

# Application form All Collaboration Grant

## 1. Involved partners:

- Title(s), initial(s), surname:
- Department:
- Work address:
- E-mail:
  
- Title(s), initial(s), surname:
- Department:
- Work address:
- E-mail:

*(add more if necessary)*

- **Attach CV of involved partners to this application**  
*Max 2 A4 per CV*

## 2. Motivation of grant proposal

*Max 250 words*

## 3. Brief description of the grant proposal

*Max. 1000 words*

Include

- Description how the proposal strengthens new collaboration within the All research institute
- Workplan
- Budgetplan

## 4. Budget specifics

*Max 20.000 euro*

## 5. The proposed collaboration is linked to the All Research Program

- Inflammatory diseases
- Infectious diseases
- Cancer immunology

Send the completed application form (PDF-file) together with your CV  
before **October 24<sup>th</sup>, 2022** to [Allgrants@amsterdamumc.nl](mailto:Allgrants@amsterdamumc.nl)