**Form Grant Proposal Radboud Oncologie Fonds**

**Application for:**

0 Research

0 Infrastructure

0 Other, i.e. …………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Short informative description for Dutch speaking audience in layman’s terms, Explaining what does this mean for the patient. Why should this project be funded by Radboud Oncologie Fonds? (max 300 words):** | | | |
|  | | | |
| **1** | **Applicant** |  | |
|  | **Name** |  | |
|  | **Department** |  | |
|  | **Phone** |  | |
|  | **Email** |  | |
|  | **Co-applicant(s)** |  | |
|  |  |  | |
| **2** | **Title** |  | |
|  |  |  | |
| **3** | **Background / relevance (max 300 words):** | | |
|  |  |  | |
| **4** | **Previous / preparatory work (max 300 words)** | | |
|  |  |  | |
| **5** | **Objectives** | | |
|  |  |  | |
| **6** | **Approach / workplan (max 1.000 words):** | | |
|  |  |  | |
| **7** | **Milestones during and Expected results at the end of the project** | | |
|  |  |  | |
| **8** | **Feasibility** | | |
|  |  |  | |
| **9** | **Total budget including explanation** | | |
|  | **Personnel** | | € |
|  | **Equipment** | | € |
|  | **Disposables / material** | | € |
|  | **Earmarked budget available** | | € |
|  | **(Extra) budget requested**(if possible, divide the application in concrete different phases that can be financed sequentially). | | € |

**Date:** ………………………………………………………………………

**Applicant(s) Signature:**