

Amsterdam Cardiovascular Sciences

Application form Out of the Box Grant 2024

**Please send this form before September 5th 2024 at 11:00 AM to** **acs@amsterdamumc.nl**

**1. PROJECT TITLE**

Title:

**2. CONTACT INFORMATION OF THE TWO MAIN APPLICANTS**

Name:

Email address:

Department:

Amsterdam UMC location:

Name:

Email address:

Department:

Amsterdam UMC location

**3. PARTICIPATING INVESTIGATORS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name   | Position  | Department – location AMC/VUmc  | Hours/week  |
|   |   |   |   |
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**4. RESEARCH PERIOD & BUDGET (max €50.000)**

Proposed start date:

Proposed end date:

Budget requested at department [please fill in name and cost center of department]:

Budget requested department [please fill in name and cost center of department]:

*For VUmc departments only*

Distribution of the budget over years:

2024:

2025:

2026:

**5. Summary (MAX 100 words)***Please note that this summary will be used for communication purposes*

**6. PROJECT (MAX 2 PAGES)**

Health care problem & background

Main objective

Brief research plan (highlight excellence/innovative/translational aspects)

Embedding and contribution to Amsterdam UMC cardiovascular and translational research (clinical-preclinical collaboration)

Future grant application and studies

*Describe which grant you intend to submit in the future and how this future application(s) will benefit from the proposed research when granted.*

**7. CURRICULUM VITAE OF THE APPLICANTS**

*Include the CV of minimum 2 applicants and maximum 4 applicants (max 1 page per applicant)*

CVs should include the following:

Positions and honors

Peer-reviewed publications of the last 5 years

Research support over the last 5 years

**8. REFERENCES**