|  |  |
| --- | --- |
| **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.  |  |
| **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) |
|  |
| **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** |
|       |

|  |  |
| --- | --- |
| **Annex 2****Detailed Budget**  |  |
|  |  |
| **Text** | **Income** | **Expenses** |
|       |       |       |