**The Society for Anesthesia and Resuscitation of Belgium**

## **SARB RESEARCH GRANTS ATTRIBUTION RULES**

##

## Each year, the Society for Anesthesia and Resuscitation of Belgium supports research by SARB research grants.

1. The purpose is to support anesthesia research in Belgium with individual research grants derived from SARB own financial assets, and from contributions made by philanthropists and industry to the Society for Anesthesia and Resuscitation of Belgium.
2. The applicant seeking such support must be a member in good standing of the Society for Anesthesia and Resuscitation of Belgium at the time of application and during the tenure of a research grant.
3. The research for which financial support is solicited must be relevant to the practice or theory of anesthesiology. The project must be carried out in Belgium. Multi-center trials involving other countries in addition to Belgium are only eligible if the leading investigator of the trial is a SARB member in good standing and is primarily affiliated to a Belgian institution. All projects will be blindly reviewed by independent non-Belgian experts. When invited to review the submitted projects, reviewers must disclose any potential conflict of interest with regard to the review process upon accepting to review.
4. Each selected applicant will receive a research grant to a maximum amount that is determined each year by the SARB. The number of attributed grants is also determined each year by the SARB. Number and amount of grants, as well as deadline for application is announced by the SARB upon launching the call for applications. Official call for applications occurs two times a year, once before June 1st, and once before September 1st, through announcement on the SARB website and in the SARB newsletter. Additional advertisement may also appear in the Acta Anaesthesiologica Belgica.
5. Deadline for submission of applications is October 1st, each year.
6. When a grant is attributed, half of the amount is paid at the beginning of the year that follows the Annual Meeting of the SARB in November. The remaining half is paid when the following conditions are fulfilled: proof of acceptance for publication of the results of the research in an international peer-reviewed journal, or the publication of a review of at least 12,000 words on the subject in the Acta Anaesthesiologica Belgica. Additionally, the recipients of grants may be asked to present their project at the Graduation Day of the SARB, or its equivalent, occurring each year in April, May or June.
7. The applicant is requested to follow the flow chart. The treasurer is responsible for the follow-up. This (financial) control of all grants is presented by the treasurer at the annual meeting (General Assembly) of the SARB.
8. The research results related to a study supported by a SARB grant can be published in any international peer-reviewed journal, preferably in a journal related to the field of anesthesiology.
9. Applications are invited from clinicians and researchers who may be at any stage of career development, working in any Belgian hospital or institution, and being SARB members in good standing.
10. Each research grant is to be used to defray the costs of research up to its total value. Any commitments or expenditures incurred by a researcher in excess of the allocated research grant are the sole responsibility of the researcher and will not be afforded by the SARB.
11. The employment of technicians and research assistants under such a research grant is required to conform to the institutional classification and requirements for such personnel. The SARB cannot be held responsible for covering the salaries and insurance of such personnel.
12. The use of and care for animals in any project supported by a research grant has to be in accordance with the international guidelines on animal research.
13. The involvement and recruitment of human subjects has to conform to current guidelines on good research, such as the Code of Ethical Conduct for Research Involving Humans, the Declaration of Helsinki, or the CONSORT guidelines.
14. A document indicating institutional review and approval of animal and/or human experimentation should ideally be submitted prior to disbursement of any grant (the GCP guidelines). A proof of study registration in a public clinical trial database (such as EudraCT or Clinical Trial Center) should also ideally be available to the SARB upon request for any submitted research project that receives a grant, should such a registration be needed to conform to quality of research guidelines. If those formalities are in progress at the time of candidacy for a SARB grant, a proof of submission to the Institutional Review Board (IRB) and to the clinical trial registry has to be provided upon submission of the research project to the SARB. If no acceptance of IRB and/or study registration is obtained within 12 months after candidacy for a SARB grant, the SARB should be informed, and may eventually ask for refund of the already perceived amounts. The SARB would like here to underline that IRB approval and eventually registration of the study in a public clinical trial database are necessary before the beginning of recruitment of subjects into the study.
15. The completed application form, and the completed application checklist, have to reach the SARB secretariat by e-mail before the deadline for submission (October 1st). It is the responsibility of the applicant to ensure that all sections of the application form are completed in a clear and concise manner, and that all requested information is provided in due time. Documentation of institutional approval for human and/or animal experimentation as well as proof of registration to a public clinical trial registry, where applicable, is ideally provided in the submission email or at least before the beginning of the study and subject recruitment. Any failure to provide such a document or delay in providing it must be duly justified. Applications that fail to fulfill these conditions will be asked once to submit missing documents by the SARB secretariat, and missing information should be sent back to the secretariat within 1 weeks after receiving the request from the secretariat. If they are not supplied without valuable justification, the application will be withheld.
16. Receipt of the application will be acknowledged by e-mail.
17. The application for each grant will be judged by an international group that consists of 3-5 peer reviewers. Judgment is on the basis of relevance to the specialty and scientific merit, originality, study design, clearness and conciseness, financial plan, compliance with ethics (animal or human)/study registration, scientific reputation of authors, time schedule and feasibility, and adequacy of references.
18. Of note, full financial support of scientific projects is seldom possible.
19. The research grants will be announced and presented during the SARB Annual Meeting.
20. Financial statements and a flow chart will be requested from the investigator holder of the grant. Any uncommitted balance following the term of the grant will be reverted to the SARB.
21. The recipient of a SARB research grant will be required to notify the SARB office if, for any reason, he/she is unable to complete the project for which the grant was awarded. Any uncommitted balance will have to be refunded to the SARB.
22. It is a requirement of this research program that all papers and abstracts resulting from the research initiative include an acknowledgement of support from the Research Grant Program of the Society for Anesthesia and Resuscitation of Belgium. The following statement should be added to the adequate section of submitted manuscripts: ‘This study was supported by an unrestricted Research Grant awarded by the Society for Anesthesia and Resuscitation of Belgium’.
23. The awarded money can only be transferred to an institutional account and not to a personal account.
24. The completed application package should be e-mailed, before the deadline for submission, to the SARB Secretariat at the following e-mail address: sarb@medicongress.com

**Application checklist**

This checklist must be completed and submitted as part of the application package.

Applicant: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Title of Research: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

# Please check each of the following:

## [ ] All sections of the application form are complete.

[ ] The detailed research proposal section is limited to 5 additional pages.

[ ] The certification section is signed and dated by both the principal applicant and the department head.

[ ] Financial planning is provided.

**Please check the following where appropriate:**

[ ] Institutional approval for human experimentation is included in the application package.

[ ] Institutional approval for animal experimentation is included in the application package.

[ ] Proof of registration to a public clinical trial database is included in the application package.

**If any of the above requirements is not fulfilled, please indicate reasons below:**

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Applicant’s signature Date :

**Application form**

This form is to be used to apply for the Society for Anesthesia and Resuscitation of Belgium Research Grants

Competition. Please ensure all additional typewritten pages are double spaced, with 2 cm. margins, using a

minimum font size of 12-point Helvetica or Times Roman.

1. Applicant name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Degree: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Position and dept.: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Mailing address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone Number: . . . . . . . . . . . . . . . . . . . . .

Fax number: . . . . . . . . . . . . . . . . . . . . . .

E-mail: . . . . . . . . . . . . . . . . . . . . . . . . . .

## Current SARB membership: . . . . . . . . . . . . . . . . . . . . . . . . . .

2. Co-applicant(s): (If necessary, add an additional page and label as Page 2A)

Name and degree: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Position and dept.: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name and degree: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Position and dept.: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

3. Title of research : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Experimentation requiring institutional approval: (Check if appropriate)

## [ ] Human Experimentation

## [ ] Animal Experimentation

(Document(s) indicating institutional review and approval must be submitted)

1. Institution to which the grant should be paid:

Name of Institution . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Mailing address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Bank account number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Certification:

We, the undersigned, certify that the information contained in this application is complete and correct to the

best of our knowledge and that we approve and support the proposal described herein. If a grant is awarded

pursuant to this application, we agree to abide by all statements and regulations governing SARB Research

Grants as specified in the document of the SARB Research Grants Competition.

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Applicant’s Name Signature Date

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Department Head’s name Signature Date

## Or Principal Investigator

1. Information about applicant (Do not submit a curriculum vitae)

Current professional status : (Check one only)

1. Specialist in independent practice [ ]
2. Specialist with academic (university-related) appointment [ ]
3. Fellow [ ]

If you answered c above, state final date of training period: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## Education:

 Degree(s) University or Institution Year(s)

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Appointment and academic positions:**

If professional status is ***a*** or ***b*** above, indicate hospital appointment(s) held, including the current one. If ***c***, indicate training position(s) and anticipated appointment(s) during the term of the research grant, if granted.

Dates :

 From : To : Institution Department Position

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## **Research experience:**

## Dates :

 From : To : Institution Department Supervisor

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

## **Publications :**

Indicate total number of scientific publications in peer-reviewed journals or books to date :

Full manuscripts . . . . . . . . . . . . . . . .

Book chapters . . . . . . . . . . . . . . . .

## List all full manuscripts published in past five years. (Use another page if necessary, labelled 5A).

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Detailed research proposal**

* 1. Title of research
	2. Hypothesis
	3. Background
	4. Specific objectives
	5. Methods (including data analysis and potential pitfalls)
	6. Significance
	7. Financial planning
	8. Flow chart

A maximum of 5 double-spaced typewritten pages with 2 cm margins, exclusive of references and figures,

Using a minimum font size of 12-pt Helvetica or Times Roman, may be added to this page.

Label these additional pages as Pages 6A-E.

1. Time commitment for research:

It is anticipated that the applicant will spend . . . . . . . . . . . . . . . . . . . . . hours per week on this project.

Co-applicant(s) will spend . . . . . . . . . . . . . . . . . . . . hours per week.

1. Research project dates:

It is anticipated that the proposed project will commence on . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

and be completed by . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Title of the grant:

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Institution:

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Authors:

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**For SARB use only**

Date of arrival SARB: ……………………………………………………………………

Receipt of application sent at: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Returned to author for corrections related to format and/or requested items: Yes/No Date: . . . . . . . . . . .

Correction received (date, within 15 days): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of discussion SARB:

Accepted: Yes/No

Amount attributed: . . . . . . . . . . . . . . . . . . . . . €

Presentation at the Graduation Day (date): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

50% of the grant is paid (amount and date): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . €, on . . . . . . . . . . . . . . . . .

Acceptance of publication (date): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Review article in the Acta Anaesthesiologica Belgica (date): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

100% of grant is paid (amount and date): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ….. . . . . . . €, on . . . . . . . . . . . . . . . . . . .