**Application Form**

**Call for Research Proposals: Research in the Field of Duchenne/ Becker muscular dystrophy**

**Part A – General Information**

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| --- |
| 1. Title (Hebrew):

      |
| 1. Title (English):

      |
| 1. Area of Research according to the call of proposals:
 |
| 1. Duration of Proposed Research (Years):
 | 1. Requested date for start of research:
 |
| 1. Number of institutions participating in the proposal:
 |
| 1. a. Total  project budget  (NIS):
 | First year:      | Second year:      | Total:      |
| 7. b. Requested  budget from  A.D.I  (NIS):       | First year:      | Second year:      | Total:      |

|  |
| --- |
| 1. Research Institution's Name and address:
 |
| 1. **Institution authorization**
2. We confirm that the conducting of the research by the following undersigned researchers is in accordance with the detailed proposal in the Application Form.
3. We declare that we read the Call for Proposals and the attached contract, and we are aware of the conditions for conducting the research.
4. 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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1. **Administrative information of the Program Coordinator and the Principal investigators**
2. **Program Coordinator**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: (Hebrew)       (English)       | First Name: (Hebrew)      (English)       | Year of Birth:       | I.D. No.(including control digit):      |
| Title:      | Position:      | Laboratory or Department:      | Research Institution:      |
| Tel. (work):      | Tel. (mobile):      | Fax:       | Email:      |
| Address:       |

1. **Principal Investigator I:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: (Hebrew)       (English)       | First Name: (Hebrew)      (English)       | Year of Birth:       | I.D. No.(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**

|  |
| --- |
| Duchenne muscular dystrophy (DMD) |

 **תקציר**

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| --- |
| מחלת ניוון שרירים מסוג דושן. |

**Part C-1 – Research Proposal**

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

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|       |

**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

1. **Consumable Materials , and Laboratory animals**

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

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

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

1. **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 |       |       |       |       |
| Overheads- up to 15% |       |       |       |       |
| **Total requested budget** |       |       |       |       |

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| The budget was prepared according to the costs of month       year       |

**Budget Justification**

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|       |

**Summing up of expenses (summing up the budget details of the program in NIS)**

Name of Principal investigator:       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 |       |       |       |       |
| Overheads- up to 15% |       |       |       |       |
| **Total requested budget** |       |       |       |       |

**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 |       |       |       |       |
| Overheads- up to 15% |       |       |       |       |
| **Total requested budget** |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| a. Total project  budget (NIS) | First year:      | Second year:      | Total:      |
| b. Requested budget  from A.D.I  (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

1. If budget exceeds limit by A.D.I, explain how this difference will be funded and detail funding.

**Note**: there will not be duplication of funding granted by A.D.I for the same research subject.

1. Were Patent applications submitted or granted for this research? Detail patent number and country in which submitted. Detail inventor names etc.
2. Were there manuscripts submitted for publication on the current research?
3. 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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