



Association Libre d'Aide à la Recherche sur la Moelle Epinière.

[Independent Association supporting Spinal Cord Research]

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**SPINAL CORD INJURY RESEARCH
SUBSIDY APPLICATION FORM**

NAME of the project:

Total amount of the requested subsidy [including taxes if applicable]:

Name of the research laboratory:

Address:

Country:

Phone #:

Fax:

E-Mail :

Administrative name of the laboratory:

Laboratory Chief Executive:

Signature :

Title of the grant request signatory:

Last Name:

First Name:

Date and place of birth:

Educational Background:

Administrative status:

Function in the institute:

Application date:

Signature:

Project summary:

Kindly expand on the general direction of the project, its objectives and the applied methodology. Please highlight in how far the expected outcome of your project could contribute to the repair of an injured spinal cord or how it could affect spinal injury consequences.

Scientific summary

Please describe below:

- Summary of the previous studies you or other laboratories carried out on this subject:
- Your program:
 - Objectives and analysis
 - Means and methodologies, techniques applied, step-plan, possible collaborations
 - Project bibliography
- Consequences:
 - For fundamental research
 - For spinal cord injury repair

Participants in the project

Please list down in the following order: researchers, engineers, technicians.

Last Name – First Name	Age	Grade and or university degrees	Administrative status	Educational background	Percentage of time dedicated to the project

Expected collaborations:

Team :	Scientist in charge	Degree or status of the scientist in charge	Department director or institute director	Département /institute
1				
2				
3				
4				
5				

**List of the main publications made by the project participants over the past
3 years**

Budget of the research project

Kindly indicate the breakdown of the budget of the project in detail (including taxes if applicable)

1 – Operating costs [consumables, etc]

2 – Grants budget:

- Type of grant (e.g. PhD,...):
- Name of the person receiving the grant:
- Date of birth:
- Acquired university degree:

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3 – Equipment budget

Available and expected public and private funding *(including other foundations and associations)*

Available / expected funding and allocation plan			
Origin of the expected /available funds	Allocation plan		
	Operating costs	Grants	Equipment
Year 2006			
Year 2007			
Year 2008			

Requested funding for the described project*[per year, if applicable]*

Requested amounts and planned allocation [specify estimated amount and description]			
Requested amount	Planned allocation		
	Operating costs	Grants	Equipment
Year 2006			
Year2007			
Year 2008			