

ONLINE

GRANT

APPLICATION FORM

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# 1- General points

Please, note that fields marked with an \* asterisk are mandatory.

## APPLICANT

Civility title(*)	<input type="text"/>
Surname(*)	<input type="text"/> Name(*) <input type="text"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Year of birth(*)	<input type="text"/> Nationality(*) <input type="text"/>
Full Address(*)	<input type="text"/>
Zip Code(*)	<input type="text"/> City(*) <input type="text"/>
State	<input type="text"/> Country(*) <input type="text"/>
Telephone(*)	<input type="text"/> Fax <input type="text"/>
Email(*)	<input type="text"/>

## LABORATORY/TEAM/DEPARTMENT

Official's name(*)	<input type="text"/>
Hospital, University, Institute, center, others...(*)	<input type="text"/>
Unity, labs, Service, department, others...(*)	<input type="text"/>
Full Address(*)	<input type="text"/>
Zip Code(*)	<input type="text"/> City(*) <input type="text"/>
State	<input type="text"/> Country(*) <input type="text"/>
Phone(*)	<input type="text"/> Fax <input type="text"/>
Email(*)	<input type="text"/>

## ADMINISTRATIVE LINK(S) WITH THE LAB. OR SERVICE

State Center	<input type="text"/>
University	<input type="text"/>
Others	<input type="text"/>

## 2- Research project summary and classification

Please, note fields that marked with an \* asterisk are mandatory.

Research project title  (150 characters maximum)  
(\* )

Abstract of the research project (\* )  (2000 characters maximum)

Keywords

### Main orientation of the research project (\* )

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Genetics, Molecular biology | <input checked="" type="checkbox"/> Primary prevention (fundamental)  |
| <input checked="" type="checkbox"/> Biology                     | <input checked="" type="checkbox"/> Diagnosis                         |
| <input checked="" type="checkbox"/> Neurobiology                | <input checked="" type="checkbox"/> Epidemiology                      |
| <input checked="" type="checkbox"/> Animals models              | <input checked="" type="checkbox"/> Clinical research, clinical trial |

### Secondary orientation of the research project (several boxes are authorized)

- |  |  |
|--|--|
| <input type="checkbox"/> Genetics, Molecular biology | <input type="checkbox"/> Primary prevention (fundamental)  |
| <input type="checkbox"/> Biology                     | <input type="checkbox"/> Diagnosis                         |
| <input type="checkbox"/> Neurobiology                | <input type="checkbox"/> Epidemiology                      |
| <input type="checkbox"/> Animals models              | <input type="checkbox"/> Clinical research, clinical trial |

### 3- Presentation of the research project

The plan is to be respected, keeping chapters titles and content. You have to upload a file in word format, which must not exceed 4 Mo.

Please, note that fields marked with an \* asterisk are mandatory.

#### 1. INTRODUCTION

1-1 Research program summary (\*)

(2000 characters maximum)

1-2 Research program summary destined to our donors (\*)

(2000 characters maximum)

**PLEASE UPLOAD THIS PART IN WORD FORMAT (.DOC)**

#### 2. GENERAL PRESENTATION

2-1. General and rational presentation of the subject

2-2. Current state of the presented research subject: work already done in France and in other countries

#### 3. PROJECT PRESENTATION (STRICTLY LIMITED TO THE ASKED-GRANTED PART)

3-1. Presented work objectives (strictly limited to the asked-granted work)

3.2. Material, subjects, methods and methodology

#### 4. MEANS USED TO LEAD THE PROJECT

4-1. Team, means, premises description

4-2. Expected collaboration(s) with French and foreign laboratories

(for each team, please precise name, address, Head of the laboratory and his address)

#### 5. EXPECTED RESULTS

How the expected result (described in 3) does answer to the issue described in 2 ? Predictable results, possible patents issued from this work

#### 6. WORK PROGRAM (SCHEDULE)

(Predictable steps and dates)

#### 7. BIBLIOGRAPHY

(General bibliography on the subject)

#### 8. TEAM PUBLICATIONS

(Main publications of the last three years, including those accepted for publications, in scientific journals with a review committee. The reference must be complete and must indicate the first and last pages.)

(Max Upload file size < 4 Mo)

## 4- Clinical-Research-Program Form

Please send as soon as possible the following documents :

- A) Ethics Committee (IRB certificate, etc.) (scanned document),
- B) Insurance certificate for the laboratory (scanned document),
- C) Final protocol (upload a Word document (.doc)),
- D) Memorandum text and patient or family consent form.

**There should be no grant transfer if the above documents were missing.**

Please, note fields that marked with an \* asterisk are mandatory

### APPLICANT

#### 1. RESEARCH

- Program with direct individual profit     Program without direct individual profit

#### 2. DATE AND LENGTH

Date of beginning (\*)  
(mm/dd/yyyy)

Length of program() (month \*)

#### 3. COORDINATOR'S IDENTITY

Surname (\*)  Name (\*)

Titles

Full Address(\*)

Zip Code (\*)  City (\*)

Country (\*)

Phone (\*)  Fax

Email (\*)

## 5- Detailed Financial Requirements

The amounts must include all taxes.

For any indirect costs, we allow to grant a maximum of 10% of the total budget.

The total requested grant concerns the entire project whatever its duration is to be.

Please, note fields that marked with an \* asterisk are mandatory.

Currency (*)	<input type="text"/>	
Requested amount (*)	(0 if not concerned)	<b>TTC</b>
1) Installation, major and small equipment (*)	<input type="text"/>	<input type="text"/> *
2) Operating expenses (*)	<input type="text"/>	<input type="text"/> *
3) Missions, travels (*)	<input type="text"/>	<input type="text"/> *
4) Scholarship (*)	<input type="text"/>	<input type="text"/> *
	Total (*)	<input type="text"/>
Requested Period (*)	<input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years	*

*Detailed description :*

### 1. INSTALLATION, EQUIPMENT, MATERIAL

  
(2000 characters maximum)

Any equipment bought with a Jerome-Lejeune-Foundation grant is a gift to the applicant and his laboratory/service. Please enclose an agreement from this administration accepting this gift and ensuring its maintenance.

### 2. OPERATING EXPENSES

  
(2000 characters maximum)

### 3. MISSIONS

  
(2000 characters maximum)

### 4. SCHOLARSHIP

  
(2000 characters maximum)

## 6- Additional Information

Please, note that fields marked with an \* asterisk are mandatory.

### 1. HAS THIS GRANT REQUEST BEEN PRESENTED TO ANOTHER ORGANISATION ?

Yes  No

### 2. HOW HAVE YOU HEARD OF OUR FUNDING ? (kind and name of supports)

## 7- Mode of payment form

Please, note fields that marked with an \* asterisk are mandatory.

### 1. MODE OF PAYMENT

The allowed amount is partly given each year, please see the following example: If the grant is allowed for a 36-month period, it will be given in three equal blocks.

- the 1st block could pay the equipment, for instance.
- The following payment blocks will be conditioned by an annual scientific and financial report which will include the followings :
  - scientific results,
  - the recapitulative of expenses (recapitulative form and invoices enclosed),
  - former and planned publications relating the presented work.

*A letter will be sent to you two months before sending back the report.*

The Fondation Jérôme Lejeune will send you a mail informing you of its decision concerning your granting. If the decision is positive, we will ask you for some documents which will have to be received at the Fondation Jerome Lejeune before transferring the awarded grant. If those expected documents are received before the 20th of the month, we will then be able to transfer your grant within the 5 first days of the following month.

### 2. BANK DETAILS (please fill these lines in strictly true to the official bank details paper))

#### Bank

Name (\*)

Full address (\*)

\*

SWIFT Code (\*)

\*

IBAN Code (\*)

\*

BIC Code (\*)

\*

#### Account of the organization/association receiving the grant

Name (\*)

\*

Account address (\*)

\*

## 8- Grant Acceptance Form

Applicant	
Person in charge of laboratory	
Laboratory	
Full address	
Telephone / Fax	
Email	
Research project title	

Having applied for a grant to support the research program described in the present application,

- I acknowledge that should the Jerome Lejeune Foundation accept to fund this program, the responsibility of the said foundation and/or its administrators will not be engaged for any reason in the use of the material or immaterial results obtained thanks to this grant, as the grant allocation is decided by myself within my research program.
- I accept to assume the full responsibility of these results, whatever they can be.
- I attest that none of the works and publications coming from the project mentioned above will use embryo/foetal tissues and material coming directly or indirectly from voluntary abortions, IVF or human cloning.
- I accept the visit of appointed people from the Jerome Lejeune Foundation in order to follow the work and I accept to give them all the requested information for such follow-up.
- I do agree and testify that I will mention and thank the Jerome Lejeune Foundation in all publications related to this work (articles, posters, oral communications, etc.).

**I do accept all the above conditions**

## 9- List of Documents Needed

Attention, you must upload your CV and project file in Word format.

### APPLICANT

Remarks or message

(size <=500 Ko)

Curriculum Vitae showing nationality, titles et diplomas with obtaining year  
(upload, Word format) (size <=1Mo)

Research project itself (step 5) : each chapter and section must be clearly separated, keeping the proposal (upload, Word format).