



## Grant application form for a PROJECT

### INTRODUCTION

Exelgyn, in partnership with FIAPAC, will provide funding to support an individual, group, institute or organisation with a project within Europe related to the aims and scope of the Exelgyn/FIAPAC project “Improving the quality of life for women having a medical abortion”. Examples include: research, audit, review, needs assessment.

The funding **MUST** be used for a defined project within a definite time frame.

- |                       |                                                                                                                                                               |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Application</b>    | <b>Please use this application form. Note sections with a maximum word count. Forms will be returned if the word count is exceeded.</b>                       |
| <b>Who can apply?</b> | Applicants must be paid-up FIAPAC members.                                                                                                                    |
| <b>Deadline</b>       | Applications <b>MUST</b> be received at FIAPAC by <b>end of March 2018</b>                                                                                    |
| <b>Budget</b>         | 10,000 euros maximum for the successful application.<br><b>If the Exelgyn/FIAPAC grant committee decides, the fund may be split to more than one project.</b> |

### APPLICANT DETAILS

<b>Name of applicant</b>	
<b>Job title</b>	
<b>Address</b>	
<b>Country</b>	
<b>Institution / organisation</b>	
<b>Tel no.</b>	
<b>E-mail</b>	
<b>Date of submission of this form</b>	

**Title of the project**

**Comprehensive description of the project (max 40 words)**

**Objectives (max 20 words)**

**Primary hypothesis (max 20 words)**

**Methods / and study design (max 200 words), including experimental design, inclusion criteria, evaluation criteria, drug dosages**

**When would it start / finish?** (max 20 words)

**Where will it take place – country / town, establishment?** (max 20 words)

**Regulatory context** (Ethics Committee if applicable, Drug Agency, Sponsor of the Study, etc...) (max 40 words)

**Is it a 'new' project?** Yes/No

**If extension of an existing programme, provide information on original programme**  
(max 50 words)

**Do you foresee any reasons** (political, climatic, etc)  
**why this project may be adversely affected?** (max 20 words)

## BUDGET

**Are there other partners or organisations supporting this same project? If so, list.**

**Have you already obtained any funding towards this project?**  
(If yes or still awaiting a response, please give details) (max 20 words)

**How much money are you requesting** (up to a maximum of 5% can be used to cover overhead costs) ? **A detailed budget must be provided.** (max 50 words)

**Who will oversee the budget & keep accounts?**

## DISCLOSURE

**I / We, as responsible agents for this project, agree to the following 7 points:**

I/We agree that all funding will be spent appropriately.

I/We agree to advise you at the earliest time if this project is delayed or cannot be completed.

I/ We agree to provide a report to the Exelgyn/FIAPAC Grant Committee Board every 6 months of the end of the project and yearly, if the project lasts longer than 1 year.

I/We agree to present FIAPAC treasurer with a detailed budget at the end of the project. *(if the project is longer than 1 year, the funding may be awarded in stages and be dependent on appropriate reporting)*

I/We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the Exelgyn/FIAPAC Grant Committee Board.

I/We agree to acknowledge Exelgyn and FIAPAC as a donor in any publications and oral communications resulting from this project.

I/We agree to present the result at the following FIAPAC conference in 2020, and understand that the costs for this will not be covered by this grant

**Signed  
Name**

**Date**

XX/XX/XX

**Please return this form (by email) to:**

**[fiapacgrant@exelgyn.com](mailto:fiapacgrant@exelgyn.com)**