|  |  |
| --- | --- |
| **Action Number** | **CA20113** |
| **Action Name** | **PROTEOCURE** |
| **Action Title** | **A sound proteome for a sound body: targeting proteolysis for proteome remodeling** |
| **Action Dates** | **01/11/2021 – 31/10/2025** |

Application for a Dissemination Meeting Grant

|  |  |
| --- | --- |
| Dissemination Grants support financially the participation of Action members in high-level conferences, not organised by ProteoCure. Grantees receive support for attending and presenting the Action, their activities, and results (oral presentation) at a conference and/or for developing new contacts and potential future collaborations. By this, the COST Action receives increased visibility and awareness and new contacts with potential stakeholders. | |
|  | |
| **1. Applicant** | |
| **Name** |  |
| **Position**  **(Prof, PI, Post-doc, other)** |  |
| **Laboratory (name of PI if different from applicant)** |  |
| **e-mail** |  |
| **Phone** |  |
| **Name of the Institution** |  |
| **Institution Country** |  |

|  |  |
| --- | --- |
| **2. Conference details** | |
| **Type of Conference** (Face to Face or Virtual) |  |
| **Conference Title** |  |
| **Conference Webpage** |  |
| **Conference Venue** |  |
| **Conference Start and End dates** |  |

|  |  |
| --- | --- |
| **3. Accepted oral contribution details** | |
| **Title of presentation** |  |
| **Co-authors** |  |
| **Other details of the presentation:** (e.g. title of the session/track of the conference programme in which the contribution is accepted) |  |

|  |
| --- |
| **4. Alignment with ProteoCure Science Communication Plan** |
| **Description of how the presentation contributes to the Action Science Communication Plan and to meeting the Action challenges and objectives. Description of the targeted audience and potential stakeholders to engage.** *(max.500 word)*  Applicant enters max. 500-word summary here. |

|  |
| --- |
| **5. Expected impact** |
| **Description of the expected impacts to increase the Action visibility in the research community; to attract additional participants and stakeholders; and to disseminate Action results to relevant end-users.** *(max.500 word)*  Applicant enters max. 500-word summary here. |

|  |  |
| --- | --- |
| **6. Justification of the Grant amount requested** | |
| **Dates of travel** |  |
| **Transport type and cost** |  |
| **Accommodation cost**  (specify the costs for accommodation and meals not included in the conference fee) |  |
| **Conference fee** |  |
| **Other costs**  (specify the type of cost and the amount) |  |
| **Total Requested Budget** |  |

|  |
| --- |
| **7. Additional Required Documents** |
| **Do not forget to send a copy of your abstract with reference to ProteoCure, a short CV and the invitation/acceptance letter from the conference organisers, together with this application form.**  *E-mail* your Dissemination conference grant application package as a single pdf file entitled with your surname to the ProteoCure Meeting team (meetings@proteocure.eu). Please, write DC Grant Application in the subject line of your e-mail. |