**RETINA FRANCE - Scientific Committee 2023**

**Title (*max. 250 characters*):**

**Requested budget (maximum 100 K€):**

**Provisional starting date:**

*(****Grants will be assigned for a maximum period of 24 months)***

**Main axis of the application:**

Genetic and epigenetic

Molecular and cellular biology of normal and pathological ocular structures

Clinical research

Therapeutic research

**Keywords (3 to 5):**

**Affiliation of the Project Coordinator:**

- Name of the laboratory

- Institution

- Address

- Name of Head of Laboratory

- Name of the team’s director

**Project Coordinator:**

- Family and first names

- Birth date

- Position (Titles and functions)

- Phone and fax numbers

- email address

**Coordinator name:**

**Financial Support**

*Grants will be awarded for a maximum of two years,*

*Requests must include VAT (TTC),*

*Requests for equipment must not exceed 15000€ (attach quote)*

**1. Scientific and technical detailed justifications of the requested resources\***

Personnel

Equipment

Consumables

Internal billings

Subcontracting

*Retina France is an association recognized to be of public utility, no management fees can be deducted by the organization from the sum paid.*

**2. Funding requested by other granting agencies for this research program\***

|  |  |  |  |
| --- | --- | --- | --- |
| Program / agency | Type of funding(requested / funded) | Amount | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please describe how the project submitted to Retina France is identical or overlaps with other submitted or funded projects (max. 100 words)*

*\* mandatory fields*

**3. Partner teams’ information (if relevant)**

**Team 1**

|  |  |
| --- | --- |
| Last name  |  |
| First name |  |
| Current position |  |
| Affiliation |  |
| Head of the laboratory |  |
| Team leader |  |
| Laboratory postal address |  |

**Team 2**

|  |  |
| --- | --- |
| Last name  |  |
| First name |  |
| Current position |  |
| Affiliation |  |
| Head of the laboratory |  |
| Team leader |  |
| Laboratory postal address |  |

**4. People involved in the project\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Familyname  | First name | Current position | Affiliation and Team | Involvement (%) | Role and responsibility in the project |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\* mandatory field*

**Coordinator name:**

**Excluded reviewers**

*If appropriate, indicate names of those to whom you would prefer your application NOT be sent for review and provide a brief explanation*

|  |  |  |
| --- | --- | --- |
| Name | Affiliation / Structure | Explanation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Coordinator name:**

**SCIENTIFIC PROGRAM**

***Police (Arial, Calibri or Times) 11pt, single spaced,***

***cannot exceed a six-page limit, including bibliography.***

***No annex allowed***

*Please specify:*

*Context, Relevance, Objectives*

*Preliminary results*

*Scientific program with Work Packages and Expected results*

**CV of the Project Coordinator**

(**one-page max**, including the five most relevant publications in the past three years)

**Signature and submission (Coordinator)**

I declare and agree that to the best of my knowledge all information contained in this application and all the information provided (electronically or otherwise) in relation to the pending application are complete, accurate and consistent with host institution policies and competition requirements.

I further agree to immediately inform the association of any material changes to this information once submitted.

I agree to be wholly responsible for completing, attaching, editing and submitting the required documents and that it is my responsibility to ensure that all required documents or approvals are completed and submitted by the competition deadline date and/or other deadlines as identified in the competition requirements document.

I confirm that I have declared all known real and perceived conflicts of interest related to this application and will comply with the ethical and research policies outlined by my host institution, and the association.

If the application is successful, I agree to:

- respect and abide by the obligations described, or to be described, in the program requirements, and other conditions and requirements that may be imposed by Retina France: i) acknowledge the support of Retina France in any publications resulting from use of their funds; ii) present my work on request, during the symposium Vision and Research from the association Retina France and iii) within the limits of my availability, participate in meetings and seminars to which I may be invited by Retina France

- ensure that the use of grant funds is only for the purposes intended; to inform the association and the host institution(s) immediately of any substantive changes including eligibility status; and to ensure all reporting requirements of the association are met in a timely fashion;

- ensure compliance with the ethical and research policies outlined by the host institution(s);

- authorize the institution(s), if requested, to release to the association all information, including personal information, that is relevant to the operation of the grant.

**Place: date:**

**Signature of the coordinator:**

**Signature and submission (Team director)**

I declare and agree to the following:

I confirmt that the candidate can perform the project described herein within my team and with the infrastructure provided by the institute.

I hereby certify that to the best of my knowledge, all information contained in the application or transmitted by electronic or other means in relation to this application are accurate and complete.

**Place: date:**

**Signature of the team director:**