# **Joint Transnational Call for Proposals (2021) for**

“Multidisciplinary Research Projects on Personalised Medicine – **Development of Clinical Support Tools for Personalised Medicine Implementation**”



**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  **the modules 1B “Clinical Research”, 2 “Towards application in health care” and 3B “Ethical, Legal and Social Aspects”.**

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

The pre-proposal was positively evaluated and I have been invited to submit a full-proposal.

* **Composition of the consortium:**

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

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

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

The project consortium includes at least two partners from two different EU Member States or Associated Countries.

The project proposal involves no more than 6 partners.

The project proposal involves no more than 7 partners after inclusion of a partner from an underrepresented country (**ANID (Chile), MSR (Croatia), ASRT ( Egypt) SMWK (Saxony); VIAA (Latvia) and TUBITAK (Turkey)**

The project proposal involves no more than one research group with its own funding.

If aresearch group with its own funding is part of the consortium, the respective partner is indicated as a full partner in this proposal template.

* **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 partners involved in the project proposal and requesting budget are eligible to receive funding from their funding organization.

For the partner participating with its own funding, a signed (written) statement is uploaded with this form on the PT-online, declaring that it will be able to run the project with its own resources.

**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) and in the financial overview in section 5 of the full-proposal form. 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 proposal MUST address the modules 1B “Clinical Research”, 2 “Towards application in health care” and 3B “Ethical, Legal and Social Aspects”.**

To address a module/research area adequately, there has to be a dedicated work package in the work plan with a topic fitting to the module. In addition, the partner responsible for the respective work package needs to have the appropriate expertise.

*Please indicate in the table below which project partner is involved in which module. Only those modules with a dedicated task for the respective partner should be indicated. Please take into account that some national/regional funding organisations can fund only a subset of modules.*

*Please indicate the work package number for each module included in the proposal.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Module** | **1A** | **1B** | **2** | **3A** | **3B** |
| Coordinator |  |  |  |  |  |
| Partner 1 |  |  |  |  |  |
| Partner 2 |  |  |  |  |  |
| Partner 3 |  |  |  |  |  |
| Partner 4 |  |  |  |  |  |
| Partner 5 |  |  |  |  |  |
| Partner 6 |  |  |  |  |  |
| WP number |  |  |  |  |  |

Keywords (from 5 up to 7)

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

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Scientific abstract (max. 2,000 characters, including 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 will 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 (****also those using with their own funding****), please fill in the following table.*

* 1. **Coordinator**

|  |  |
| --- | --- |
| 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)  Non-profit private partner  For-profit 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 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)  Non-profit private partner  For-profit 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 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)  Non-profit private partner  For-profit 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 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)  Non-profit private partner  For-profit 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 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)  Non-profit private partner  For-profit 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 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)  Non-profit private partner  For-profit 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 6**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations***

(**ANID (Chile), MSR (Croatia), ASRT ( Egypt) SMWK (Saxony); VIAA (Latvia) and TUBITAK (Turkey)**

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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)  Non-profit private partner  For-profit private partner |
| Department |  |
| Position |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country/Region |  |
| Relevant funding organisation |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Other information[[12]](#footnote-13) |  |
| 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. *Briefly summarize the work plan including the objectives, the rationale and the methodology, highlighting the novelty, originality and feasibility of the project;* 5. *Describe 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: (**ANID (Chile), MSR (Croatia), ASRT ( Egypt) SMWK (Saxony); VIAA (Latvia) and TUBITAK (Turkey)**

The maximum number of partners can be expanded 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, 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. Where applicable, also specify 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 health care is delivered and the effect of the 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 where 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 relevant patient organisations and 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 there are none to address, please explain why.*

***Proposals including a Clinical Study must include as an Annex the duly filled out form for “Exploratory Clinical Studies”*** *(template available* as Annex I to this document*).*

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* 1. **Data management strategy/plan[[13]](#footnote-14) (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) must be outlined in brief.***

*Consortia of projects selected for funding must submit a more detailed DMP (template will be provided to the respective consortia).*

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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 for a partner not eligible to be funded by one of the organisations participating in this JTC2021 but participating with its own resources: a signed statement must be included as an Annex to the full-proposal summarising the commitment of this partner to the project and demonstrating its 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 regional/national 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** | |  | |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subcontracting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

2 Please bear in mind that coordinators (and partners) shall present the projects at a midterm or final ERA PerMed symposium.

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

4Overhead costs: funding according to regional/national regulations.

1. Financial plan of the Coordinator - (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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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 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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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 cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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)**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations***

(**ANID (Chile), MSR (Croatia), ASRT ( Egypt) SMWK (Saxony); VIAA (Latvia) and TUBITAK (Turkey)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total cost** | **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 Direct Costs**  *Please specify (e.g. animal costs, provisions, licensing fees, patents, publications, etc.)* |  |  |  |
| **Overheads\*** |  |  |  |
| **Subcontracting** |  |  |  |
| **Total** | |  |  |

\* Please note that there is no common flat rate for the overheads 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’s Principal Investigator with a list of up to five relevant publications within the last five years demonstrating how he/she is suitably qualified and experienced to carry out the project (max. 1 page each, complete form below).*

* 1. **Coordinator**

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

* 1. **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**

*Only in case of inclusion of partners from underrepresented countries.* ***These partners must be eligible research groups from the following funding organisations:***  (**ANID (Chile), MSR (Croatia), ASRT ( Egypt) SMWK (Saxony); VIAA (Latvia) and TUBITAK (Turkey)**

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

1. **Signature**

*Digital signatures or scanned signatures will be accepted. These signatures should be from the principal investigators listed in part 2. An official signature of the respective institutions is not necessary. A stamp of the Coordinator’s institution (e.g. the relevant university institute or company) should be added.*

|  |  |
| --- | --- |
| **Coordinator**  **Last Name:**  **First Name:**  **Institution:** | **Stamp and Signature**  **Date:** |

The project partners below have checked their regional/national regulations. They are informed about the content of this joined application.

 Signature Partner 1:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Partner 2:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Partner 3:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Partner 4:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Partner 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Partner 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following template only has to be filled in by consortia that will perform a clinical study. Please delete if not needed.*

# Exploratory Clinical Studies - Template

|  |  |
| --- | --- |
| **APPLICANT/COORDINATINGINVESTIGATOR** | Name, address, telephone, fax, e-mail  *In case of multiple applicants the principal investigator / coordinating investigator of the trial who will assume responsibility for conducting the clinical trial, should be listed first.* |
| **TITLE OF STUDY** | *Descriptive title identifying the study design, population, and interventions.* |
| **CONDITION** | *The medical condition being studied (e.g. lymphoma, M. Parkinson)* |
| **OBJECTIVE(S)** | *Which principal research questions are to be addressed? Specify clearly the primary hypotheses that determine sample size calculation.* |
| **INTERVENTION(S)** | *Brief description of the experimental and the control treatments or interventions, if applicable: dose and mode of application.*  Experimental intervention:  Control intervention:  Duration of intervention per patient:  Follow-up per patient: |
| **KEY INCLUSION AND EXCLUSION CRITERIA** | Key inclusion criteria:  Key exclusion criteria: |
| **OUTCOME(S)** | Primary efficacy endpoint:  Key secondary endpoint(s):  Assessment of safety: |
| **STUDY TYPE** | *e.g. randomized / non-randomized, type of masking (single, double, observer blind), type of controls (active / placebo), parallel group / cross-over* |
| **STATISTICAL ANALYSIS** | Efficacy:  Description of the primary efficacy analysis and population:  Safety: *Please describe the strategy for assessment of safety issues in the study. Which are relevant safety variables?*  Secondary endpoints: |
| **SAMPLE SIZE** | To be assessed for eligibility (n = …)  To be allocated to trial (n = …)  To be analysed (n = …) |
| **TRIAL DURATION** | Time for preparation of the trial (months):  Recruitment period (months):  First patient in to last patient out (months):  Time for data clearance and analysis (months):  Duration of the entire trial (months): |
| **PARTICIPATING CENTERS** | To be involved (n): *if applicable; how many centres will be involved? Please also list the cities.* |

1. **Industry: Additional information** (such as VAT number, turnover, balance sheet) might be requested by your regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national 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 regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national 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 regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national 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 regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national 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 regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national 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 regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”. [↑](#footnote-ref-12)
12. **Industry: Additional information** (such as VAT number, turnover, balance sheet) might be requested by your regional/national agency. Please check therefore the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”. [↑](#footnote-ref-13)
13. 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-14)