



GRANT APPLICATION FORM

INTRODUCTION

EXELGYN, in partnership with FIAPAC, will provide funding to support an individual, group, institute or organisation with a project related to the aims and scope of the EXELGYN /FIAPAC project "Improving the quality of life for women having a medical abortion". Examples include: research, audit, review, needs assessment.

The money MUST be used for a defined European project within a definite time frame.

Application Please use this application form. Note sections with a maximum word count. Forms will be

returned if the word count is exceeded.

Who can apply? Applicants must be paid-up FIAPAC members.

Deadline Applications MUST be received **before October 31st, 2020.**

Budget 10,000 euros maximum for the successful application.

If the EXELGYN/FIAPAC Grant Committee decides, the fund may be split to more than one

project.

APPLICANT DETAILS

| Name of applicant | |
|---------------------------------|--|
| Job title | |
| Address | |
| Country | |
| Institution / organisation | |
| Tel no. | |
| E-mail | |
| Date of submission of this form | |

Title of the project

| Comprehensive description of the project (max 40 words) | | | | |
|--|--|--|--|--|
| | | | | |
| Objectives (max 20 words) | | | | |
| | | | | |
| Primary hypothesis (max 20 words) | | | | |
| | | | | |
| Methods / and study design (max 200 words), including experimental design, inclusion criteria, evaluation criteria, drug dosages | | | | |
| | | | | |

| When would it start / finish? (max 20 words) | | | | |
|---|--|--|--|--|
| | | | | |
| Where will it take place – country / town, establishment? (max 20 words) | | | | |
| | | | | |
| Regulatory context (Ethics Committee if applicable, Drug Agency, Sponsor of the Study, etc) (max 40 words) | | | | |
| | | | | |
| Is it a 'new' project? Yes/No | | | | |
| If extension of an existing programme, provide information on original programme | | | | |
| (max 50 words) | | | | |
| | | | | |
| Do you foresee any reasons (political, climatic, etc) why this project may be adversely affected? (max 20 words) | | | | |
| | | | | |
| BUDGET | | | | |
| Are there other partners or organisations supporting this same project? If so, list. | | | | |
| | | | | |
| Have you already obtained any funding towards this project? (If yes or still awaiting a response, please give details) (max 20 words) | | | | |
| | | | | |

Who will oversee the budget & keep accounts?

DISCLOSURE

We, as responsible agents for this project, agree to the following 7 points:

- I/ We agree that all funding will be spent appropriately.
- II/ We agree to advise you at the earliest time if this project is delayed or cannot be completed.
- III/ We agree to provide a report to Exelgyn/FIAPAC Grant Committee every 6 months of the end of the project and yearly, if the project lasts longer than 1 year.
- IV/ We agree to present FIAPAC treasurer with a detailed allocation of the total Grant budget at the end of the project (if the project is longer than 1 year, the funding may be awarded in stages and be dependent on appropriate reporting).
- V/ We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, we will advise the Exelgyn/FIAPAC Grant Committee.
- VI/ We agree to acknowledge Exelgyn and FIAPAC as a donor in any publications and oral communications resulting from this project.
- VII/ We agree to present the result at the following FIAPAC conference in 2022 and understand that the costs for this will not be covered by this grant.

| Signed Name | Date | |
|----------------|------|--|
| | | |
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Please return this form by email to: fiapacgrant@exelgyn.com