

Neurology Research Grant

Application for support to the Jacques and Gloria Gossweiler Foundation

Basic data

| Type of Application | first application | prolongation |
|--|----------------------------|--------------|
| Applicant Surname/First Name | | |
| Principal Investigator | | |
| Institution Street / No. Zip code / City Phone / e-Mail | | |
| Beginning of project | | |
| Estimated length of project | | |
| Financial Needs (details next page: Budget form) | Total amount: Currency: | |
| Name of Project | | |

I hereby certify the accuracy of all information in this application (including enclosures).

Place, Date

Signature(s)

Please send the application to info@jggf.ch or Jacques & Gloria Gossweiler Foundation, Taubenstrasse 8,
Postfach, CH-3001 Berne

Budget form

Currency:

| | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| Personnel (Salary of principle researcher & others) | | | | |
| Expenses for <ul style="list-style-type: none">• Research material (e.g. hardware /software etc.)• for development of research material | | | | |
| Patient related costs (compensation and travel of patients) | | | | |
| Travel (researchers attending conferences) | | | | |
| Overhead | | | | |
| Other costs | | | | |