth date ___/___/_____ Degree _____

Annual effort in the project % _____

Institution and address: (Department/University/Hospital/Institution/Lab)

Street _____ Zip Code _____

City _____ Prov. _____ Country _____

Phone _____ Fax _____ E-mail _____

Internal Collaborators:

1. Name _____ Surname _____

Degree _____ Role _____

2. Name _____ Surname _____

Degree _____ Role _____

Add others if necessary. Collaborators for whom a salary is requested must be indicated if already identified

External Collaborators:

1. Name _____ Surname _____

Degree _____ Role _____

2. Name _____ Surname _____

Degree _____ Role _____

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Form 2

Curriculum Vitae (Add numbered sheets if necessary)

P.I.

Education and Training (max 2000 characters space included)

Employment and Research Experience (max 2000 characters space included)

Personal bibliography (list of relevant references peer-reviewed)

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Form 3

Project Overview – (Abstract)

Project Title (in English)

Priority area: (English)

Project Summary (English) max 500 characters space included

Project Title (in Italian)

Priority area: (Italian)

Project Summary (Italian) max 500 characters space included

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Form 4

Research Plan: Background, Specific Aims and Rationale

Background (max 2000 characters spaces included)

Specific Aims and Rationale (max 2000 characters spaces included)

Add sheets if necessary

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Form 5

Research Plan: (max 6000 characters spaces included, please insert into the text images or graphs as light JPG files)

Preliminary Results

Experimental Plan

If Clinical Project

Clinical protocols

Study design, detailed study population, clinical procedures, study medications/drugs (if applicable), safety, data management and statistical analysis, timeline. State whether material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records or data. State also whether the clinical procedures/interventions will be specifically applied for research purposes or for usual care plans. The Informed consent form and the information sheet must be attached (see ANAT Announcement, item 5) and the Appendix 1. **The Clinical project must be completed with Ethical Committee's Authorisation in accordance with the laws of the Italian Ministero della Salute** (see item 5 of the Call).

Cited Bibliography

Add numbered sheets

Form 6

Host Institution/s: Facilities

PI

Position Title _____ Permanent Position Yes _____ No _____

If no permanent position, specify what type of salaried position _____

Main Research Fields _____

Laboratory (or clinical dept.) Name _____

Chief _____

Total number of staff Members in the Lab or Clinical Dept _____

Facilities

Lab space (square meters) _____ Clinical setting (N. beds) _____

Clinical resources _____

Computer Equipment _____

Major Lab Equipment _____

Core Facilities and Services available in the Institution

Other _____

Form 7 (optional)

Outside Collaborations/Services (if any)

External Collaborations must be supported by specific letters. In this form the “External Collaborations” are considered as external services or professional consulting

Collaboration 1

Name/Surname of principal collaborator

Institution/Laboratory/Other

Specific contribution to the project:

Collaboration 2

Name/Surname of principal collaborator

Institution/Laboratory/Other

Specific contribution to the project:

Other

Form 8

Budget The budget description must be accurate and detailed in all its parts and every item must be justified to the needs of the project. Any omission, generic description, or miscalculation may lead to the project's rejection

| | Description/Justification | 1 st year |
|---|---------------------------|----------------------|
| Equipment (very limited small equipments or accessories and softwares). Max 7% of total budget | | |
| Consumables/animals (for lab activities) | | |
| Fellowships or contracts (for graduated and technicians) | | |
| - Travels, training sess., meeting/congress participation (overall international conf. on CF). Max 4% of the total budget | | |
| - Publication expenses Max 2.5% of the budget | | |
| External and occasional professional or technical services | | |
| TOTAL | | |

Other Financial Supports to the Project (if available)

1. Current ____ Pending ____ **Period:** from _____ to _____

Amount:

Project Title:

Brief Description:

Granting Agency:

Appropriate documents must be attached.