Tel. : +31- (0)10 591 98 39

E-mail : [onderzoek@nationaalmsfonds.nl](mailto:onderzoek@nationaalmsfonds.nl)

Project number:

VormPlease send an electronic version (Word-file) and 1 signed copy (pdf-file) to the email-address above.

*>> Use Arial 10, single line spacing. Extra attachments will not be accepted.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Basic details** | | | | | | | | |
| **1** | **Name applicant, title(s)** | | |  | | | | |
| **Position** | | |  | | | | |
| **Institute** | | |  | | | | |
| **Department** | | |  | | | | |
| **Address, zip code, city** | | |  | | | | |
| **Telephone** | | |  | | | | |
| **E-mail** | | |  | | | | |
| **Position** | | |  | | | | |
| **Professional experience** | | |  | | | | |
| **Key publications** (top-5) | | |  | | | | |
| **1b** | If applicable:  **Name co-applicant, title(s)** | | |  | | | | |
| **Institute** | | |  | | | | |
| **Department** | | |  | | | | |
| **Address, zip code, city** | | |  | | | | |
| **Telephone** | | |  | | | | |
| **E-mail** | | |  | | | | |
| **Position** | | |  | | | | |
| **Professional experience** | | |  | | | | |
| **Key publications** (top-5) | | |  | | | | |
| **2** | **Title proposed project** | | | | | | | |
|  | | | | | | | |
| **3** | **Keywords** | | | | | | | |
| *Max. 5* | | | | | | | |
| **4a** | **Project aim** | | | | | | | |
|  | | | | | | | |
| **4b** | **Project category** | | | | | | | |
| Causes of MS  Treatment  Diagnosis | | | | | | | |
| **5** | **Hypothesis and brief summary of project** | | | | | | | |
| *max. 300 words* | | | | | | | |
| **Number of words:** | | | | | | | |
| **6** | **Relevance for MS (cause, treatment or diagnosis) and a MS-free world** | | | | | | | |
|  | | | | | | | |
| **7** | **Impactplan** | | | | | | | |
| *Describe the expected deliverables of the overall research and the expected impact of these results. Focus on the following: 1) people with MS, 2) healthcare professionals, 3) MS and/or other neurological science and/or technology, 4) innovative and/or groundbreaking aspects.* | | | | | | | |
| **8** | **Novelty/uniqueness of the project** | | | | | | | |
|  | | | | | | | |
| **Research proposal** | | | | | | | | |
| **9** | **Background & research questions** | | | | | | | |
| *max. 500 words (main text and figure legends)* | | | | | | | |
| **Number of words:** | | | | | | | |
| **References**  *max. 25 references* | | | | | | | |
| **10** | **Study design & work plan** | | | | | | | |
| *max. 500 words (main text and figure legends)* | | | | | | | |
| **Number of words:** | | | | | | | |
| **11** | **Project group**  (\*fte involved in this project) | | | **Title(s) and name** | | **Discipline** | **Employed by** | **Fte\*** |
|  | |  |  |  |
| **12** | **Embedding & cooperation** | | | | | | | |
| *max. 400 words (main text and figure legends*) | | | | | | | |
| **Number of words:** | | | | | | | |
| **13** | **Feasibility of the project** | | | | | | | |
| *Please state the main threat(s) that may affect the execution and outcomes of the project. If applicable, indicate how the work plan can be adjusted to affirm feasibility of the goals without losing the original character of the project.* | | | | | | | |
| **14** | **Has this grant proposal been submitted to Stichting MS Research or Stichting Nationaal MS Fonds previously?** | | | Yes\*  No | | | | |
| If yes: | | |  | | | | |
| * What was the project number and title of this proposal? | | |
| * What are the differences between this and the previously submitted application? | | |  | | | | |
| **15** | **Has this grant proposal been submitted elsewhere?** | | | Yes, this proposal is submitted to <please fill in name organisation>  No | | | | |
| **Personnel and budget requested \*\*** | | | | | | | | |
| **16** | **Personnel** | | **Scientific staff** | | **Technical staff** | | | |
| Function | |  | |  | | | |
| Category | | PhD student / scientific personnel\* | | Non-scientific personnel level 1 / level 2\* | | | |
| Fte | |  | |  | | | |
| Amount of months | |  | |  | | | |
| **17** | **Costs (€)** | | | | | | | |
| Personnel | |  | |  | | | |
| Encouragement fee | | 5.000 | | Not applicable | | | |
| Materials/patients | |  | |  | | | |
| Permits | |  | |  | | | |
| Open access/science | |  | |  | | | |
| Other | |  | |  | | | |
| **Total costs (€)** | |  | | | | | |
| **Signatures** | | | | | | | | |
| Stichting MS Research and Stichting Nationaal MS Fonds will treat the content of this application as confidential and will not store your data for any longer than is necessary for the procedure of submission and granting. The quality and relevance of this application will be evaluated by patient-referees and the Scientific Advisory Board and/or the assessment committee.  I understand and agree that the foundations will share the content of this application with the members of the Scientific Advisory Board and/or assessment committee and the content of the appendix with patient-referees.  I understand and agree that the content of this application will be shared with the MoveS Foundation and their constituency.  Of note: the content of the “addendum publiekssamenvatting” will be made publicly available. | | | | | | | | |
| **18** |  | **Project leader** | | | | | | |
| Name |  | | | | | | |
| Date |  | | | | | | |
| Signature |  | | | | | | |
|  | **Head of MS Center or Department** | | | **Responsible administrator of organisation** | | | |
| Name |  | | |  | | | |
| Date |  | | |  | | | |
| Signature |  | | |  | | | |

\* Delete whichever is not applicable

\*\* According to the grant directives (version 2024)

\*\*\* The [privacy statement](https://msresearch.nl/privacyverklaring/) of Stichting MS Research and the [privacy statement](https://nationaalmsfonds.nl/privacy-statement/) of Stichting Nationaal MS Fonds entails more information about the processing of your personal information and deregistration.

|  |
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| **Addendum I – Publiekssamenvatting** |

Please submit separately. Use form “Appendix\_publiekssamenvatting\_NMSF\_SMSR\_2024”

|  |  |
| --- | --- |
| **Addendum II - Justification for the requirement of experimental animals**  *If the grant proposal does not require experimental animals, this addendum can be deleted from the application.* | |
| **19** | **What are the reasons that this research…** |
| **a.** | …cannot be performed without experimental animals (Replacement)? |
|  |
| **b.** | …cannot be performed with fewer animals (Reduction) or  with less distress and discomfort for the animals (Refinement)? |
|  |
| **c.** | …cannot be performed with a lower species of animals? |
|  |
| **d.** | Please specify the used animal model(s) and explain why this (sub)type of model is selected. |
|  |