**Grant Proposal Application**

**Ministry of Health - Chief Scientist Office**

**1. Title Page**

Research Title: [[1]](#footnote-1)

Principal Investigator (PI):

Institute:

Research Authority:

Date of Application:

Co-Investigators:

1. Name: Institute:
2. Name: Institute:
3. Name: Institute:
4. Name: Institute:
5. Name: Institute:

Is the project associated with a commercial company? YES [ ]  NO [ ]

Is the project associated external parties? YES [ ]  NO [ ]

If yes, please elaborate:

Signature of the PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Research Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Abstracts (English, Hebrew & Layman's term – either Hebrew or English)**

**(Up to one page, each)**

Background and aim:

Methods:

Expected results:

Importance to Medicine:

Five Keywords:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Research Plan (In English):**

**Up to 3 pages for proposals, not including references.**

1. Scientific Background, Aims
2. Study Design, including:
3. Detailed Plan of the Study; the research plan should be outlined for the whole research period requested, and clear primary and secondary **outcomes**.
4. Methods (Sample size calculation and its justification should be included & available equipment / means)
5. Preliminary Results
6. Schematic representation of proposal including partner responsibilities and time scheme.
7. References (Up to 20: First Author, Full title, Journal, Volume, Page, Year)

It is strongly advised to consult a biostatistics expert prior to submission.

**4a. Budget** should be described for the WHOLE research duration, in accordance to the budget items in the electronic form

| Budget (in NIS) | **Other sources of funding** | **Requested sum** |  |
| --- | --- | --- | --- |
|  |  |  | Personnel (indicate position, e.g. Technician, Assistant.Add rows if necessary) |
| כוח אדם (יש לציין עוזר/ת מחקר, עובד/ת מעבדה, טכנאי/ת - משרה חלקית או מלאה) |  |  |  |
|  |  |  |  |
|  |  |  | Total Personnel  |
|  |  |  | Other expenses (Please itemize, add rows if necessary) |
|  |  |  | Overhead (up to 10% , included in the total budget) |
|  |  |  | Total |

Salaries to PI and CoI, permanent equipment (including computers and software), clinics charges, are not eligible costs.

Travel expenses are eligible only in ERA-NET grants.

**4b: Funding from other resources for similar programs**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4c: Budget justification**

(If this project is presently supported by another grant or if a similar application was made to fund this project, the PI should justify the reason for the current request)

**5. Curriculum Vitae**

Fill out a form for **EACH** applicant

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_

|  |
| --- |
| Main Research Area       |

Education (Academic or equivalent) [[2]](#footnote-2)

| **From - To** | **Academic Institute** | **Area of Specialty** | **Degree** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Employment (Begin with current employment) 3

| **From - To** | **Institute** | **Affiliation** | **Description** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Active Research Grants and Contracts 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From - To** | **Funding Source** | **Research Subject** | **Percent Effort** | **Grant Amount** |
|       |       |       |       |       |
|       |       |       |       |       |

**6. Collaboration letters:**

Please include letters from collaborators, consenting to contribute to the research and their part in it. In addition, these letters should be scanned (B&W, low resolution PDF files) and attached to the electronic form

**7. Bio-Ethics approvals [[3]](#footnote-3)**

If applicable, please find attached:

[ ]  **Bio-Ethics approval is not required**

[ ]  **Research requires "Helsinki" approval for research on Human Subjects.**

Either

|[ ]  "Helsinki" approval (Signed by the Hospital Director), Valid until\_\_\_\_\_\_\_\_\_\_\_ |
| --- |
|[ ]  Temporary approval by the hospital "Helsinki" committee. |
|[ ]  Copy of the application to the hospital "Helsinki" committee (2 first pages ONLY) |

[ ]  **Research requires approval from Institutional Committee for Animal Research approval**

Either

|[ ]  Approval of the Institutional Committee for Animal Experimentation, Valid until\_\_\_\_\_\_\_\_\_\_\_ |
| --- |
|[ ]  Copy of the application to the Institutional Committee for Animal Experimentation (2 first pages ONLY) |

[ ]  **Approval of the Institutional Safety Committee**

[ ]  **Approval of from the other authorities, when relevant.)**

1. **Suggested reviewers:**

Names at-least 5 experts(Israel or abroad) in the field (avoid naming of reviewers who may have a conflict of interest with the proposal and / or the researchers)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**רשימת בדיקה:**

יש לאגד את ההצעה **על פי הסדר ברשימה** ולצרף אותה **בסוף ההצעה**

1. עותק מודפס של הטופס האלקטרוני המלא של "בקשה למימון מחקר" הכולל:
2. חתימת כל השותפים למחקר (כולל יועצים) על טופס בקשה למימון מחקר.
	1. חתימה וחותמת רשות המחקר.
3. תקציר הצעת המחקר בעברית באנגלית ובלשון לא מדעית
4. תכנית המחקר
5. תקציב המחקר
6. קורות חיים של **כל אחד** מהחוקרים (בדפים שיוחדו לכך).
7. מכתבי שיתוף פעולה
8. אישורי ביו-אתיקה:
9. אישור לניסוי באנוש או העתק הבקשה שהוגשה לוועדת הלסינקי.
10. אישור הועדה המוסדית לניסויים בבעלי חיים או העתק הבקשה שהוגשה
11. אין צורך באישור ביו-אתיקה
12. אישור משרד החינוך או אחר
13. שמות סוקרים פוטנציאלים
14. רשימת בדיקה זו.
15. הבקשה נשלחה online בתאריך:\_\_\_\_\_\_\_\_\_\_
1. If this application is being re-submitted, a letter explaining the changes made to the original one should be attached. [↑](#footnote-ref-1)
2. Add more lines, as required [↑](#footnote-ref-2)
3. Ethical documents attached should strictly follow the instructions on "BioEthics" on the Chief Scientist website. Only hard-copies should be attached to this application. Scanned dcouments (low resolution, B&W PDF files) should be attached only to the electronic form. [↑](#footnote-ref-3)