

**SAMPLE**

## **GRANT APPLICATION**

*SCIENTIFIC ADVISORY BOARD OF  
THE JEROME LEJEUNE FOUNDATION*

**Research on Genetic Intellectual Disabilities**

***This form MUST NOT be filled in. It is intended to aggregate the information to be gathered for uploading the project's specifications.***

## GRANT FOR RESEARCH INTO GENETIC INTELLECTUAL DISABILITIES

### General Information

In its grant-making program, the Jerome Lejeune Foundation funds research projects aimed at discovering treatments to improve the lives of those living with genetic intellectual disabilities, especially Down syndrome. These projects can be in the fields of neuroscience or genetics, including molecular biology, behavioral science, etc.

### Process and Restrictions

- The research project will be reviewed by the Scientific Advisory Board of the Jerome Lejeune Foundation. The Board of Directors of the Jerome Lejeune Foundation will make a final decision of projects funded based upon the recommendations of the Scientific Advisory Board, and the amount allocated for each grant.
- The grant funds must be used by the recipient within the duration of the Grant Agreement. In case of credit balance at the end of the term, the residual amount must be reimbursed to the Jerome Lejeune Foundation per the terms of the Grant Agreement.

### Criteria for Submission

- The request has to fall within the topic of the call for grants.
- **An investigator cannot apply if he already has an ongoing project funded by the Jerome Lejeune Foundation.**
- The investigator must hold an academic appointment in a hospital, university or research laboratory.
- The request to fund salaries must be less or equal to 50% of the total amount of the grant. Scholarships are not authorized.
- The request must strictly comply with the laws and regulations in force, including IRB/Ethics committee approval where necessary, etc.
- Projects must not make use of human embryonic or fetal tissue, or any other biological material obtained through direct abortion, IVF or human cloning. The Jerome Lejeune Foundation cannot be associated in any way with such a work.

**Applications which do not fulfill all of these criteria will not be considered.**

**For potential validated clinical research project**, the sending of the following electronic files documents will be required, with the applicant's name, to the following email address:

[conseilscientifique@fondationlejeune.org](mailto:conseilscientifique@fondationlejeune.org)

- Final protocol and informed consent form
- Ethics committee/IRB approval
- Justification of FDA information + registration number
- Insurance certificate

**INVESTIGATOR – ADMINISTRATIVE INFORMATION**

**Name (Last, First):** Mr. Mrs. Ms.

**Sex:**

**Year of birth:**

**Nationality:**

**Phone:**

**Fax:**

**LABORATORY / TEAM / DEPARTMENT**

**Official's name:**

**Manager:**

**Name of the head of research:**

**Hospital, University, Institute...:**

**Type :**

**Unity, Department, Service...:**

**Address:**

**Zip Code:**

**City:**

**Country:**

**Phone:**

**Fax:**

**Email:**

## STRUCTURE: CHAPTERS HEADINGS

- 1 - General presentation: background, current state of knowledge within the research field
- 2 - Scientific hypothesis: objective(s), rationale of the project (highlighting originality and novelty)
- 3 - Preliminary results
- 4 - Experimental Plan (aims, methodology, material and methods including statistics, if applicable: patient population definition and accessibility)
- 5 - Time schedule
- 6 - Expected results, including potential therapeutic/clinical application
- 7 - If applicable, Legal authorizations
- 8 - Bibliography and team publications

## RESEARCH PROJECT SUMMARY AND CLASSIFICATION

**Research project title:**

**Abstract of the research project:**

**Target disease(s) of the research project:**

**Keywords of the research project:**

**Main orientation of the research project:**

**Secondary orientation of the research project:**

**Is it a clinical research program?**

***Any data linked to specific patients or specific patients' data must be considered as a Clinical Research project. The documents listed in "Clinical Research" menu (cf. page 2) will be required if the project is accepted.***

If clinical research,

- Drug to be used:
- Date of first enrolment planned:
- Enrolment duration:

**DETAILED FINANCIAL REQUIREMENTS**

The amounts must include all taxes.

\* For any administrative costs/services, a maximum of 10% of the grant is allowed.

\*\* Salaries: a maximum of 50% of the grant is allowed. **No scholarship.**

Requested amount (EUR, VAT included):		
1) Installation, major and small equipment		EUR
2) Administrative costs/services *		EUR
3) Congress, conference, travels		EUR
4) Salaries **		EUR
<b>Total</b>		<b>EUR</b>
Requested granting period	year(s)	
<b>1) Installation, major and small equipment</b>		EUR
Description of installation and equipment		
<b>2) Administrative costs/services *</b>		EUR
Description of administrative costs/services		
<b>3) Congress, conference, travels</b>		EUR
Description of meetings and travels		
<b>4) Salaries ** (No scholarship)</b>		EUR
Description of salaries.		

**Total budget of the research project**

For an exhaustive review of this project, please detail the total amount of the budget of the research project, including the current request to the Jerome Lejeune Foundation:

EUR

**Your commitment to abide by the ethical principles of the Jerome Lejeune Foundation in this project is required before you may be considered for funding.**

In applying:

- I acknowledge that should the Jerome Lejeune Foundation decides to provide funding for this project, the foundation and/or its administrators or assigns will not be responsible in any way for the material or immaterial results obtained, or for the quality or durability of products or services obtained by myself or those working within this research program,
- I assume full responsibility for the anticipated or unanticipated results of this research, whatever they may be,
- I affirm that no funds provided by the Jerome Lejeune Foundation will in any way purchase or make use of human embryonic or fetal tissues or another biological material obtained through direct abortions, IVF or human cloning. The Jerome Lejeune Foundation does not agree to be associated with such a work,
- I agree to the possible visit by a Jerome Lejeune Foundation representative for observation of the research project and its progress,
- I agree to acknowledge the Jerome Lejeune Foundation in publication(s) related to this grant (print publication, poster presentation, oral communications, etc.). Publication(s) will have to be sent to the following email address: [conseilscientifique@fondationlejeune.org](mailto:conseilscientifique@fondationlejeune.org) and uploaded in the application system.
- I certify as accurate all information mentioned in this grant application.

**I ACCEPT ALL THE ABOVE MENTIONED CONDITIONS**