EFSD

European Foundation for the Study of Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EFSD/Novo Nordisk Foundation Future Leaders Award Programme**

**Application Form**

Deadline for Applications: 18 March 2024

**Important! Please send your application as one complete PDF email attachment by**

**12:00 midday (CET) on the deadline date, to**

[**foundation@easd.org**](mailto:foundation@easd.org)

**We need an electronic copy only – please do not send paper copies.**

You will receive an email acknowledging receipt of your application within three working days of submission. Should you have not received confirmation by then please contact the EFSD Office.

**General Information: PLEASE READ THE** [**CALL FOR APPLICATIONS**](http://www.europeandiabetesfoundation.org/workshops/85-efsd-and-novo-nordisk-programme-diabetes-research-europe.html) **CAREFULLY.** These contain important information regarding the Future Leaders Award Programme and its mission, as well as the major criteria taken into consideration by the reviewers.

**Notes for Applicants**

* Applicants must be promising and have a track record of excellence and a clear commitment to their chosen area of diabetes research. They must have received their highest academic degree (PhD, MD) no more than 12 years before the start of the award. For clinicians holding more than one qualifying degree (e.g. MD/PhD) or with a clinical specialist degree/board certification, the time since the first degree may not exceed 12 years before the start of the award (**1 October**).
* Applicants must be employed by a university, or hospital or another non-profit research institution based in the European region or associated countries throughout the tenure of the Grant (a detailed country list is provided on the [EFSD website](http://www.europeandiabetesfoundation.org/programmes/general-regulations.html) in the General Regulations section) throughout the tenure of the grant and the study must be performed at their place of work based in Europe or an associated country.
* Applicants should provide clear evidence of their intention to pursue an academic career in Europe.
* Applicants are encouraged to become paid-up members of EASD. Details on how to become a member can be found on the EASD website: [www.easd.org](http://www.easd.org).
* Future Leader Awards will be in the total amount of up to **Danish Kroner (DKK) 5 million** each and will be of **5-year duration** subject to satisfactory progress. The awards will be paid to the recipient’s institution in **5 annual instalments of up to DKK 1 million**.
* Awardees will submit an **annual scientific progress and financial report** 2 months before termination of each funding year to EFSD and Novo Nordisk Foundation. Continued funding will be dependent upon satisfactory scientific progress and involvement in recommended associated activities (see below). In the event of unsatisfactory performance, EFSD and the Novo Nordisk Foundation may decide to terminate funding.
* Awardees are required to submit a final scientific and financial report at the end of their award to EFSD and Novo Nordisk Foundation. In addition, awardees are asked to submit information on their research outcomes to the Novo Nordisk Foundation annually during the period of the award and for up to five years after the project has finished.
* Awardees will be expected to **serve as ambassadors for the Programme** throughout the course of their award, performing several dissemination activities. This includes but is not limited to: Oral presentation once for each awardee at the “EFSD/Novo Nordisk Foundation Future Leaders Symposium”, an integral part of the scientific programme of the EASD Annual Meeting; Attendance at stand-alone meetings to be organised by the Novo Nordisk Foundation; Teaching faculty of EASD postgraduate education courses; Visits to schools or universities to promote diabetes research as a career opportunity; Public communication of science at local or international events; Participation in special press events organised by EFSD and/or the Novo Nordisk Foundation.

Awardees are further expected to participate in the EASD Annual Meeting in the year of the award to make a first personal connection with EFSD and Novo Nordisk Foundation representatives.

The Awardees shall be announced and recognised at the EASD Annual Meeting during the EFSD/Novo Nordisk Foundation Future Leaders Symposium.

* **Investigators may only hold a single EFSD award at any given time**. This regulation applies to Principal Investigators as well as Co-Investigators. It does not apply to collaborators. The EFSD Rising Star Fellowship Programme and EFSD Albert Renold Travel Fellowship Programme are **exempt from this regulation**.
* Recipients of an EFSD award may apply for new funding to the same or to another EFSD programme provided the existing project has been terminated and a final scientific and financial report received, evaluated and approved.
* Studies forming part of a larger project will be considered for funding, but this will need to be well justified in the application.
* All applications will be subject to scientific review by a specialised and independent *ad hoc* committee.
* EFSD award activation documents must be returned to the EFSD Office. Any funding which has not been activated at the start of the award will be automatically withdrawn.
* Application forms vary for each Programme, and are occasionally updated - it is therefore mandatory to download a new form for each application to be made. Please do **NOT** remove sections or change the application form template.
* For further information, please refer to the Research Plan Guidelines which can be found at the end of this application form.
* A list of all EFSD regulations can be found on the Programmes link of the EFSD website: [www.EuropeanDiabetesFoundation.org](http://www.EuropeanDiabetesFoundation.org).

**1. Applicant Information**

Please note that EFSD may contact you by surface mail or email. Therefore, a complete postal address should be provided.

**Important! The regulation regarding only one EFSD award being held at a time applies to Co-Investigators as well as PIs. It does not apply to collaborators. Co-Investigators are equal participants who are jointly responsible for the project, whilst collaborators have a smaller input relating to one aspect of the project.**

Principal Investigator:

Title (Dr, Prof): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First/Second Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name (anglicised version): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address (anglicised version):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (direct extension, **no** switchboard): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EASD Membership No: (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** A letter must be provided from any collaborators on the project – for further information and specific requirements please consult the Research Plan Guidelines, which can be found at the end of this application form.

**2.** **Application Details**

Title of proposal: (**max** 100 characters) – except where appropriate, please use lower case

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total budget requested: **DKK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This project is: Clinical Basic

Project Period: …… Months

From (month / year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **Signatures and Declaration**

The signatures and declaration page must be submitted together with all necessary application documents. It is not required to send the documents by post; electronic signatures and scanned copies by e-mail are sufficient. Should it not be possible to submit these documents by the deadline date, please contact the EFSD office. Otherwise, the application will be considered as incomplete and thus rejected.

Responsible financial officer to whom funds should be sent and who will keep a full account of disbursements (This is required from the PI’s institution only).

All funds will be transferred from the Novo Nordisk Foundation account. The Novo Nordisk Foundation and EFSD are non-profit entities. No industry collaborators are involved in the review process or decision on the grant awardees and they will have no rights to the results obtained from any funded research project. Therefore, funding through Novo Nordisk Foundation and EFSD should not be subject to VAT. No overheads will be granted.

Officer Name (Full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant payable to (Institution Name only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (direct extension, no switchboard) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration: We the undersigned declare that the information submitted is accurate and complete (to the best of our knowledge,) and that we shall accept the EFSD Regulations as stated on the Programmes section of the EFSD website if this application is funded. We further confirm that all staff grading and salaries quoted are correct and in accordance with the normal practice of this institution.

**Principal Investigator Assurance:** The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project.

Signature PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Stamp of Administrative official e.g. Dean, Head of Department for PI:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** **Scientific Abstract – EFSD/Novo Nordisk Foundation Future Leaders Award**

**Programme 2024**

**PROJECT TITLE**:

(**max** 100 characters)

**PI – NAME:**

**PI – INSTITUTION:**

Do not exceed **300 words** in type no smaller than 12 point Arial and keep the abstract dedicated to this page:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Biographical Sketch:**

This part **must not exceed 4 pages in Arial 12 point, single line spacing**. Documents exceeding these parameters will not be forwarded for review.

List your education and employment in **reverse chronological order.** List in reverse chronological order the titles of and complete references to all publications (**with clear indication of the applicant’s role**). Please also list earlier publications pertinent to this application. If a complete list of publications exceeds the four-page limit, choose those most recent and/or pertinent to this application.

List awards and honours. Previous competitive funding (national and international), membership of editorial boards and leadership committees as well as teaching and extra-curricular activities.

Date and place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

Name / location of college or university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year conferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research and/or professional experience:**

**6. Financial Support**

**IMPORTANT:** Please be aware that EFSD does not support a Principal Investigator or Co-Investigator with more than one EFSD award at any given time, whether or not the projects are in related fields and independent of the EFSD programme providing the respective funding. It will therefore be necessary for all investigators to have completed the current project supported by EFSD and have submitted a final scientific and financial report before any new funding can commence. Collaborators are exempt from this regulation.

List ALL financial support (current or approved for funding). Give complete titles of all grants as well as total award (in Danish Kronen and Euros), funding dates, the role of the applicant and per cent of time devoted to each grant. Attach the abstract page of all sources of support (pending or current).

**(Consecutively number any attachments for this section.)**

Is support for this or another project being sought elsewhere or from another EFSD programme?

Yes: No:

If yes, from which agencies? List below the titles of the project(s), total funding requested, and specify areas where there are overlaps in budget requests. Also, indicate the expected starting date for funding. For other EFSD applications please mention the programme name. **If support for this project is obtained from other sources,**

**and funds are claimed more than once for the same purpose, any funds awarded by EFSD will be withdrawn.** In this regard, the Financial Officer has to submit a confirmation letter stating that no further funding from other sources has been sought for the exact same purposes as lined out in the application.

Have you previously received support as Principal Investigator through an EFSD award?

Yes: No:

**If yes, please provide the following information for each award:**

Name of EFSD programme making the award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected finish date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Report submitted:

Yes: No:

Is the present application for competitive renewal of an existing EFSD award?

Yes: No:

**Note:** No investigator may hold more than one EFSD grant at a time, and this may create a problem when a second investigator wishes to apply for EFSD support from within an institution or study group which already holds an active EFSD grant. Such applications will only be considered if the Principal Investigator named for this grant can provide clear evidence that he or she is a fully independent researcher.

Is any other scientist in your group currently supported by EFSD or are you a named investigator on any current EFSD award to your own or another institution?

Yes: No:

If **yes**, please provide the following information:

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your role if any in the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of your time spent on the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of start of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of end of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of EFSD programme making the award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **yes**, the below Statement must be signed by both the PI of this application and the current grant holder.

I hereby confirm that the PI on the current application will appear either as first or last author on any publications arising from the work that may be funded by EFSD, and that any existing grant holder will NOT feature as first or last author on any such publications.

Applicant (Full name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grant Holder (Full name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which experiments/measurements will be performed in the PI’s institution?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Which experiments/measurements will be performed in each of the collaborators’ institution(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7. Ethical Approval**

Will your project involve experiments requiring ethical approval/s?

Yes: No:

Should this application result in the granting of an award, a copy of the ethical human and/or animal approval/s will need to be attached to the grant activation documentation. **Please do not attach approvals to this application form.**

The approval/s must conform to the national laws of the country where the research is to be carried out.

**Note:** No payments will be transferred until the appropriate approval/s have been granted and a copy received in the EFSD Office.

**8.** **Budget**

## Budget A1

**You must submit 2 budget tables which are both provided below:** An estimate 5-year budget of total up to DKK 5 million and a detailed budget for the first year of the project of total up to DKK 1 million.

**Complete your budgets in this document.**

For details on consultant/contractual costs, fill out budget table B in the Contractual Costs section (next section) and enter the total amount into section D of this table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Budget (5 Years)** | | | | | |
| **A: Personnel:  (name if possible)** | **Role on project** | **% Effort on project** | | **Institutional base salary/Year** | **Salary  request \*** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| **Subtotal DKK:** |  |  | |  |  |
| B: Supplies (description): | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C: Other costs (please specify): | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| D: Consultant / contractual costs  = subtotal direct costs from Contractual Costs section (Budget B) | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| E: Equipment (please describe): | | **Subtotal DKK \_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| SUBTOTAL DIRECT COSTS **DKK \_\_\_\_\_\_\_\_\_\_** | | | | | |
| ADMINISTRATIVE COSTS (maximum 5% of Direct Costs) **DKK \_\_\_\_\_\_\_\_\_\_** | | | | | |
| **TOTAL BUDGET REQUEST**  (Direct + admin. costs including salaries) | | | **TOTAL DKK 5,000,000** | | |

## Budget A2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Year 01** | | | | | |
| **A:** **Personnel:  (name if possible)** | **Role on project** | **% Effort on project** | | **Institutional base salary/Year** | **Salary  request \*** |
|  |  |  | |  |  |
|  |  |  | |  |  |
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|  |  |  | |  |  |
| **Subtotal DKK:** |  |  | |  |  |
| B: Supplies (description): | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C: Other costs (please specify): | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| D: Consultant / contractual costs  = subtotal direct costs from Contractual Costs section (Budget B) | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| E: Equipment (please describe): | | **Subtotal DKK \_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| SUBTOTAL DIRECT COSTS **DKK \_\_\_\_\_\_\_\_\_\_** | | | | | |
| ADMINISTRATIVE COSTS (maximum 5% of Direct Costs) **DKK \_\_\_\_\_\_\_\_\_\_** | | | | | |
| **TOTAL BUDGET REQUEST YEAR 01**  (Direct + admin. costs including salaries) | | | **TOTAL DKK 1,000,000** | | |

\* Gross salary including social charges, fringe benefits. The salary requested may not exceed (% effort) x (gross salary for the time period of the project).

**Budget B - contractual costs**

**Complete your detailed budgets for contractual costs in this document.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractual Costs Total Budget (5 Years)** | | | | |
| **A:** **Personnel  (name if possible)** | **Role on project** | **% Effort  on project** | **Institutional  base salary/Year** | **Salary request\*** |
|  |  |  |  |  |
|  |  |  |  |  |
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| **Subtotal DKK:** |  |  |  |  |
| B: Supplies (description): | | **Subtotal DKK**\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| C: Equipment (please describe)\*\* | | **Subtotal DKK\*\*** \_\_\_\_\_\_\_\_\_\_ | | |
| D: Other costs (please specify) | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_ | | |
| **SUBTOTAL DIRECT COSTS\*\*\* TOTAL DKK\*\*\* \_\_\_\_\_\_\_\_\_\_** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractual Costs Budget Year 01** | | | | |
| **A:** **Personnel  (name if possible)** | **Role on project** | **% Effort  on project** | **Institutional  base salary/Year** | **Salary request\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal DKK:** |  |  |  |  |
| B: Supplies (description): | | **Subtotal DKK**\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| C: Equipment (please describe)\*\* | | **Subtotal DKK\*\*** \_\_\_\_\_\_\_\_\_\_ | | |
| D: Other costs (please specify) | | **Subtotal DKK** \_\_\_\_\_\_\_\_\_\_\_ | | |
| **SUBTOTAL DIRECT COSTS\*\*\* TOTAL DKK\*\*\* \_\_\_\_\_\_\_\_\_\_** | | | | |

\* Gross salary including social charges, fringe benefits. The salary requested may not exceed (% effort) x (gross salary for the time period of the project).

\*\* Also list equipment costs under E: Equipment in main budget (previous section).

**\*\*\* Note: Enter subtotal direct costs under D: Consultant / Contractual Costs in the respective main budgets in the previous section.**

## Budget Justification

In this important section you are asked to provide a justification for each item listed in the budget including contractual costs.

If you are applying from outside of Denmark, include the exchange rate between DKK and your local currency used for calculating your budget in this section.

Provide clear justification for each budget item. This will allow the reviewers to determine whether the budget is appropriate for the proposed work. It might be helpful to explain local funding policies underlying certain requests.

This budget justification will be reviewed carefully and the Review Committee may on occasion and at its discretion recommend an award in a lesser amount considered more appropriate for the proposed studies.

**9. Motivation**

**IMPORTANT!** Your letter of motivation **must not exceed 3 pages written in type no smaller than 12-point Arial with single line spacing**. Documents exceeding these parameters will not be forwarded for review.

An essential part of a Future Leaders Award application is the applicant’s letter of motivation. It will allow the Review Committee to understand better your motivation and suitability to become a Future Leader in European diabetes research.

Please explain in your own words your background and your motivation to stay in the field of diabetes and to pursue an academic career in Europe.

Include any information (e.g. training, experience, activities, specific interests, personal qualities) that you find important to reflect your motivation and capability to become a Future Leader in European diabetes research.

Your letter of motivation should further include:

* Your career plans
* A summary of your previous scientific achievements

A brief description of your scientific project (a detailed research plan is to be submitted as a separate document)

*Please start on the next page*

**MOTIVATION**Start here do not exceed 3 pages (this and two additional pages):

**10. RESEARCH PLAN GUIDELINES: see below**

**IMPORTANT!** The research plan **must not exceed 8 pages written** **in type no smaller than 12-point Arial with single line spacing** including preliminary data (figures and tables), but excluding references. No additional material (such as manuscript reprints, appendices etc.) will be accepted. Any application exceeding this page limit will not be forwarded for review.

**General considerations**

* A clear relationship to diabetes must be obvious.
* Ensure that the sections in the proposal are balanced in length: a long introduction leaving too little space for preliminary data and a detailed work plan will decrease the chances of success.
* The review panel will consider the information provided as an example of the applicant's approach to a research objective and as an indication of ability in this area of research.

**Research plan structure**

1. **Introduction**
2. Objective
3. Background and current status of research in the proposed field of study that has led to this proposal.

* Be careful and honest in describing the background literature (work from others).
* It is important that the reader gets a feel for novelty. Which gap in knowledge is being filled by the proposal?
* Hypothesis: A carefully crafted introduction/background will make the formulation of the hypothesis obvious. This should be formulated as precisely and distinctly as possible. Is it novel? Is it important? If the study is hypothesis-free or descriptive, this must be justified.

1. **Specific aims for the period of requested support**

* Must succinctly describe the approach to test the hypothesis.
* Too many aims may give the impression of fragmentation.

1. **Preliminary data**

* This is an important part of the application that will provide evidence to reviewers of the rationale and feasibility of the proposed experiments.
* Refer briefly to any of your own previously published work that is directly relevant to the proposed experiments.
* Describe relevant new experiments and provide unpublished preliminary data in the form of figures or tables.

1. **Detailed plan of investigation with clearly set out project plan, methods, time plans with milestones and deliverables**

* Please state if a power analysis has been performed and provide details of same. If this is not the case, please explain why a power analysis is not applicable to the project.
* Does the work plan correspond to the aims in a direct fashion?
* Potential pitfalls: It is useful to openly discuss challenges or vulnerabilities to a certain approach and to elaborate on potential alternatives to give the feeling that the best way forward has been chosen.
* If the study is a clinical trial, all aspects of design must be carefully considered. It is helpful to ensure that appropriate expertise is represented in the proposal.
* A clear Gantt diagram should be included.

1. **Novelty and importance of this work**
2. **Facilities available**
3. **References (not included in the page limit)**
4. **Abstract pages from all other sources of support (pending or current)**

**Letters of Support**

Several letters of support must be included in the application:

1. A strong letter of support from your institution.

**IMPORTANT!** This letter should also contain a well-defined long term career plan, including specific mention of terms of employment during the 5-year period of the award and details of direct financial support for the research to be made available.

1. Two letters of support from senior scientists outside of your institution.
2. For clinical scientists: A clear commitment from your academic institution and/or associated hospital to guarantee you sufficient time to pursue your research project.

**IMPORTANT!** Letters must be dated and printed on institutional letterhead.

**Overview Length Restrictions**

Please comply with the length restrictions as they will be strictly enforced. Files exceeding the maximum allowance will not be forwarded for review.

|  |  |
| --- | --- |
| **Title of Proposal** | max 100 characters (including spaces) |
| **Abstract** | max 300 words |
| **Biographical Sketch** | max 4 pages in Arial 12 point, single line spacing |
| **Letter of Motivation** | max 3 pages in Arial 12 point, single line spacing |
| **Research Plan** | max 8 pages in Arial 12 point, single line spacing including preliminary data (figures and tables), but excluding references |