**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):

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| 1. Title (English):

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| 1. Area of Research according to the call of proposals:
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| 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:      |

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| --- |
| 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. Principal Investigator**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Name | Signature | Institution's Name |

**2. Principal Investigator**

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Name | Signature | Institution's Name |

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**Part B – Abstract (In English and in Hebrew)**

**Abstract**

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| 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**

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| --- | --- | --- | --- | --- | --- |
| Number | Stage | 6 | 12 | 18 | 24 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Part D – Detailed Budget Request**

Name of Principal Investigator:

 Institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |       |       |       |       |

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

**Budget details and Justification**

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|       |

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

**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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