**TRANSCAN-3**

**ERA-NET: Sustained collaboration of national and regional programmes in cancer research**

**Joint Transnational Call for Proposals 2024 (JTC 2024)**

**"Combination therapies against cancer: new opportunities for translational research"**

**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 “Arial 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, formatted in DIN-A4, 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 only one of the three specific aims listed in the call text.

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 and a maximum of partners (comprising the project coordinator) eligible for funding according to what is stablished in the call text, coming from at least three (3) different countries whose funders participate in the TRANSCAN-3 2024 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 proposal involves no more than 6 partners. The maximum number of partners can be increased up to seven (7) if certain criteria are met (Check these criteria in the call text).

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, provided that they demonstrate, that their economic and human resources have already been secured and will be available at the start of the project. (This will be requested to be demonstrated with the full-proposal submission by a written confirmation)

The project proposal involves **at least one early-career researcher (ECR) as principal investigator in a consortium which is clearly indicated**.

* **Eligibility of consortium partners:**

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 in time.

Lombardy institutions requesting funds from “Fondazione Regionale per la Ricerca Biomedica”, FRRB, have submitted the requested regional document in parallel in time.

Tuscany institutions requesting funds from the Tuscany Region, TuscReg, have submitted the requested regional document in parallel in time.

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.

Turkish partners requesting funds from The Scientific and Technological Research Council of Türkiye (TÜBITAAK), have applied via <https://uidb-pbs.tubitak.gov.tr/> in parallel to the 1st stage submission).

**1a. Project title** (maximum 150 characters, including spaces)**:**

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**1b. Project acronym** (maximum 10 characters)**:**

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**2. Project duration** (months)**:**

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**3. Project coordinator (research partner 1 in the consortium, indicating whether or not the Coordinator is an Early Career Researchers (ECR):**

|  |  |
| --- | --- |
| Name |  |
| Country |  |
| Position |  |
| Institution/Department |  |
| Address |  |
| Phone + Fax |  |
| E-mail address |  |
| Type of entity  (tick as appropriate) | ☐ Academia (universities or other higher education or research institutions)  ☐ Clinical or Public Health Sector (hospitals/public health and/or other health care settings and health organisations)  ☐ For-profit Private Organisation  ☐ Non-profit Private Organisation |

**4. Other research partners (Please indicate which Principal Investigators participate as ECR).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | Country | Name of research partner (principal investigator) | Institution, department & full address | Phone & Fax | Email address | Type of entity | | | |
| Academia | Clinical or Public Health | For-profit Private | Non-profit Private |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |

**5. Total requested funding:** € 0,00

**6. Keywords**

Please indicate three to seven keywords by using the [MeSH](https://www.nlm.nih.gov/mesh/) vocabulary representing: the scientific content (type of cancer; specific aim(s) and topic(s), see *Call Text, Chapter 2: Aim of the Call*); the methodological and technological approach(es).

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**7. Project abstract** (max 3,000 characters including spaces, equivalent to about ¾ of an A4 page)

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| The abstract should contain:   * Background, rationale * Hypothesis * Aims (primary and secondary) * Methods * Expected results and potential impact |

**8. Adherence of the proposal to the scope, aims and specific topics of the call.** Proposals will have to cover only one of the three specific undermentioned aims. Please select as appropriate.

Aim 1. Development of new tumour derived models to test new drug combination therapies.

Aim 2. Design and development of high-throughput drug combination screening platforms to test new combination therapies.

Aim 3. Use of immunotherapy and radiotherapy combinations strategies to overcome drug resistance.

Has the project been submitted elsewhere?

Yes

No

**9. Project description** (maximum 20,000 characters including spaces, equivalent to about five A4 pages)

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| This part should contain:   1. Description of a summary of the relevant literature, the project rationale in terms of medical need, and of the present state of the art in the field(s), and description of the envisioned solution for the medical need; 2. Description of the project aims; 3. Statement of the research hypothesis(es); 4. Preliminary data; 5. Description of the methods with specific regard to the study design, the study population(s), intervention/exposure, groups of comparison, and outcome of interest. Details are also needed regarding the study sample size as defined by *ad hoc* power calculations, and the strategic plan for statistical analysis; 6. Novelty and originality of the project; 7. Feasibility of the project: information about the experience of the research consortium partners in the field; management structure and related implementation plan; added value of the proposed transnational collaboration; 8. Information about the potential impact on early diagnosis or therapy, with reference to the development, dissemination and use of project results; 9. References (maximum 30 references). 10. For diagrams and figures see section 15. Annexes. |

**10. Capacity building activities (if eligible for the funding organisation/country),** (maximum 2,000 characters including spaces, equivalent to about half of an A4 page)

*Please specify whether the project will include capacity building activities. If so, please describe the nature and purpose of the planned activities taking into account information described in section 2.2 of the Call Text. The budget will have to be mentioned in the financial plan (sections 12 and 13) in the appropriate line.*

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**11. Brief CV for each partner in the research consortium** (i.e. the project coordinator and each principal investigator) including a description of the main domain of research and a list of the five most relevant publications within the last five years regarding the proposal (once converted into PDF document: max 1 page for each partner. (**Please highlight which Principal Investigators participate as ECR).**

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**12. Global financial plan: sum of year 1-3. Please describe the requested budget (grant to be covered by the funding organisation) only.**

**(Please note that eligibility of costs is subject to national rules and regulations: refer to Annex 1 of the Guidelines for Applicants).**

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| --- | --- | --- | --- | --- | --- | --- |
| Acronym: |  | | | | | |
| Partner | Coordinator | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 |
| Name (principal investigator) |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |
| Funding organisation |  |  |  |  |  |  |
| Personnel (€)   * Scientist |  |  |  |  |  |  |
| * PhD-Student |  |  |  |  |  |  |
| * Technician |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |
| Person months   * Scientist |  |  |  |  |  |  |
| * PhD-Student |  |  |  |  |  |  |
| * Technician |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |
| Consumables (€) |  |  |  |  |  |  |
| Equipment (€) |  |  |  |  |  |  |
| Study/Clinical trial (€)1 |  |  |  |  |  |  |
| Travel (€)2 |  |  |  |  |  |  |
| Capacity building (€)3 |  |  |  |  |  |  |
| Other direct costs (€)4 |  |  |  |  |  |  |
| (national) Overheads (€) |  |  |  |  |  |  |
| **Total requested budget (€)** |  |  |  |  |  |  |
| 1 If applicable: incl. clinical trial drugs/compounds, clinical trial fees and insurance.  2Travel expenses should include the participation of the coordinators and/or principal investigators in an intermediate and/or a final status symposium to present the results of their projects (organised by the Joint Call Secretariat).  3 Separate budget for capacity building activities (if eligible for the funding organisation/country).  4 e.g. subcontracting, provisions, licensing fees. | | | | | | |

**13. Individual financial plans: sum of year 1-3.**

**(Please note that eligibility of costs is subject to national/regional rules and regulations: refer to Annex 1 of the Guidelines for Applicants)**

**13.1**

|  |  |  |
| --- | --- | --- |
| Project Coordinator Partner (n.1) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.2**

|  |  |  |
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| Partner (n.2) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.3**

|  |  |  |
| --- | --- | --- |
| Partner (n.3) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.4**

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| Partner (n.4) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.5**

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| Partner (n.5) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.6**

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| Partner (n.6) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**14. Reviewers**

*Please note that providing the information below is optional. The Call Steering Committee (CSC) will consider these suggestions provided that they do not interfere with the objective and thorough evaluation of the proposal.*

Suggested reviewers for reviewing this proposal (up to five), without any conflict of interest (i.e. not working in the same institute, no co-publication in the past 5 years).

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| **Name** | **Institute** | **Email address** |
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Reviewers to be excluded from reviewing this proposal (up to five).

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| --- | --- | --- |
| **Name** | **Institute** | **Email address** |
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**15. Annexes** (to be included in this document)

* Diagrams and figures (one page maximum)
* **IF APPLICABLE:** A signed written confirmation that the project partner with own funding (also from a country/region not participating in the JTC 2024) has secured his/her funding.

**PLEASE NOTE**

* **Proposals that do not meet the national eligibility criteria and requirements will be declined without further review.**
* **Proposals must be sent in one single PDF document.**