**CYSTINOSIS IRELAND SEEDCORN FUNDING PROGRAMME 2020**

**APPLICATION FORM**

***Please return this form to*** ***research@cystinosis.ie***

|  |  |
| --- | --- |
| **Name of Principal Investigator:** |  |
| **Email address & telephone number for Principal Investigator:** |  |
| **Name and Address of Institution where project****Is to be carried out:** |  |
| **Title of Project:** |  |
| **Start date of Project:** |  |
| **End date of Project:** |  |
| **Date of when report detailing results of project will issue to Cystinosis Ireland:** |  |
| **Please give a scientific description of this project: include relevant references if appropriate** |  |
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|  |  |
| **Explain why the environment chosen for this project is suitable** |  |
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|  |  |
| **How will your research benefit people with cystinosis?** |  |
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| **Please describe your Project in *lay-person’s* terms (One paragraph):** |  |
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| **Will the data generated from this proposal be turned into a larger grant application?** **Please provide details of any other funding programme(s) you intend to apply for, including possible funders and deadlines** |  |
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| **Details of Co-Investigator/Collaborator (if appropriate)** |  |
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| **C.V. of Principal Investigator (Half page maximum)** |  |
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| **Name and details of researcher identified to carry out the work: (If appropriate)** |  |
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| **Total cost of the Project** |  |
| **€**\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |
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| **Total amount requested from Cystinosis Ireland (Only Euro amounts will be provided, no contingency for currency conversion will be included):**  |  |
| **€**\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Please provide a detailed budget for the proposal.** **Please complete the project budget template in appendix 1.** |  |
| If the funding being requested from Cystinosis Ireland is a part of a larger project please provide an overall budget for the project and indicate what proportion of the budget is being sought from Cystinosis Ireland (appendix 1). Please provide a justification for the funding requested from Cystinosis Ireland and provide as much detail as possible on what the funding will be spent. Please indicate if any additional sources of funding required are in place.  |  |
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| **Please provide a name of one suggested peer reviewer:** |  |
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**Appendix 1**

**Budget breakdown**

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| --- | --- | --- | --- | --- |
| **Budget Item** | **Please specify FTEs****(Full Time Equivalents)** | **Amount requested from Cystinosis Ireland in €s** | **Amount from other funding sources in €s** | **Total amount in €’s** |
| **Personnel costs** – please list separately personnel at different grades |  |  |  |
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| **Consumables** |  |  |  |  |
| **Travel** | For researchers/ staff |  |  |  |
| **Travel** | For patients/ participants |  |  |  |
| **Equipment** |  |  |  |  |
| **Other direct costs** |  |  |  |  |
| **Subtotal** |  |  |  |  |
| **Overheads** |  | Not eligible for funding by Cystinosis Ireland |  |  |
| **Total Project Budget** |  |  |  |  |