Submit application online: research@lymph-co.com

**Consortium Initiation Grant**

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| **Grant application no. (to be filled in by Lymph&Co)** |
| **Applicant**NameUniversity/InstituteDepartmentPostal addressPhoneE-mail |  |
| **Co-applicant**NameUniversity/InstituteDepartmentE-mail**Co-applicant**NameUniversity/InstituteDepartmentE-mail |  |
| **Aim/title of the Consortium** | *(max. 80 characters)* |
| **Planned meeting date, venue, number and names of participants** | Date:Place:Participants: |
| **Motivation** | *(please clearly motivate the necessity and relevance of the application and why funding or cosponsoring cannot be obtained from other sources)* |
| **Project description** | *(max. 500 words total)*Background:Objective of the Consortium:Project plan:Planned funding strategy:Time lines: |
| **Members of the consortium** | *(name, affiliation, representative of a group or institution, expertise)* |
| **Requested support**Concise justification of requested support  | Total amount: €Travel costs: €Housing: €Venue: €Meeting costs: €Other costs (please specify): € *(max 100 words)* |
| **Other grant applications** | Did you submit (or do you have the intention to submit) a similar grant application to other funding organisations or companies (e.g. pharma)?  yes noIf so: - funding organisation: - industrial support:   |
| **Signatures** | Name | Signature | Date |
| Applicant |  |  |  |