Application Form

Please complete your application form electronically, print and sign, then return the form and any attached documents to: info@falckfoundation.com

• After the application is received, it will be evaluated at the next Medical Advisory Board meeting, which takes place 3 times each year.

• Deadlines for applications are: 1st April, 1st August and 1st December.

• Application length must not be more than 12 pages, including appendices. You can delete guidelines like this one in your completed form, if you approach 12 pages. But the form must be used for the application, including headlines for each section.

The Foundation reserves the right not to process an application that:

 a) Is not clearly prehospital

 b) Is from a Researcher/PI/Institution already receiving support on an ongoing FF project

 c) Is within a specific research field already supported by an ongoing FF project.

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| **1.0 Title of the project/proposal (2%)** |
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| **2.0 Information about the Principal Investigator (5%)*****The Principal Investigator is the senior researcher overseeing the research project activities, budget etc.******Please attach a current CV and relevant publication list to this application form*** |
| Name |  |
| Date of birth |  |
| Title |  |
| Occupation |  |
| Institution |  |
| Address |  |
| City |  |
| Country |  |
| Telephone number |  |
| E-mail address |  |

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| **3.0 Information about Co-Investigators(s) (5%)*****If more than one co-applicant is included, please provide the information indicated below for each co-applicant using this application form******Please attach a current CV with relevant publication list for each co-applicant*** |
| Name |  |
| Date of birth |  |
| Title |  |
| Occupation |  |
| Institution |  |
| Address |  |
| City |  |
| Country |  |
| Telephone number |  |
| E-mail address |  |

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| **4.0 Information about the Sponsoring Institution (3%)*****All proposals must have a sponsoring institution*** |
| Name of Sponsoring Institution |  |
| Address |  |
| City |  |
| Country |  |
| Name of contact person |  |
| Title of contact person |  |
| E-mail address of contact person |  |

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| **5.0 Project Description: (Total of 75%)** |
| **5A Introduction (max. 500 words). (15%)*** Please describe the scientific background for your research project. Critically evaluate existing knowledge, including key references;
* Explain your research question, or what gap in current knowledge the project you are proposing will address
* Why is this important? Discuss how your project has the potential to impact prehospital care.
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| **5B Objectives: (10%)*** Please describe the specific aims that will be completed during the funding period
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| **5C Methodologies: (40%)*** Please do a comprehensive description of the project study design in relation to your hypotheses; power analysis (if applicable); data collection and data analysis methodology
* For each specific aim, describe the experimental details and activities associated with achieving the aim
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| **5D Milestones: (suggested) (5%)*** Please describe an approximate timeline for the activities described above including: start of project, start of data collection, anniversaries of start date (for multi-year projects), end of data collection, data presentation – final report
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| **5F Collaboration, if any: (5)*** Please describe the contributions of each member of the team in the design and execution of the project
* Please describe the role of any collaborating institutions, organizations, etc.
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| **6.0 Budget (10%)*** Please provide a detailed budget (in €) including a description and justification for each category of expense.
* Budget line items for salary support should indicate the percent of the individual’s base salary (total work effort) in addition to the amount of salary support requested.

**Allowable costs** * Salary support
	+ Principal investigator - cannot be higher than € 20.000 per year
	+ Secondary investigators - cannot be higher than € 5.000 per Year
	+ Technical support (research fellows, research assistants, clinical coordinators, research nurses, statisticians)
* Overhead
	+ Secretarial support
	+ Administrative support
* Statistical support
* Travel (should not be more than 30% of total budget)
* Research supplies and equipment – we do not consider basic ambulance equipment and computers as fundable research items

**Other funding sources?*** Have you applied for funding for this project other places?
	+ If yes, please indicate which funding source(s), the amount(s) requested and whether you have received any funding thus far?
* If you have not requested any salary support for the investigators participating in the project, indicate how their salary is being funded and what percent of their total work effort will be allocated to this project

**Notes*** In general, total application must be less than 50,000 €
* In presenting the budget the investigator must describe the connection between the budget and the research project milestones.
* The payments must be made through the supporting institution or supporting legal entity
* Falck Foundation does not fund tuitions/admission fees for project personnel educational programs.
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| **7.0 Any other business** |
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I, the undersigned, certify that:

* I have read the relevant information provided for this application and meet the general eligibility criteria.
* The statements in this application are true to the best of my knowledge and any supporting material is my own work or the work of the persons named in this application.
* I acknowledge that this application will be assessed on its merits, and compared to other projects, and that it may not be funded, or it may not be funded at the amount requested.

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| Signature of Applicant  | Signature of Contact person |
|  |  |
| Date | Date |