

## Fund Maurange

Springboard grant for applied research in primary care

### A few questions about your research project

**Give a title for your research project. \***

This title will be used in our communication (jury, website, annual report). So please be as clear and concrete as possible.

**Briefly describe your research project in no more than six sentences. \***

This description will be used in our communication (jury, website, annual report). So please be as clear and as concrete as possible.

### **Timing**

When did or will your research project start? \*

What is the expected date when your research project will end? \*

### **Budget**

What is the cost of completing your research project? \*

(Please enter the amount with no decimal point and no commas)

What is the amount of financial support you are requesting from the Fund Maurange? \*

(Please enter the amount with no decimal point and no commas)

For what expenditure would you like to use the support from the Fund Maurange?

What financial resources do you already have to implement your project? \*

(How much funding have you already been awarded, and from whom?)

How much philanthropic funding have you already received for this project and from whom? \*

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## Details about your research project

What is the motivation for this research project? \*

How will you approach the implementation of your research project? \*

What concrete actions are you going to take to achieve concrete, measurable results? Describe them.

What change or impact are you expecting to make with your research project? \*

Where will your research project be conducted? \*

Please mention the postcode and the name of the district where your organisation is located.

- Your research project is concentrated in one city in Belgium
- Your research project concerns a whole province in Belgium
- Your research project concerns a whole community/region in Belgium
- Your research project concerns one country

Enter the city or postcode. \*

Select the province \*

Select the Community or Region \*

Fill in the country. \*

## Specific questions

### **I. PROJECT INFORMATION:** use this document

(please provide info on the five questions mentioned below in this document)

1. Important administrative information
2. Title of the project, scientific abstract & lay summary
3. Project description
4. Description of your long-term research line
5. Budget

### **II. APPLICANT INFORMATION:** use this document

(please provide info on the two questions mentioned below in this document)

1. CV of the main applicant & relevant publications
2. Formal support by an established researcher in the field

Only the PDFs of these two annexes '*specific questions I & II*' must be linked to your online application form; no additional annexes other than these two PDF documents will be taken into account by the jury during its evaluation. Thank you for your understanding.



## Contact details

Practical details about the ORGANIZATION which is submitting this project proposal.

You can only enter a limited number of characters. Please provide a concise, concrete description.

### The organization

Official name \*

Date of incorporation \*

National number \*

(if your organization has no national number, enter 0)

Main telephone number \*

(Write the number in international standard form, e.g. +32-2-511 18 40)

Main e-mail address

Website

Legal status \*

- Commercial company
- De facto association
- Public sector - local
- Public sector - interlocal
- Private foundation
- Teaching institution
- Third sector company
- Public utility foundation
- University or college
- Not-for-profit organization

### Additional information

**We advise you to present your organization (free of charge) on the website at [because.eu](http://because.eu), so that jury members can find detailed information about your organization there. The**

**next time you submit an application form, all you will need to do is update this information.**

Paid staff (expressed in full-time equivalents - FTEs) \*

Number of volunteers expressed in full-time equivalents (not including the members of the Board of Directors)

What was the total budget of your organization last year? \*

Please enter whole numbers only, with no decimal point and no commas

### **Address of registered office**

Street \*

Number \*

Box

Country \*

Postcode and municipality \*

Postcode \*

City \*

### **Financial details**

Name of your bank \*

IBAN/Bank account number \*

BIC code (SWIFT) \*

Account holder

### **The contact person**

Practical details about the CONTACT PERSON who is submitting this project proposal.

Please note: the name of the leader of the research project should be listed here. In case of selection, this project leader will be named as beneficiary of the financial support.

Salutation \*

Surname \*

First name \*

Role in the organization

Telephone number

(Write the number in international standard form, e.g. +32-2-511 18 40)

Mobile phone

E-mail address \*

### **The responsible person**

Practical details about the RESPONSIBLE PERSON who is authorized to sign the (financial) agreement with the King Baudouin Foundation if the application is selected.

This may be the university rector, the director of the research center or anyone authorized to sign an agreement on behalf of the university or research center.

Salutation \*

Surname \*

First name \*

Role in the organization

Telephone number

(Write the number in international standard form, e.g. +32-2-511 18 40)

Mobile phone

E-mail address \*

## Enclosures

Please submit the completed annex(es) together with your completed form. Your form will not be valid if it is submitted without the annex(es).

Please upload the completed project information \*

Please upload the completed applicant information \*

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The King Baudouin Foundation of course complies with privacy legislation in this area.