**Ein Bild, das Text enthält.

Automatisch generierte Beschreibung**

**Grant Application Instruction**

Please summarize your research project for which you are applying for financial support by the

Klaus Grawe Foundation by following the instructions below. No more than four pages may be used.

Send this application together with the required documents mentioned below by email to the Klaus Grawe Foundation.

The application form should not extend the given four pages limit.

**Please make sure to enclose the following documents:**

 Comprehensive description of the research project

 CVs

 References

 List of publications

 Letters of recommendation (if required)

 Approval of the Ethic Committee (if necessary)

Send to: Klaus Grawe Foundation

[mgrawe@klausgrawefoundation.com](mailto:mgrawe@klausgrawefoundation.com) Dr. Mariann Grawe-Gerber

President of the Board

Grossmünsterplatz 1

8001 Zürich

Schweiz

Tel: +41 (0)79 817 56 57

Page 1:

**Title of the research project:**

*Title of project here*

**Responsible applicant**:

Name: Surname:

Title: Address:

Date of Birth: Institution:

E-mail:

**Principle investigator(s):**

Name: Surname:

Title: Address:

Date of Birth: Institution:

E-mail:

**1. Abstract**

*Abstract text here*

Page 2:

**2. Overview of the project**

- Research subject, background and state of research

- Research methods

- Objectives and expected outcomes

- Impact for the field

- Clinical relevance and sustainability

- Collaborations

Page 3:

**3. Description of the research procedures and work program**

**-**Tasks

- Personnel and equipment

- Planned experiments and analyses

- Schedules and milestones

- Resources

- Purpose of requested financial contribution

Page 4:

**4. Detailed financing plan and** **desired financial contribution**

- Financing of the whole research project

- Grant applications to other foundations and institutions (date and name)

- Personnel and tasks to be funded

- Amount, date of payment and account details

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_