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| Before you submit your AO VET Seed grant application |

Please check that

* your application complies with our guidelines and your institute agrees to our sample contracts. No contract negotiations can be accepted  
  Applications which do not conform completely to the website application format or which ignore or fail to comply with any part of the guidelines may be returned to the applicant and will not be considered unless resubmitted by the deadline
* your application does not exceed the allowed number of pages
* all amounts must be converted to Swiss Francs
* your calculations are correct and totals in each section are entered.
* enclosed to this call is an excel template (help sheet) for the preparation of the budget – please use this template for your budget calculations and transfer the numbers to the budget in this form. This excel budget sheet has to be submitted with your application. Do not change any formula fields
* we need written and signed confirmation by the head of your institution if you applied for salary support for yourself or any co-investigator
* in case you plan a collaboration with the ARI (AO Research Institute in Davos), ARI must be contacted at least 2 weeks (latest by Tuesday, November 27, 2021) prior the deadline of the call.

Please submit your application

* **as an unprotected Word-document** Tania Bosque, [ao.npr@aofoundation.org](mailto:ao.npr@aofoundation.org). Do not change any formats such as fonts and do not use capital letters
* **budget excel template – completed as a separate xls document but numbers also transferred to this application form**

You will receive

* a confirmation e-mail within a week regarding receipt of the application. Should you not receive the notification within one week, please contact: [ao.npr@aofoundation.org](mailto:ao.npr@aofoundation.org)
* a notification email on the decision approximately one month after the respective deadline

AO VETS-22-xx

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| AO VET Seed Grant Application  Call of October 2021 |

Applications which do not conform completely to the website application format or which ignore or fail to comply with any part of the guidelines may be returned to the applicant and will not be considered unless resubmitted by the deadline.

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| Part 1: General information |

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| **Project title**  Do not exceed 100 characters, do not alter text format | Click here to enter text. | |
|  |  | |
| **Total amount requested in Swiss Francs** | CHF Click here to enter text. | |
|  |  | |
| **Duration / Start date** | Duration: Choose an item. | Start date: Click here to enter text. |
|  |  | |
| **Type of research** | Choose an item. | |
|  |  | |
| **Keywords**  Select at least 3 keywords describing the topic of your proposal | Click here to enter text.  Click here to enter text.  Click here to enter text. | Click here to enter text.  Click here to enter text.  Click here to enter text. |
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| **Principal investigator**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **Co-investigator 1**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **Co-Investigator 2**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **Co-Investigator 3**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **Co-Investigator 4**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **Co-Investigator 5**  Surname / First name / Age in years  Academic degrees  Current employing institution | Click here to enter text.  Click here to enter text.  Click here to enter text. | |

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| Part 2: Personal data |

**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Principal investigator**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  Phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
| Institution and location | Degree | Year (date) | Field of study |
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| **Position and employment** | | |
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| **Other experience and professional membership** | | |
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| **Honors** | |
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**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Co-investigator 1**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  Phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
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| **Position and employment** | | |
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| **Other experience and professional membership** | | |
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| **Honors** | |
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**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Co-investigator 2**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  Phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
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| **Position and employment** | | |
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| **Other experience and professional membership** | | |
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| **Honors** | |
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**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Co-investigator 3**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  Phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
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| **Position and employment** | | |
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| **Other experience and professional membership** | | |
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| **Honors** | |
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**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Co- investigator 4**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
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| **Position and employment** | | |
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| **Other experience and professional membership** | | |
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| **Honors** | |
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**Do not exceed 1 page per applicant and do not send a separate CV**

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| **Co- investigator 5**  Surname / First name / Age in years  Academic degrees  Present position and title  Institute / Department  University / Institution  Office address (please provide full postal address)  e-mail  phone number | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Education / Training**  Begin with baccalaureate or other professional education and include postdoctoral training | | | |
| Institution and location | Degree | Year (date) | Field of study |
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| **Position and employment** | | |
| Year (date) | Position | Institution and location |
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| **Other experience and professional membership** | | |
| Year (date) | Position | Institution and location |
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| **Honors** | |
| Year (date) | Description |
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| Part 3: Details of the proposal |

**This part must not exceed 10 pages / Do not change the font (Arial 10).**

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| 1 Project abstract |

**Please summarize the whole project. The abstract must be suitable to stand alone as, in case of approval, it will be published on our website.**

**Do not exceed 2500 characters including spaces.**

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| 2 Outline the problem |

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| 3 State of the art in this field |

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| 4 Past research of the applicant in this field |

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| 5 Open questions, hypothesis, aim of the project |

**5.1 Open questions**

**5.2 Hypotheses**

5.3 What are the aims you want to reach with your study?

5.3.1 Anticipated results for year 1

Describe in a few sentences the anticipated results and goals for the first year

|  |
| --- |
| 6 Detailed research plan |

6.1 Study subjects, specimen or materials

6.2 Effect and outcome variables

6.3 Methods for taking measurements

6.4 Methods for data management and analysis (including biostatistical check)

6.5 Estimation of sample size and power

**6.6 Animal model**

If an in vivo animal model is used in the planned research work, please describe the model in detail. The description should include: anesthesia protocols, treatment protocols, pain management, surgical techniques, post-operative care, criteria for removal from the study if necessary, and euthanasia protocols.

**6.7 Ethical approvals**

(IACUC and/or IRB approvals, or anticipated ethical issues should be detailed)

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| 7 Relevance of the project |

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| 8 Time schedule |

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| 9 Relevant literature |

9.1 By the investigators

9.2 By other authors

|  |
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| Part 4: Other support |

**If any other funding has been, is or may be received for this study, its source and amount should be declared here.**

Is this application currently being submitted elsewhere?

Yes  No

If yes, to which organizations, and by what date is a decision expected?

Click here to enter text.

|  |  |  |
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| **Submitted to** | **Amount requested** | **Decision expected** |
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Please give details of how this affects the study and declare the budget. If there could be a duplication of funding received from the AO Foundation a revised budget should be submitted.

Has this or a similar application been submitted elsewhere over the past year?

If yes, please give details, and explain how this does not overlap with your current application to the AO Foundation.

Click here to enter text.

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| **Submitted to** | **Decision** | **Amount requested** | **Amount approved** |
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| Part 5: Finances — Budget for entire proposed project period |

**Please note that the amounts must be converted to Swiss Francs. Transfer your numbers from the excel template into this table. Insert numbers as eg: 4,000.00**

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| --- | --- | --- | --- | --- | --- |
| **Personnel** | | |  |  |  |
| Surname / First name | Academic qualification | Effort in % | **Year 1** |  | **Total** |
|  |  |  | Original currency | **Swiss Francs** | **Swiss Francs** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total cost for personnel** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Material** |  |  |  |
| Devices, equipment, extension to existing equipment, etc. | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total cost for material** |  |  |  |

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| --- | --- | --- | --- |
| **Supplies** |  |  |  |
| Itemize below | **Year1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total cost for supplies** |  |  |  |

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| **Rental of equipment** |  |  |  |
| Itemize below | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total cost for rental equipment** |  |  |  |

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| **Project related travel** |  |  |  |
| Itemize below | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total cost for project related travel** |  |  |  |

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| **Other project related costs** |  |  |  |
| Itemize below | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total other project related costs** |  |  |  |

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| **Conferences** |  |  |  |
| Itemize below | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total costs for conferences** |  |  |  |

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| **Total costs** |  |  |  |
|  | **Year 1** |  | **Total** |
|  | Original currency | **Swiss Francs** | **Swiss Francs** |
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| **Total costs** |  |  |  |

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| Part 6: Existing resources |

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| **Personnel** |  |
| Name, First name and role in the study | Percentage of project participation |
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| **Equipment**  Describe below |
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| **Infrastructure**  Describe below |
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| **Financial sources**  Describe below | |
| Currency and amount | Organization |
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DATE of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Part 7: Signatures and assurances |

**7.1. Applicant**

I understand the role and responsibilities of serving as the primary applicant for this award, and to using project funds in a manner that is consistent with the terms outlined in the request for proposals.

Signature of Applicant ………………………………… Date…………………

Printed name**……………………………………….…**

Official title: **……….……………………………….…**

Institution **………………………………………….…**

**7.2. Mentor**

I understand the role and responsibilities of serving as mentor for this award and commit to providing the applicant with my time, expertise and support in order to deliver this project.

Signature of Mentor ………………………………… Date…………………

Printed name**……………………………………….…**

Official title: **……….……………………………….…**

Institution **………………………………………….…**

**7.3. Institutional Official**

I have read and agree to the Terms & Conditions for this research grant

Signature of Institutional Official …………………………… Date…………………

Printed name**……………………………………….…**

Official title: **……….……………………………….…**

Institution **………………………………………….…**