**2021 FOA GRANT APPLICATION**

***Letter of Intent***

*For ELA use only*

*Project number:*

# TITLE of the PROJECT:

# PRINCIPAL INVESTIGATOR:

# AMOUNT REQUESTED (€) (maximum 250,000 euros):

**CO-FINANCED PROJECT:** [ ]  **Yes** [ ]  **No**

YEARS of SUPPORT:[ ]  **1** [ ]  **2**

|  |
| --- |
| *The undersigned have reviewed the present application, certify the statements herein are true, complete and accurate, have read the 2021 ELA clinical trial FOA Instructions and Policies concerning trial support and accept to comply with such conditions and policies if the present application is awarded by ELA International.* |
| **PRINCIPAL INVESTIGATOR** | **Name:**  |
| **Degrees:** | **Position:** |
| **Department:**  | **Institution:** |
| **Address:**  |
| **Type of Institution:**  | **Head of Department:**  |
| **Phone:** | **E-mail:** |
| **DATE & SIGNATURE:**  |  |
| **LEGAL GRANT OFFICER** | **Name:**  |
| **Department:** | **Institution:** |
| **Address:**  |
| **Phone:** | **E-mail:** |
| **DATE, SIGNATURE,****& SEAL of the INSTITUTION:**  |  |

# ABSTRACT (maximum 500 words)

*See instructions* on page 3 of the 2021 ELA clinical trial FOA Instructions and Policies

**Describe in a few words why support from ELA International is critical for this project:**

# RATIONALE (maximum 500 words)

*See instructions* on page 3 of the 2021 ELA clinical trial FOA Instructions and Policies

# LAY SUMMARY (maximum 1 page)

*See instructions* on page 3 of the 2021 ELA clinical trial FOA Instructions and Policies

# CLINICAL TRIAL PROTOCOL SYNOPSIS

See instructions on page 3 of the 2021 ELA clinical trial FOA Instructions and Policies

# OVERALL GLOBAL BUDGET

See instructions on page 3 of the 2021 ELA clinical trial FOA Instructions and Policies

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Total Cost (€)** | **Total Requested to ELA (€)** | **% of Total Cost** |
| **YEAR 1** |  |  |  |
| **YEAR 2**(if applicable) |  |  |  |
| **OVERALL GLOBAL COST** |  |  |  |

# OTHER SOURCES OF FUNDING

List other sources of funding for this project (if applicable):

See instructions on page 4 of the 2021 ELA clinical trial FOA Instructions and Policies

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Amount €** | **Status**(Active or pending) | **Expected grant date**(if pending) |
|  |  |  |  |
|  |  |  |  |
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