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Immagine che contiene testo

Descrizione generata automaticamente

UNMET MEDICAL NEEDS

PROPOSAL APPLICATION FORM

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# **GENERAL INFORMATION**

**Report here the same information included in the proposal form**

## Project title

|  |
| --- |
|  |

## Acronym

*Max. 15 characters including spaces.*

|  |
| --- |
|  |

## Project ID

*Insert here the ID number generated by the system when you have submitted the proposal.*

|  |
| --- |
|  |

## Research Area

*Please tick (X) the appropriate box to specify the category of your application (choose only one).*

|  |  |
| --- | --- |
| 1. Cardiology |  |
| 1. Neurology |  |
| 1. Rare tumors |  |
| 1. Rare diseases |  |
| 1. Antimicrobial resistance |  |

## Keywords

*Please indicate max. 3 keywords.*

|  |
| --- |
|  |

## Total number of partners

*Please indicate the total number of partners (min 2-max 4), including the coordinator.*

|  |
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|  |

## Total requested budget (€)

*Maximum amount of € 1.250.000,00.*

|  |
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|  |  |
| --- | --- |
| **Coordinator** | |
| Principal investigator |  |
| Title |  |
| Gender |  |
| Host Institution |  |
| Type of Institution\* |  |
| Field of expertise |  |

|  |  |
| --- | --- |
| **Partner 1** | |
| Principal investigator |  |
| Title |  |
| Gender |  |
| Host Institution |  |
| Type of Institution\* |  |
| Field of expertise |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| Principal investigator |  |
| Title |  |
| Gender |  |
| Host Institution |  |
| Type of Institution\* |  |
| Field of expertise |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| Principal investigator |  |
| Title |  |
| Gender |  |
| Host Institution |  |
| Type of Institution\* |  |
| Field of expertise |  |

**\* Possible type of Host Institution: ASST, ATS, AREU, Public IRCCS, Private IRCCS, University, Research organization. For the coordinator only ASST, ATS, Public IRCCS and Private IRCCS are allowed.**

# **PROJECT DESCRIPTION**

## 

## Scientific Abstract

*Max. 1.500 characters including spaces.*

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## Scientific Background

*Max. 5.000 characters including spaces.*

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## Preliminary data

*Max. 5.000 characters including spaces.*

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## Figures, tables

*Insert here figures and tables concerning preliminary data. Max 1 page.*

## Research hypothesis and research aims

*Max 5.000 characters including spaces.*

*In this section describe:*

*- how the proposal fits in the scope of the call;*

*- the Personalised Medicine dimension of the proposed work;*

*-the objectives, the rationale and the methodology of the project, highlighting the novelty and the feasibility;*

*- the unmet medical need addressed by the proposed work and the potential impact of the project’s results on health.*

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## Experimental plan (work packages)

*Max. 10.000 characters including spaces per work package. Max 6 work packages allowed.*

*For each work package please address the following points:*

*-partners involved and role;*

*- objectives;*

*- experimental design;*

*-expected results and deliverables;*

*-added value of the consortium;*

*- pitfalls and caveats.*

*-milestones.*

|  |
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## GANNT chart

*Insert here a GANNT chart that must indicate the work packages as described in paragraph 2.6, their duration, milestones and deliverables, and partners involved.*

## List of deliverables

*Fill the table below (max 3 deliverables allowed per work package.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference WP** | **Deliverable number** | **Deliverable name** | **Month** | **Partners involved** |
| X | DX.1 | … |  |  |
|  | DX.2 | … |  |  |

## Potential impact of expected project results on the healthcare system and patient well being

*Max. 3.000 characters including spaces.*

|  |
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## 2.10 Added value of the consortium

*Max. 2.000 characters including spaces.*

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## 2.11 Dissemination of results

*Max. 3.000 characters including spaces. Please specify if the gender dimension will be considered in the dissemination of results.*

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## 2.12 Description of RRI principles, with focus on gender issues (gender equality and gender dimension aspects in the proposed research).

*Max. 3.000 characters including spaces.*

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## 2.13 Ethics

*Fill the table below.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Ethics table** | **YES** | **NO** |
| Coordinator | Does your research involve human participants (human material, healthy volunteers or patients) |  |  |
| Does your research need an ethics committee approval? |  |  |
| Does your research involve animals? |  |  |
| If YES, starting from which month of the project? (indicate the month number) |  | |
| Does your research need approval from the Ministry of Health for the use of laboratory animals? |  |  |
| Partner 1 | Does your research involve human participants (human material, healthy volunteers or patients) |  |  |
| Does your research need an ethics committee approval? |  |  |
| Does your research involve animals? |  |  |
| If YES, starting from which month of the project? (indicate the month number) |  | |
| Does your research need approval from the Ministry of Health for the use of laboratory animals? |  |  |
| Partner 2 | Does your research involve human participants (human material, healthy volunteers or patients) |  |  |
| Does your research need an ethics committee approval? |  |  |
| Does your research involve animals? |  |  |
| If YES, starting from which month of the project? (indicate the month number) |  | |
| Does your research need approval from the Ministry of Health for the use of laboratory animals? |  |  |
| Partner 3 | Does your research involve human participants (human material, healthy volunteers or patients) |  |  |
| Does your research need an ethics committee approval? |  |  |
| Does your research involve animals? |  |  |
| If YES, starting from which month of the project? (indicate the month number) |  | |
| Does your research need approval from the Ministry of Health for the use of laboratory animals? |  |  |

## Bibliography

*List max. 30 references related to the project. Please, provide the DOI and the link to the publication.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Reference** | **DOI** | **Link** |
|  |  |  |  |
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# **RESEARCH TEAMS, INFRASTRUCTURES AND PROJECT MANAGEMENT**

## 3.1 Coordinator

## 3.1.1 Team members

*Fill the table below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname | Role in the project and person months  *Max 500 characters for each team member.*  *Please, specify roles (e.g., PhD students, Post Doc researchers, technicians) and number of Person-months.* | Salary requested to FRRB | | Specify the salary requested per each year |
| YES | NO |
|  |  |  |  |  |
|  |  |  |  |  |

## 3.1.2 Infrastructures

*Max. 1.000 characters including spaces.*

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|  |

## 3.2 Partner 1

## 3.2.1 Team members

*Fill the table below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname | Role in the project and person months  *Max 500 characters for each team member.*  *Please, specify roles (e.g., PhD students, Post Doc researchers, technicians) and number of Person-months).* | Salary requested to FRRB | | Specify the amount requested/year |
| YES | NO |
|  |  |  |  |  |
|  |  |  |  |  |

## 3.2.2 Infrastructures

*Max. 1.000 characters including spaces.*

|  |
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## 3.3 Partner 2

## 3.3.1 Team members

*Fill the table below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname | Role in the project and person months  *Max 500 characters for each team member.*  *Please, specify roles (e.g., PhD students, Post Doc researchers, technicians) and number of Person-months.* | Salary requested to FRRB | | Specify the amount requested/year |
| YES | NO |
|  |  |  |  |  |
|  |  |  |  |  |

## 3.3.2 Infrastructures

*Max. 1.000 characters including spaces.*

|  |
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## 3.4 Partner 3

## 3.4.1 Team members

*Fill the table below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname | Role in the project and person months  *Max 500 characters for each team member.*  *Please, specify roles (e.g., PhD students, Post Doc researchers, technicians) and number of Person-months.* | Salary requested to FRRB | | Specify the amount requested/year |
| YES | NO |
|  |  |  |  |  |
|  |  |  |  |  |

## 3.4.2 Infrastructures

*Max. 1.000 characters including spaces.*

|  |
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## 3.5 Project management

*Max. 2.000 characters including spaces.*

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# **BUDGET**

## 4.1 Budget table

*Fill the table below.*  *The budget of each partner must be at least the 15% of the total project costs.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Personnel costs  (A) | Travel costs[[1]](#footnote-2) (B) | Materials and supplies (C) | Equipment costs [[2]](#footnote-3) (D) | Subcontracting[[3]](#footnote-4) (E) | Other direct costs (F) | Overheads[[4]](#footnote-5) (G) | Total  (A+B+C+D+E+F+G) |
| Coordinator |  |  |  |  |  |  |  |  |
| Partner 1 |  |  |  |  |  |  |  |  |
| Partner 2 |  |  |  |  |  |  |  |  |
| Partner 3 |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total |  |  |  |  |  |  |  |  |

## 4.2. Budget justification

*Please justify the budget costs requested by each partner and detail each category cost. Max. 5.000 characters including spaces.*

|  |
| --- |
|  |



## Other funding of the PIs

*Fill the table below.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PI | Funding agency | Funded amount | Period  (from year-to year) | Percentage of time dedicated to the project | Title of the project |
|  |  |  |  |  |  |

1. This category cannot exceed the 5% of the total budget per single partner. [↑](#footnote-ref-2)
2. This category cannot exceed the 20% of the total budget per single partner. [↑](#footnote-ref-3)
3. 3 This category cannot exceed the 10% of the total budget per single partner. Please remember to include under this category the amount for the audit certificate eligible for a maximum amount of € 8.000,00. [↑](#footnote-ref-4)
4. This category is calculated as 20% of all the direct costs (subcontracting costs excluded). [↑](#footnote-ref-5)