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| --- | --- | --- | --- | --- | --- | --- |
| **Application Form**  **Start-Up Grant** | | | | |  | |
| Please fill out all sections of the application form as well as attachments and send it via email, including enclosures, to [khm@hin.ch](mailto:khm@hin.ch). | | | | |  | |
| **Please attach your CV.** | | | | |  | |
| **Section 1**  **Project** | | | | |  | |
| **Project Title** | | | | |  | |
|  | | | | | | |
| **Brief Description** (max. 500 words) | | | | |  | |
|  | | | | | | |
| **Section 2**  **Informations about the applicant (project manager)** | | | | | | |
|  |  | | | | | |
| **Practice/ Institute** |  | | | | | |
|  | | | | | | |
| **Title** | **Mr** | | **Mrs** | | | |
|  |  | |  | | | |
| **First Name** | **Last Name** | | | | | |
|  |  | | | | | |
| **Business Address** | **Zip / City** | | | | | |
|  |  | | | | | |
| **E-Mail** | **Phone** | | | | | |
|  |  | | | | | |
| **Further project members** (Name, position) | | | | | | |
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| **Section 3**  **Sum Applied For** |  | | | | | |
| **Total Budget (in CHF)** |  | | | | | |
|  | | | | | | |
| **Desired contribution of the College of Primary Care Medicine KHM** | | | | | | |
|  | | | | | | |
| **Date / Location:** | | **Signature:** | | | | |
|  | |  | | | | |
| Annex:   * Annex 1 – Project Description * Annex 2 – Detailed Budget * Annex 3 – Applicant’s CV | |  | | | | |
| **Annex 1**  **Detailed Project Description** | | | |  | |
| Please complete all sections of annex 1.  **Maximum 5 pages.** | | | |  | |
|  | | | |  | |
| **Project Title** | | | |  | |
|  | | | | | |
|  |  | | | | |
| **Project Description (context)** |  | | | | |
|  | | | | | |
| **Project Goals** |  | | | | |
|  | | | | | |
| **Intended Methods** |  | | | | |
|  | | | | | |
| **Expected Profits** |  | | | | |
|  | | | | | |
| **Project Schedule** |  | | | | |
| **Term** |  | | | | |
|  | | | | | |
| **Resources** | | | | | |
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| **Annex 2**  **Detailed Budget** | |  | |
|  | |  | |
| **Text** | **Income** | **Expenses** |
|  |  |  |