

EFSD and JDS

Reciprocal Travel Research Fellowship Application

Deadline for Applications: 3 July 2023

Important! Please send your application as one complete PDF email attachment by 12:00 noon (CET) on the deadline date, to

Foundation@easd.org

We only require an electronic version – please do not send paper copies.

General Information:

- Unless specified otherwise, applicants must be employed by a non-profit institution, the present (home) and/or the host institution (if applicable) should be based in Europe.
- You need to attach a Letter of Support from your supervisor/mentor to this application. If you are applying for a Travel Fellowship, a Letter of Support from your host institution is also mandatory.
- Application forms vary for each Programme, and are occasionally updated - it is therefore mandatory to download a new form for each application to be made. It is prohibited to remove sections or change the application form template. Incomplete applications will be rejected.
- It will be necessary for any current project supported by EFSD to be completed and a final scientific and financial report received, evaluated and approved before new funding can commence. Applicants may apply for new funding three months prior to the termination of any grant project currently funded by EFSD.
- Fellowship activation documents must be returned to the EFSD Office within six months from the date of the EFSD award confirmation letter/email. In exceptional cases and with the prior written permission of the EFSD Office this time period may be extended a further six months. Any funding which has not been activated within six months of the award confirmation letter/email date (in exceptions twelve months) will be automatically withdrawn without any further notice.

- A list of all EFSD regulations can be found on the Programmes link of the EFSD website: www.EuropeanDiabetesFoundation.org.
- For further information, please refer to the Research Plan Guidelines which can be found at the end of this application form.

EFSD, Rheindorfer Weg 3, 40591 Düsseldorf, Germany
Tel: +49-211-75 84 69-0
Foundation@easd.org

1. Applicant Information

Please note that EFSD will be contacting you by surface mail or email. Therefore, a complete postal address should be provided.

The applicant is the individual applying for the Fellowship award.

Applicant (Full name):

Degree(s):

Institution name (anglicised version):

Postal address (anglicised version):

Telephone (direct extension, **no** switchboard):

Mobile phone (if no direct extension available):

E-mail:

EASD Membership No: (if applicable)

Mandatory: A signed letter from the collaborating institution confirming the co-operation must be attached to this application.

Collaborator (Full name):

Institution name:

Postal address:

Telephone (direct extension, no switchboard):

Applicant:

E-mail: _____

Officer responsible for institution/project liaison:

2. Application Details

Title of proposal: (**max.** 100 characters) - except where appropriate, please use lower case

Total budget requested: **Euro**

This project is: Clinical ☐ Basic ☐

Project Period _____ Months

From (month / year): _____ To: _____

3. Signatures and Declaration

Responsible financial officer to whom funds should be sent and who will keep a full account of disbursements:

Note: All funds will be transferred from EFSD accounts. EFSD is a non-profit entity registered at the County Court Düsseldorf, Germany. Industry partners are not involved in the review process or decision on the grant awardees, and they will have no rights to the results obtained from any funded research project. Therefore, funding through EFSD should not be subject to VAT.

Officer Name (Full name): _____

Title: _____

Signature: _____

Grant payable to (Institution Name only): _____

Telephone (direct extension, no switchboard): _____

E-mail: _____

Declaration: We, the undersigned, declare that the information submitted is accurate and complete (to the best of our knowledge) and that we shall accept the EFSD Regulations as stated on the Programmes section of the EFSD website if this application is funded. We further confirm that all staff grading and salaries quoted are correct and in accordance with the normal practice of this institution.

Principal Investigator (applicant) assurance: The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project.

Principal Investigator (applicant): By signing the document, I acknowledge that I have read and understood the terms and conditions and the privacy policy as provided on www.europeandiabetesfoundation.org and I agree to all of the terms.

Signature: Applicant:

Signature & Stamp: Administrative official (e.g., Dean, Head of Department)

Note: If signatures cannot be obtained prior to submission of the application, this completed page may be sent up to 5 working days after the Programme deadline date. A scan of the originally signed page will suffice.

4. Scientific Abstract – EFSD/JDS Reciprocal Travel Research Fellowship Programme 2023

PROJECT TITLE:

(max. 100 characters)

Applicant – NAME:

Applicant – INSTITUTION:

Do not exceed **300 words** in type no smaller than 12 point Arial:

5. Biographical Sketch:

This part must not exceed 3 pages in Ariel 12 point, single line spacing. List your education and employment in **reverse chronological order**. List in chronological order the titles of and complete references to all publications during the past three years. Please also list earlier publications pertinent to this application. If a complete list of publications exceeds the three-page limit, you should choose those most pertinent to this application.

Date and place of birth: _____

Education:

Name / location of college or university: _____

Highest degree: _____

Year conferred: _____

Field of study: _____

Research and / or professional experience:

6. Financial Support

IMPORTANT: Please be aware that EFSD does not support any investigator with more than one award at any given time, whether or not the projects are in related fields and independent of the EFSD programme providing the respective funding. It will therefore be necessary for you to have completed the current project supported by EFSD and have submitted a final scientific and financial report before any new funding can commence. Furthermore, the current award must be nearing completion (within three months) in order for any new application to be considered.

List ALL financial support (current or approved for funding). Give complete titles of all awards as well as total award (in Euro, regardless of budget currency), funding dates, the role of the applicant and per cent of time devoted to each award. Attach the abstract page of all sources of support (pending or current). **Consecutively number any attachments for this section.**

Is support for this project being sought elsewhere or from another EFSD programme?

Yes: ☐ No: ☐

If yes, from which agencies? List below the titles of the project(s), total funding requested, and specify areas where there are overlaps in budget requests. Also, indicate the expected starting date for funding. For other EFSD applications please mention the programme name. **If support for this project is obtained from other sources and funds are claimed more than once for the same purpose, any funds awarded by EFSD will be withdrawn.**

Have you received support through an EFSD award previously?

Yes: ☐ No: ☐

If yes, please provide the following information for each award:

Name of EFSD programme making the award: _____

Title of project: _____

Project start date: _____ Project finish date: _____

Is the present application for competitive renewal of the existing award?

Yes: ☐ No: ☐

7. Ethical Approvals

Will your project involve experiments requiring ethical approval/s?

Yes: ☐ No: ☐

Should this application result in the granting of an award, a copy of the ethical approval/s will need to be attached to the fellowship activation documentation. **Please do not attach any approvals to the application form.**

Note: No payments will be transferred until the appropriate human and/or animal approval/s have been granted and a copy received in the EFSD Office.

8. Budget

A detailed budget must be provided on the following pages (please complete all parts of the forms). The budget period (time) during which the sum requested will be spent according to the specific needs of the project must be clearly stated and justified where indicated. **Please state your costs in Euros.** If you are applying from a country outside the Euro Zone, please convert your local currency into Euros, using the exchange rate on the date of your application.

Total budget period (in months): _____

Budget A

A – Personnel costs:				
Name	Role on project	% Effort on project and duration	Institutional base salary/year	Salary ¹
Subtotal				
B – Other (please describe/specify)				
Supplies:		Subtotal Euro _____		
Other costs:		Subtotal Euro _____		
Consultant / contractual costs ²		Subtotal Euro _____		
Equipment		Subtotal Euro _____		
SUBTOTAL DIRECT COSTS			Euro _____	
INDIRECT COSTS (max. 10%)³ (to be claimed from the subtotal direct costs NOT the total costs)			Euro _____	

¹ Gross salary including social charges, fringe benefits. The salary requested may not exceed (% effort) x (gross salary for the time period of the project).

² List any consultant/contractual costs from Budget B (i.e., work carried out at another institution or company).

³ Indirect costs are pro-rata expenses that are not directly attributable to a project but are incurred in direct connection with direct eligible project costs. EFSD allows the recovery of up to 10% indirect costs, especially but not limited to: administrative expenses in relation to the project, such as accounting, administration related to payment of salaries and purchasing, recruitment, as well as auditing and financial reporting on the project, administration related to laboratories, their maintenance, upkeep and modernisation etc. No indirect costs are covered that are not related to the project or not related to the non-profit purpose of the EFSD.

TOTAL BUDGET REQUEST <i>May not exceed €50,000</i> (Direct + indirect costs including salaries)	TOTAL Euro _____
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Contractual costs:

Please fill out this page for any contractual costs (i.e., work carried out at another institution or company) requested in the detailed budget A.

If none, do not fill out this page.

From (month/year): _____ To: _____

Budget B - contractual costs

A – Personnel costs:				
Name	Role on project	% Effort on project and duration	Institutional base salary/year	Salary ⁴
Subtotal				
B – Other (please describe/specify)				
Supplies:			Subtotal Euro _____	
Equipment ⁵			Subtotal Euro _____	
Other costs			Subtotal Euro _____	
SUBTOTAL DIRECT COSTS⁶			Euro _____	

⁴ Gross salary including social charges, fringe benefits. The salary requested may not exceed (% effort) x (gross salary for the time period of the project).

⁵ Also list equipment costs under Equipment on previous page.

⁶ Enter sub-total direct costs under Consultant/Contractual Costs (Budget A, E) on previous page.

9. Budget Justification:

Please provide a justification for each item listed in the budget including contractual costs (Budget B), as well as for the expected duration (time in months) of the project. This budget justification will be reviewed carefully and the Programme Board, on advisement from the Review Committee, may on occasion and at its discretion recommend an award in a lesser amount considered more appropriate for the proposed studies.

10. DATA PROTECTION AND PROCESSING

If you wish to apply for an EFSD-Programme and receive funding after the review process, you will have to submit your personal data for the pre-contractual measures and/or to conclude the contract so that we can process your application as well as the further funding procedure.

The previously described data processing occurs on your request and is necessary for the aforementioned purposes to process your request and/or for the mutual fulfilment of obligations from previous or existing contractual relationships. The basis for data processing is Art. 6 (I) S.1 lit. b GDPR, which permits the processing of data for the fulfilment of a contract or pre-contractual measures.

Further information can be found in our Privacy Policy on the Foundation's website.

11. RESEARCH PLAN GUIDELINES

General considerations

- A clear relationship to diabetes (and to any specific focus of a particular call for applications) must be obvious.
 - Ensure that the sections in the proposal are balanced in length: a long introduction leaving too little space for preliminary data and a detailed work plan will decrease the chances of success.
 - The review panel will consider the information provided as an example of the principal investigator's approach to a research objective and as an indication of ability in this area of research.
 - Provide clear justification for each budget item. This will allow the reviewers to determine whether the budget is appropriate for the proposed work. It might be helpful to explain local funding policies underlying certain requests.
 - Be completely open about support from other sources, including support from pharmaceutical industry. If the project is already supported from other sources, please explain this in detail and justify the additional/complementary resources requested.
 - **Note the new page limit of 3 pages total for parts 10 a-f of the Research Plan, including preliminary data** (Figures and Tables), but excluding collaborative arrangements, references and abstracts of other grants. No additional material (such as manuscript reprints, appendices etc.) will be accepted. Any application exceeding this page limit will be returned without review. The text must be written **in type no smaller than 12-point Arial with single line spacing**.
- a. Introduction**
- 1) Objective
 - 2) Background and current status of research in the proposed field of study that has led to this proposal.
- Be careful and honest in describing the background literature (work from others).

- It is important that the reader gets a feel for novelty. Which gap in knowledge is being filled by the proposal?
 - Hypothesis: A carefully crafted introduction/background will make the formulation of the hypothesis obvious. This should be formulated as precisely and distinctly as possible. Is it novel? Is it important? If the study is hypothesis-free or descriptive, this must be justified.
- b. Specific aims for the period of requested support**
- Must succinctly describe the approach to test the hypothesis.
 - Too many aims may give the impression of fragmentation.
- c. Preliminary data**
- This is an important part of the application that will provide evidence to reviewers of the rationale and feasibility of the proposed experiments.
 - Refer briefly to any of your own previously published work that is directly relevant to the proposed experiments.
 - Describe relevant new experiments and provide unpublished preliminary data in the form of figures or tables.
- d. Detailed plan of investigation with clearly set out project plan, methods, time plans with milestones and deliverables**
- Please state if a power analysis has been performed and provide details of same. If this is not the case, please explain why a power analysis is not applicable to the project.
 - Does the work plan correspond to the aims in a direct fashion?
 - Potential pitfalls: It is useful to openly discuss challenges or vulnerabilities to a certain approach and to elaborate on potential alternatives to give the feeling that the best way forward has been chosen.
 - If the study is a clinical trial, all aspects of design must be carefully considered. It is helpful to ensure that appropriate expertise is represented in the proposal.
- e. Novelty and importance of this work – relevance to the specific aims of this EFSD Research Programme if applicable**
- f. Facilities available**

g. Collaborative arrangements

A signed letter of confirmation from each collaborator is required. In addition to information which the collaborator feels is relevant to the application, this letter should contain the following sentence:

“I herewith confirm that I have read and agreed with the scientific protocol of this application. The application is feasible and includes novel aspects that will advance scientific knowledge in this field and that the protocol of this project is in accordance with the requirements outlined in the Announcement for this Programme”.

h. References (no page limit)

i. Abstract pages from all other sources of support (pending or current)

Letter/s of Support (to be attached to the application)

1. For all applications please attach a letter of support from your current supervisor/mentor.
2. If you are intending to move to another institution to carry out this project, a second letter of support must be attached from your future supervisor/mentor at that host institution.

IMPORTANT! Letters must be dated, printed and signed on institutional letterhead.

Collaborator Statement

Address of collaborating Institute:

Name of Collaborator: _____

I herewith confirm that I have read and agreed with the scientific protocol of this application. The application is feasible and includes novel aspects that will advance scientific knowledge in this field and that the protocol of this project is in accordance with the requirements outlined in the Announcement for this Programme.

Date, Place, Signature

Official Stamp of Institute