

***Projectnumber: \****

*\* will be assigned by the MDL Fonds*

Please refer to the ‘Manual Preliminary Grant Application 2025’ for instructions.

**Attention**: We would like to receive some information about your application in advance. Make sure you fill in the form ([Registration Preliminary Grant Application](https://www.mlds.nl/wetenschappelijk-onderzoek/voor-onderzoekers/subsidielijn/registratie-vooraanvraag/)) before the 3rd of February 2025 at 12:00 (noon).

# General information

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| --- | --- | --- |
| **1** | **Title of the Project** |  |
| **Dutch summary** (max. 200 words) |  |
| **2** | **Institute** |  |
| **Department** |  |
| **Address** |  |
| **3** | **Project Leader** | First name, last name and title(s); [ ] Mr./ [ ] Mrs./ [ ] Other ……………………………………………………………………………………….Please specify your position at the apply institute: ……………………………………………………………………………………….Do you have a permanent position? If not, when does your contract ends? .............................................................................................................. |
| **Telephone** |  |
| **E-mail** |  |
| **2nd Project Leader** (if applicable) | First name, last name and title(s); [ ] Mr./ [ ] Mrs./ [ ] Other ……………………………………………………………………………………….Please specify your position at the apply institute: ……………………………………………………………………………………….Do you have a permanent position? If not, when does your contract ends? .............................................................................................................. |
| **Telephone** |  |
| **E-mail** |  |
| **4** | **Career Development Grant** (if applicable) | [ ]  Not applicable- Master’s (“doctoraal”)………………………………………………………………………………………………………………….- PhD………………………………………………………………………………………………………………….- Work experience since graduating………………………………………………………………………………………………………………….- Brief summary of research over the last five years………………………………………………………………………………………………………………….- International activities………………………………………………………………………………………………………………….- Other academic activities………………………………………………………………………………………………………………….- Scholarships, grants and prizes………………………………………………………………………………………………………………….- Publications International (refereed) journals National (refereed) journals Books, Contribution to books, Other:………………………………………………………………………………………………………………….- Describe your motivation for this research and what you hope to achieve in the next 5 to 10 years (max 200 words)…………………………………………………………………………………………………………………. |
| **5** | **Project group** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name, academic title | Discipline | Employed by | Time spent on this project (% fte) |
|  |  |  |  |
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| **6** | **Type of research** | [ ]  Clinical[ ]  Translational  |
| **Theme of research** | **GI Oncology**[ ]  Oesophageal cancer[ ]  Colon cancer[ ]  Liver cancer (HCC) | **Chronic GI disease/disorder**[ ]  IBD[ ]  Coeliac disease[ ]  Chronic pancreatitis[ ]  IBS/intestinal complaints | **Acute GI disease**[ ]  Acute pancreatitis[ ]  NEC[ ]  Portal hypertension[ ]  Hepatitis[ ]  Cholecystitis |
| **Follow-up research** | Is the research further development and/or implementation of promising project results, from research already funded by the MLDS? Please indicate the previous project code: …………………………………………………………… |
| **Duration of research**  |  |
| **7** | **Budget** |
| **Personnel costs** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type**  | **FTE** | **Duration of appointment** | **€** |
| PhD student (non-MD) |  |  | € |
| PhD student (MD) |  |  | € |
| Post doc |  |  | € |
| Supporting Non Academic personnel |  |  | € |
| Other, … |  |  | € |
| **Total personnel costs** | **€** |

 |
| **Equipment costs** |

|  |  |  |
| --- | --- | --- |
| **Type**  | **Specification** | **€** |
| Materials |  | € |
| Animals |  | € |
| Other, … |  | € |
| **Total Equipment costs** | **€** |

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| **Total project costs** | €  |
| Amount covered by grant MDL Fonds  | €  |
| Amount covered by others | Amount: €      Name of organization:Amount: €      Name of organization:     |
| Amount requested by others | Has this grant proposal been submitted or will this proposal be submitted to another funding organization?[ ]  No[ ]  Yes, namely to………………………………for an amount of €…………………………Decision expected in: ………………………………….. (mm/yyyy) |
| **8** | **Signatures** |
| **Project leader** Date (dd/mm/yyyy) |
| Name:Signature: |
| **2nd Project leader** (if applicable) Date (dd/mm/yyyy) |
| Name:Signature: |
| **Participants of project group** |
| Name: Signature:   | Name: Signature: |
| Name: Signature:   | Name: Signature: |
| Name: Signature:   | Name: Signature: |
| Name: Signature:   | Name: Signature: |
| **Head of department/ institute** Date (dd/mm/yyyy) |
| Name:Function:Signature: |

# Project summary (English, max 1300 words)

*Do not exceed the maximum of 1300 words excluding five relevant publications.*

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| --- | --- | --- |
| **9** | **Title** | English:Dutch: |
| **10** | **Background**  |  |
| **11** | **Hypothesis** |  |
| **12** | **Objective** |  |
| **13** | **Relevance** (for the patients/end users) |  |
| **14** | **Patient participation** (during design and execution of the project) |  |
| **15** | **Methods** |
| Study design |  |
| Study population | Inclusion criteria: Exclusion criteria: Sample size calculation:Recruitment strategy: |
| Samples (if applicable) | Origin:Type:Amount:Availability:Feasibility of the envisaged research sample: |
| Analysis  | Study parameters/endpoints:Methods/intervention:Machine/software:Expected outcomes: |
| Work plan including timeframe and milestones |  |
| **16** | **Anticipated results** |  |
| **17** | **Five relevant publications concerning this application** | 1)2)3)4)5) |

# Appendix A. International experts

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| --- | --- | --- | --- |
| **A.** | **List five international experts that should be able to review your project, without a Conflict of Interest** | Name |  |
| Institute |  |
| Specialties |  |
| E-mail |  |
| Name |  |
| Institute |  |
| Specialties |  |
| E-mail |  |
| Name |  |
| Institute |  |
| Specialties |  |
| E-mail |  |
| **Name** |  |
| Institute |  |
| Specialties |  |
| E-mail |  |
| **Name** |  |
| Institute |  |
| Specialties |  |
| E-mail |  |