

**APPLICATION FOR RESEARCH FUNDING**

TITLE

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SUM APPLIED FOR: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

**APPLICANT'S CONTACT INFORMATION**

|       |               |
|-------|---------------|
| Name  | Tel.          |
| Email | Date of Birth |

STAGE OF APPLICANT'S CAREER:

**RESEARCH INSTITUTE AND ITS FULL ADDRESS**

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**DIRECTOR OF THE RESEARCH INSTITUTE**

|      |       |
|------|-------|
| Name | Email |
|------|-------|

**CONTACT PERSON FOR FINANCIAL MATTERS**

|      |       |
|------|-------|
| Name | Email |
|------|-------|

**SHORT SUMMARY OF THE RESEARCH RESULTS FROM THE PAST TWO YEARS RELEVANT TO THE APPLICATION**

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SHORT SUMMARY OF THE RESEARCH PLAN WITH SPECIAL EMPHASIS TO THE ACTIVITIES OF THE BLOOD SERVICE

MEMBERS OF THE RESEARCH GROUP (\* for those to whom salary or personal grant are applied]

| Name | Date of birth | Degree | % of working time | None/Salary/<br>Grant* | Personal identity code* |
|------|---------------|--------|-------------------|------------------------|-------------------------|
|      |               |        |                   |                        |                         |
|      |               |        |                   |                        |                         |
|      |               |        |                   |                        |                         |
|      |               |        |                   |                        |                         |
|      |               |        |                   |                        |                         |

**PARTNERS**

| Name | Institute |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |

**ESTIMATED COST FOR THE ENTIRE PERIOD CONCERNED**

Please give the names and dates of birth of persons who would receive a personal grant or would be employed. Overhead cannot exceed the amount stated by the research institute's finance department, but not exceeding 15% of the applied sum. Further grounds for other costs can be presented in the research plan.

| Type of cost                                    | Year 1 | Year 2 | Year 3 | Total |
|---|--------|--------|--------|-------|
| Personal grant<br>- Name                        |        |        |        |       |
| Salary<br>- Name                                |        |        |        |       |
| Research costs<br>- Short summary of cost items |        |        |        |       |
| Travel expenses                                 |        |        |        |       |
| Overhead (not to exceed 15% of the total sum)   |        |        |        |       |
| Total   |        |        |        |       |

I CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND THAT I WILL FOLLOW THE INSTRUCTIONS GIVEN BY THE FUNDER AND REPORT THE RESEARCH RESULTS AS INSTRUCTED.

I hereby give consent that my personal information can be stored in the Blood Service Research Found portal.

|      |      |
|------|------|
| Name | Date |
|------|------|

The application form should be filled in as completely as possible and sent to kirjaamo@veripalvelu.fi, more instructions can be found at [www.bloodservice.fi/Research Projects](http://www.bloodservice.fi/Research%20Projects).