## 2023 FightMND CARE RESEARCH Grant Cover Sheet

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| 1. | Project Title |  |
| 2. | Title, name, and qualifications of Primary Investigator (PI) |  |
| 3. | Email address of PI |  |
| 4. | Mobile phone no. of PI |  |
| 5a. | Name, institution, % contribution to project and role of PI |  |
| 5b. | Name, institution, % contribution to project and role of co-Investigator |  |
| 5c. | Name, institution, % contribution to project and role of co-Investigator  (Add rows if more than 2 co-Investigators) |  |
| 6. | Administering Organisation / Sponsoring institution administering the grant |  |
| 7. | Name of research grant administrator for (6) |  |
| 8. | Contact details for (7) |  |
| 9. | Total Budget Estimates for each year | Year 1 $  Year 2 $  TOTAL - $ |
| 10. | Type of Care Research Grant |  |
| 11. | Key priority areas addressed in the application |  |
| 12. | Key Words (4 minimum) |  |
| 13. | A 50 word max. lay summary of the project suitable for media release if the application is successful. |  |
| 14. | Summary/Lay description (250 words max. – use separate page if required).  Describe in terms and language applicable to the general public, the overall aims and expected outcomes of this project. |  |
| 15. | Statement on the potential impact of the project for people living with MND (200 words max. – use separate page if required). |  |