**Application Form**

**for Foundation Nakao Grants**

**Applications will be considered from September 2, 2024 to December 8, 2024**

Please submit the following documents along with this ‘Application Form’ to info@foundation-nakao.com.

**Kindly visit ‘Application Terms and Conditions’ for form and document specifications before the transmission.**

Application content

 1. Summary / Abstract

 2. Background

 3. Hypothesis and specific aim

 4. Protocol, Methods

 5. Significance

 6. Key personnel including one-pager BioSketch

 7. Budget (direct cost: salary, equipment, supplies) (total amount; specified currency) plus justifications

 8. Description of milestones (project timeline incl. interim report schedule and total time period)

 9. Other financial Contributions / Sponsors?

 10. Have you applied for Foundation Nakao Grant in the past? Yes? Please note year.

 11. Journal and anticipated publication time

 12. References

*Applicant*

1. **Organization**

Name Please fill in…

Address Please fill in…

Country Please fill in…

Legal status Please fill in…

Type [ ]  Government [ ]  Non-Government [ ]  University

 [ ]  Research Institution [ ]  Other Please specify...

1. **Applicant** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

1. **Research lead** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

*Project*

Title Please fill in…

Summary Please fill in…

Theme[ ]  Mi [ ]  OHAP[ ]  Function

 [ ]  Oral Frail [ ]  Dental IQ

Project Type [ ]  Basic research [ ]  Clinical research [ ]  Educational program

Research Type [ ]  Lab [ ]  Clinical [ ]  Epidemiology

*Team*

**Team Lead** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

Responsibilities Please fill in…

**Team Member #2** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

Responsibilities Please fill in…

**Team Member #3** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

Responsibilities Please fill in…

**Team Member #4** – Contact person [ ]  Miss [ ]  Mister

Name Please fill in… Family name Please fill in…

Position Please fill in…

Address Please fill in…

Country Please fill in…

E-mail Please fill in… Telephone Please fill in…

Responsibilities Please fill in…

*Signature*

I confirm on behalf of ‘Organization’ that I am authorized to sign this application form and apply for the grant.

If the application is successful, this ‘Organization’ will use the grant only for the purposes specified and will comply with the general [‘Application Terms and Conditions’](https://www.foundation-nakao.com/applications).

Title Please fill in…

Name Please fill in…

Organization Please fill in…

Date Choose... Signature Please fill in…

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