# **Joint Transnational Call for Proposals (2018) for**

# **“research projects on personalised medicine – smart combination of pre-clinical and clinical research with data and ict solutions”**



**Full-proposal application form**

**Please note:**

* **Proposals that do not meet the national/regional eligibility criteria and requirements will be declined without further review.**
* **All fields must be completed using "Calibri font, size 11" characters, single-spaced.**
* **Incomplete proposals (proposal missing any sections), proposals using a different format or exceeding length limitations of any sections will be rejected without further review.**
* **In case of inconsistency between the information registered in the submission tool and the information included in the PDF of this application form, the information registered in the submission tool shall prevail.**
* **Refer to the “GUIDELINES FOR APPLICANTS” for information about the proposal structure.**
* **Once completed, the full-proposal must be converted in a single PDF document before being uploaded to the submission website.**

**Checklist for the Coordinator:**

***In order to make sure that your proposal will be eligible to this call, please collect the information required (on the “Call Text”, “Guidelines for applicants” and through your contact point) to tick all the sections below before starting to complete this application form.***

* **General conditions:**

The project proposal addresses the **AIM/s** of the call.

The project proposal addresses **at least one module out of each major research area.**

I am aware of the **national/regional requirements** of the corresponding funding organisations**.**

Positive evaluation of the pre-proposal and invitation to submit the full-proposal.

* **The composition of the consortium:**

The project proposal involves at least 3 eligible research groups from at least 3 different countries participating in the first ERA PerMed joint transnational call.

Theproject coordinator institution is eligible to be funded by one of the participating funding organisations.

The project consortium is not involving more than two partners from the same country participating in the call (see “Guidelines for applicants” for specific national/regional regulations).

The project proposal involves a maximum of 6 partners.

The project proposal involves a maximum of 7 partners after inclusion of a partner coming from an underrepresented country: Canada (FRQS, CIHR), Croatia (MSE), Estonia (ETAg), Germany (Saxony), Italy (Lombardy, FRRB), Romania (UEFISCDI), Spain (GN), Spain (CDTI), Turkey (TUBITAK).

The project proposal involves maximum one research group with own funding.

* **Eligibility of consortium partners:**

I have checked that no partner of this consortium is a member of the ERA PerMed Network Steering Committee (NSC), Peer Review Panel (PRP), Call Steering Committee (CSC) or Call Advisory Board.

I have checked that each partner involved in the project proposal is eligible to receive funding by his/her funding organisation.

For the partner that is not eligible for funding, I have enclosed in the proposal a signed (written) statement declaring that they will be able to run the project with their own resources.

Slovenian partners asking funds to the Ministry of Education, Science and Sport (MIZS) have submitted the requested duly amended national document in parallel. In case, the national document is NOT DULY AMENDED, the Slovenian partners will be declared ineligible.

Lombardy, FRRB (only in case of inclusion of an additional partner from Lombardy, FRRB, as underrepresented country/region): Lombardy research institutions which request funds to the Regional Foundation for Biomedical Research (FRRB) shall submit to the Funding Agency the requested regional document 10 days before the submission deadline.

* **Submission of the same research project to other calls:**

Is this submitted project subject to another evaluation process?  Yes  No

This includes other joint transnational calls (e.g. NEURON, E-RARE, ERA-CVD, JPND, JPI HDHL, EuroNanoMed, ERACo-SysMed and others).

**If YES, please specify:**

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**General information**

**Project title**

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**Acronym (max. 15 characters)**

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**Project duration (months)**

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**Total project costs (€)\***

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| --- |
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**Total requested budget (€)\***

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*\*Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool). Thousand separators and whole numbers should be used only (e.g. 200.000).*

Proposal classification

*Please tick the appropriate boxes to specify the category of your application.*

Each project proposal must tackle the two major research areas:

The **Research Area 1** and the **Research Area 2** by addressing at least one module out of each research area:

**Research Area 1:“*Validation, pre-clinical and clinical biomedical research – Translating Basic to Clinical Research and Beyond*”**

**Module 1A: Pre-clinical Research**   Yes  No

**Module 1B: Clinical Research**   Yes  No

**Research Area 2: *“Data analysis, management and protection – Integrating Big Data and ICT Solutions”***

**Module 2A: Data and ICT – Enabling Technology**  Yes  No

**Module 2B: Data and ICT – Towards application in health care**   Yes  No

Keywords (from 5 up to 7)

*Please list 5 to 7 keywords describing your proposal.*

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Scientific abstract (max. 2,000 characters, with spaces)

*Please give a comprehensive and readable summary of the most important aims and methods of the project. Please note that if the project is selected for funding this abstract is to be published in the newsletter and on the funding organisations’ websites.*

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**2. Project consortium**

*For each of the partners participating in the project, please fill in the following table.*

* 1. **Coordinator – Project Partner 1**

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[1]](#footnote-2) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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* 1. **Project partner 2**

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| --- | --- |
| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[2]](#footnote-3) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[3]](#footnote-4) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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* 1. **Project partner 3**

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| --- | --- |
| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[4]](#footnote-5) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[5]](#footnote-6) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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1. **Project Partner 4**

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| --- | --- |
| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[6]](#footnote-7) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[7]](#footnote-8) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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1. **Project partner 5**

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| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[8]](#footnote-9) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[9]](#footnote-10) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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1. **Project partner 6**

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| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[10]](#footnote-11) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[11]](#footnote-12) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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1. **Project partner 7**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations: Canada (FRQS, CIHR), Croatia (MSE), Estonia (ETAg), Germany (Saxony), Italy (Lombardy, FRRB), Romania (UEFISCDI), Spain (GN), Spain (CDTI), Turkey (TUBITAK).***

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| --- | --- |
| Last Name |  |
| First Name |  |
| Gender |  |
| Title |  |
| Institution |  |
| Type of entity | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation (if no funding is requested, please write “none”) [[12]](#footnote-13) |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[13]](#footnote-14) |  |
| Other personnel participating in the project  (please provide last and first names  and positions, 1  line per person) |  |
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1. **Project Description**
   1. **proposed work (max. 3 pages)**

*The following five subsections MUST be completed in these three pages:*

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| 1. *Justify how the proposal fits in the scope of the call;* 2. *Explain the Personalised Medicine dimension of the proposed work and its added value to the scientific question addressed in the proposal;* 3. *Background, present state of the art and preliminary results obtained by the consortium members;* 4. *Brief description of the working program including the objectives, the rationale and the methodology, highlighting the novelty, originality and feasibility of the project;* 5. *Describe of the unmet medical and patient need that is addressed by the proposed work and the potential health impact that the results of your proposed work will have.* |

* 1. **Preliminary Results (max. 2 pages)**

*Please include preliminary data obtained by the consortium members related to the proposed research work.*

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* 1. **Changes in the proposal between the pre- and full proposals**

**(max. 1 page)**

Please include the main changes, i.e. inclusion and role of a new partner (an additional partner is **only** allowed from the following **underrepresented funding organisations: Canada (FRQS, CIHR), Croatia (MSE), Estonia (ETAg), Germany (Saxony), Italy (Lombardy, FRRB), Romania (UEFISCDI), Spain (GN), Spain (CDTI), Turkey (TUBITAK).** Maximum number of partners could be extended to 7 if an additional partner from these underrepresented funding organisations is included), how the recommendations from the pre-proposal evaluation have been addressed, budget amendments and shifting of activities (if any).

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* 1. **Work plan including references (max. 8 pages)**

*Please include: aims, methodology, role of each participant, timeline, Work Packages, project coordination and management, innovation, risk assessment, added value of the proposed solutions to address a medical need compared to existing ones.* *Please include a list of abbreviations.*

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* 1. **Diagram which compiles the work plan, timeline, sequencing of work packages, the contribution of the partners to each work package and their interactions (Timeplan, Gantt and/or PERT, max. 1 page)**

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* 1. **Justification of requested budget and total project costs (max. 1 page)**

*Please justify the resources to be committed. When applicable specify also co-funding from other sources necessary for the project.*

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* 1. **Added value of the proposed international collaboration (max. 1 page)**

*Please describe the added value of the transnational collaboration; sharing of resources (registries, diagnosis, biobanks, models, databases, diagnostic and informatics tools, etc.), platforms/infrastructures, harmonisation of data and sharing of specific know-how.*

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* 1. **Potential Impact and exploitation of expected project results   
      (max. 1 page)**

*Please indicate how the proposed study could influence or change the way that healthcare is delivered and the effect of expected results on future clinical, public health and/or other socio-economic health relevant applications (if applicable also for commercial exploitation), if available.*

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* 1. **Handling of intellectual property rights (e.g. any barriers to sharing materials or results), both within and outside the research consortium   
     (max. ½ page)**

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* 1. **Description of on-going projects, pending patents and patents when applicable of each participating group related to the present topic indicating funding sources and possible overlaps with proposal (max. 1 page per group)**

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* 1. **Patient involvement (max. ½ page)**

*Please provide information about the involvement/contribution of pertinent patient organisations, patient representatives within the proposal (if available/applicable).*

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* 1. **Inclusion of gender and/or sex analysis (max. ½ page)**

*Please provide information about the consideration of sex aspects in research teams and the inclusion of sex and/or gender analysis in the research, if applicable.*

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* 1. **Ethical Issues of the Project Proposal (max. ½ page)**

*Please address ethical, safety and legal issues (e.g. informed consent, patient data protection, ethical permits, data protection, and use of animal, if available/applicable) according to national regulations. If none to address, please explain why.*

***Proposals including a Clinical Study have to add as Annex the duly filled out form for “Exploratory Clinical Studies”*** *(template available* [***here***](http://www.erapermed.eu/wp-content/uploads/2018/06/ERA-PerMed-JTC2018_Exploratory-clinical-studies-template.docx) *and on* [*ERA PerMed website*](http://www.erapermed.eu)*).*

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* 1. **Data management strategy/plan[[14]](#footnote-15) (max. 2 page)**

*Description of how the research data in this project will be findable, accessible, interoperable and re-usable: the handling of research data during & after the end of the project; what data will be collected, processed and/or generated and/or reused; which methodology & standards will be applied; whether data will be shared/made open access; how data will be curated & preserved.* ***In this section, the Data Management Plan (DMP) has to be outlined shortly.*** *´*

*Consortia of projects selected for funding must submit a detailed DMP (template available* [***here***](http://www.erapermed.eu/wp-content/uploads/2018/06/ERA-PerMed-JTC2018_Data-Management-Plan-DMP-template.doc) *and on the* [*ERA PerMed website*](http://www.erapermed.eu)*).* ***The project coordinator is responsible for sending the complete DMP******no later than six months after the official start of the project to the JCS****.*

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1. **In addition, two more pages can be added to the full-proposal (optional):**

* List of references (max. 1 page)
* A letter of commitment about funding for a partner not eligible to be funded by one of the organisations participating in this JTC2018: A signed statement must be included as an annex to the full-proposal summarising the commitment of this partner to the project and demonstrating his source of funding. (max. 1 page)

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1. Financial plan of Project Budget (in €1): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)

*Please note that* ***not*** *all types of expenditure are fundable by all funding organisations (see the “Guidelines for applicants” for details on the eligibility criteria and/or contact the relevant ERA PerMed national/regional funding organisation). Thousand separators and whole numbers should be used only (e.g. 200.000).*

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| **Partners** | **Coordinator Partner 1** | | **Partner 2** | | **Partner 3** | | **Partner 4** | | **Partner 5** | | **Partner 6** | | **Partner 7** | |  | |
| Name (group leader) |  | |  | |  | |  | |  | |  | |  | |  | |
| Institution |  | |  | |  | |  | |  | |  | |  | |  | |
| Country |  | |  | |  | |  | |  | |  | |  | |  | |
| Funding organisation |  | |  | |  | |  | |  | |  | |  | |  | |
| PROJECT COSTS (€) | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total cost** | **Requested** | **Total** | **Requested** |
| Personnel € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Consumables € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Travel €2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other direct costs €3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Overheads €4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**1** Those countries whose currency is different than € shall include their national currency in brackets

**2** Please take into account that coordinators (and partners) shall present the projects at a midterm or final ERA PerMed symposium

**3** E.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according national regulations)

**4** Overhead costs: funding according to national regulations

1. Financial plan of Coordinator - Project Partner 1 (in €): Please make sure that the same figures are entered in the sections that need to be completed **online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 2 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 3 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 4 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 5 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 6 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 7 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations: Canada (FRQS, CIHR), Croatia (MSE), Estonia (ETAg), Germany (Saxony), Italy (Lombardy, FRRB), Romania (UEFISCDI), Spain (GN), Spain (CDTI), Turkey (TUBITAK).***

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the ERA PerMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

**6. Brief CVs of consortium partners**

*For each of the consortium partners, please provide* *a brief CV for the Project Consortium Coordinator and each Project Partner Principal Investigator with a list of up to five relevant publications within the last five years demonstrating the competence to carry out the project (max 1 page each, complete form below).*

* 1. **Coordinator – Project Partner 1**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 2**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 3**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 4**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 5**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 6**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 7**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations: Canada (FRQS, CIHR), Croatia (MSE), Estonia (ETAg), Germany (Saxony), Italy (Lombardy, FRRB), Romania (UEFISCDI), Spain (GN), Spain (CDTI), Turkey (TUBITAK).***

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

1. **Signature**

|  |  |
| --- | --- |
| **Coordinator – Project Partner 1**  **Family Name:**  **First Name:**  **Institution:** | **Stamp and Signature**  **Date:** |

1. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-2)
2. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-3)
3. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-4)
4. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-5)
5. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-6)
6. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-7)
7. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-8)
8. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-9)
9. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-10)
10. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-11)
11. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-12)
12. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-13)
13. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check therefore the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-14)
14. For more information please consult: <http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/hi/oa_pilot/h2020-hi-oa-data-mgt_en.pdf> [↑](#footnote-ref-15)