# **Joint Transnational Call for Proposals (2022) for**

“Prevention in Personalised Medicine”



**Pre-proposal application form**

**Please note:**

* **Proposals that do not meet the regional/national 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 (proposals 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 pre-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 for this call, please collect the information required (help provided through the “Call Text”, “Guidelines for Applicants” and your regional/national contact points) and 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 research area:** (1) **“Translating Basic to Clinical Research and Beyond”**, (2) **“Data and Information and Communication Technology (ICT)”** and (3) **“Responsible and Effective Implementation in Healthcare”.**

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

* **Composition of the consortium:**

**[ ]** The project proposal involves at least 3 eligible partners from at least 3 different countries participating in the fifth 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; not including patient organisations in this calculation).

**[ ]** 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 (not including patient organisations in this calculation).

**[ ]** The project consortium does not include more than two funded partners from the same country, including patient organisations or as an exception no more than three funded partners from the same country, if one of them is a patient organisation and at least one of the three partners is requesting funding to a regional funding organisation (see “Guidelines for Applicants” for specific regional/national regulations).

**[ ]** 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.

**[ ]** The project proposal involves at least one early-career researcher (ECR) as principal investigator in a consortium.

* **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 organisation.

[ ]  Italian partners requesting funds from the Italian Ministry of Health (IT-MoH) have submitted the requested national additional documents in parallel (at least 10 working days before the proposal submission deadline).

[ ]  Lombardy institutions requesting funds from “Fondazione Regionale per la Ricerca Biomedica”, FRRB, have submitted the requested regional document in parallel (at least 10 working days before the proposal submission deadline).

[ ]  Tuscany institutions requesting funds from the Tuscany Region, TuscReg, have submitted the requested regional document in parallel (at least 10 working days before the proposal submission deadline).

[ ]  Spanish partners requesting funds from the National Institute of Health Carlos III (ISCIII) and The Scientific Foundation of the Spanish Association Against Cancer (AECC-FC) provided the requested national additional application form by uploading it on the online submission tool.

[ ]  Israeli partners requesting funds from the Ministry of Health, The Chief Scientist Office, CSO-MOH, have submitted the requested national additional document in parallel (abstract approved by their research authority including budget distribution). No submission can result in declaration of the Israeli research partner as ineligible.

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

Is this submitted proposal subject to another evaluation process? [ ]  Yes [ ]  No

If YES, please specify:

|  |
| --- |
|  |

* **Submission of the research proposal to the previous ERA PerMed call:**

This application is:

 [ ]  a new proposal

[ ]  a derivate from the previous ERA PerMed call 2021

[ ]  a derivate from the previous ERA PerMed call 2020

[ ]  a derivate from the previous ERA PerMed call 2019

[ ]  a derivate from the previous ERA PerMed call 2018

1. **General information**

**Project title**

|  |
| --- |
|  |

**Acronym (max. 15 characters)**

|  |
| --- |
|  |

**Project duration (months)**

|  |
| --- |
|  |

**Total project costs (€)\***

|  |
| --- |
|  |

**Total requested budget (€)\***

|  |
| --- |
|  |

*\*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 6 of this 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 **at least one module out of each research area:** (1) **“Translating Basic to Clinical Research and Beyond”**, (2) **“Data and Information and Communication Technology (ICT)”** and (3) **“Responsible and Effective Implementation in Healthcare”.**

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 consider that some regional/national 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** | **2A** | **2B** | **3A** | **3B** |
| Coordinator  |  |  |  |  |  |  |
| Partner 1 |  |  |  |  |  |  |
| Partner 2 |  |  |  |  |  |  |
| Partner 3 |  |  |  |  |  |  |
| Partner 4 |  |  |  |  |  |  |
| Partner 5 |  |  |  |  |  |  |
| WP number |  |  |  |  |  |  |

Keywords (from 5 up to 7)

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

|  |
| --- |
|  |

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.*

|  |
| --- |
|  |

1. **Project consortium**

***For each of the partners*** *participating in the project (****also those with their own funding****), please fill in the following table. More tables can be added if patient organisations are included.*

* 1. **Project 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |
|  |
|  |
|  |

* 1. **Project partner 2**

|  |  |
| --- | --- |
| 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |
|  |
|  |
|  |

1. **Project Partner 3**

|  |  |
| --- | --- |
| 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |
|  |
|  |
|  |

1. **Project partner 4**

|  |  |
| --- | --- |
| 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |
|  |
|  |
|  |

1. **Project partner 5**

|  |  |
| --- | --- |
| 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 |  |
| Early Career Researcher | [ ]  Yes[ ]  No |
| 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) |  |
|  |
|  |
|  |
|  |

1. **Project Description (max. 5 pages)**

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

|  |
| --- |
| 1. *Background, present state of the art and preliminary results obtained by the consortium members;*
2. *Describe the work plan including the objectives, the rationale and the methodology, highlighting the novelty, originality and feasibility of the project;*
3. *Justify how the proposal fits in the scope of the call and explain the Personalised Medicine dimension of the proposed work and its added value to the scientific question addressed in the proposal;*
4. *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;*
5. *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.*
 |

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)**

|  |
| --- |
|  |

1. **In addition, two more pages can be added to the pre-proposal (optional):**
* List of references (max. 1 page)
* Page with diagrams, figures, etc. to support the work plan description (max. 1 page)

|  |
| --- |
|  |

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).*

*Please adapt the table and add tables in section 6, in the case patient organisations are included and the consortium would comprise more than 6 partners in total.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Partners** | **Coordinator** | **Partner 1** | **Partner 2** | **Partner 3** | **Partner 4** | **Partner 5** |  |
| 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** | **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)

4 Overhead 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***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***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***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***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***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***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. **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).*

*More tables can be added if patient organisations are included.*

* 1. **Project 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. **Signature**

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

1. **Industry: Additional information** (such as VAT number, turnover, balance sheet) might be requested by your regional/national agency. Please check in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-2)
2. If no funding is requested, a signed statement must be enclosed in the full-proposal at the latest, 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 in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-4)
4. If no funding is requested, a signed statement must be enclosed in the full-proposal at the latest, 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 in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-6)
6. If no funding is requested, a signed statement must be enclosed in the full-proposal at the latest, 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 in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-8)
8. If no funding is requested, a signed statement must be enclosed in the full-proposal at the latest, 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 in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-10)
10. If no funding is requested, a signed statement must be enclosed in the full-proposal at the latest, 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 in the “Guidelines for Applicants”. If no additional information is requested by your regional/national funding organisation, please write “none”.

**Patient Organisation:** please indicate here, if the respective partner is a patient organisation [↑](#footnote-ref-12)