
EURONANOMED III

JOINT TRANSNATIONAL CALL FOR PROPOSALS (2017)

FOR

**“EUROPEAN INNOVATIVE RESEARCH & TECHNOLOGICAL
DEVELOPMENT PROJECTS IN NANOMEDICINE”**

PRE-PROPOSAL APPLICATION FORM

Please note:

- **Proposals that do not meet the national eligibility criteria and requirements will be declined without further review.**
- **All fields must be completed using "Calibri font, size 11" characters.**
- **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 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 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 meets the **TOPIC/S** of the call

- The composition of the consortium:

The consortium includes research group(s) from **at least two out of the following three categories:**

- ✓ A- academia;
- ✓ B- clinical/public health research sector;
- ✓ C- enterprise (all sizes of private companies)

The project proposal involves at least 3 eligible research groups from at least 3 different countries participating in the EuroNanoMed III 8th joint transnational call.

The coordinator's institution and the majority of the partners in the consortium are from countries/regions participating in the 8th joint transnational call.

The project proposal is not involving more than two eligible research groups from the same country participating in the call.

The project proposal involves a maximum of 5 eligible research partners asking for funding. In case of inclusion of partners from underrepresented countries (Belgium, Estonia, Ireland, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey) the project involves a maximum of 7 eligible partners).

The project proposal involves a maximum of 7 partners.

- Eligibility of consortium partners:

I am not a member of EuroNanoMed III Network Steering Committee (NSC) / Call Steering Committee (CSC) or evaluation panel / External Advisory Board

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

I have verified with each partner involved in the project proposal that they are not involved in more than two 2 research proposals submitted to this call.

I have only submitted one project proposal as coordinator and none as partner.

For the non-eligible for funding partner I have enclosed in the proposal a signed statement declaring that they will run the project with their own resources.

Italian partners asking funds to the Italian Ministry of Health (IMH) have submitted the requested national additional documents in parallel ([pre-submission eligibility check](#))

German partners will submit a German application in parallel (see <http://www.vditz.de/bekanntmachung/euronanomed3>)

Norwegian partners will submit a budget in NOK to RCN in parallel (see <http://www.forskingsradet.no/en/Funding/NANO2021/1253971755975>)

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). Thousand separators and whole numbers should be used only (e.g. 200.000).**

1.1 PROPOSAL CLASSIFICATION

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

- A) Innovation applied research projects Yes No
- B) Project with high potential of applicability at short/medium term Yes No

1.2 SCIENTIFIC / TECHNICAL AREA(S)

Please tick the appropriate boxes to specify what is (are) the scientific/technical area(s) addressed by your proposal.

- Diagnostics Yes No
- Targeted delivery systems Yes No
- Regenerative medicine Yes No

1.3 KEYWORDS (FROM 5 UP TO 7)

Please list 5 to 7 keywords describing your proposal.

1.4 SCIENTIFIC ABSTRACT (MAX. 2,000 CHARACTERS, WITH SPACES)

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

1. PROJECT CONSORTIUM

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

2.1. PROJECT COORDINATOR

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation	
Phone	
Fax	
E-mail	
Other information¹	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

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

2.2. PROJECT PARTNER 2

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

2.3. PROJECT PARTNER 3

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

2.4. PROJECT PARTNER 4

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

2.5. PROJECT PARTNER 5

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

2.6. PROJECT PARTNER 6

Only in case of inclusion of partners from underrepresented countries (Belgium, Estonia, Ireland, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey)

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

2.7. PROJECT PARTNER 7

Only in case of inclusion of partners from underrepresented countries (Belgium, Estonia, Ireland, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey)

Last Name	
First Name	
Gender	
Title	
Institution	
Type of entity	<input type="checkbox"/> Academia (research teams working in universities, other higher education institutions or research institutes) <input type="checkbox"/> Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Small and medium enterprise (SME)
Department	
Position	
Address	
Postal Code	
City	
Country/Region	
Relevant funding organisation (if no funding is requested, please write "none")¹	
Phone	
Fax	
E-mail	
Other information²	
Other personnel participating in the project (please provide last and first names and positions, 1 line per person)	

¹ 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.

² Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the "Guidelines for applicants". If no additional information is requested by your national / regional funding organisation, please write «none».

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. *Objectives, the rationale, the methodology highlighting the novelty, originality and feasibility*
3. *Justify how the proposal fits in the scope of the call and explain the nanotechnology dimension of the proposed work and its added value to the scientific question addressed in the proposal [please state the Technology Readiness Levels (TRL) window where your project starts and finishes (See “Guidelines for Applicants, Annex 3”)]*
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*

If the application concerns a request for extension of a project funded in previous EuroNanoMed calls, please add 1 additional page describing the scientific results achieved in that project so far.

2.1. DIAGRAM WHICH COMPILES THE WORK PLAN, TIMELINE, SEQUENCING OF WORK PACKAGES, THE CONTRIBUTION OF THE PARTNERS TO EACH WORK PACKAGE AND THEIR INTERACTIONS (TIMEPLAN, GANTT AND/OR PERT, MAX. 1 PAGE)

2.2. 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)

4. FINANCIAL PLAN OF PROJECT BUDGET (IN €): 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 EuroNanoMed national/regional funding organisation). Thousand separators and whole numbers should be used only (e.g. 200.000).

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

1 please take into account that coordinators and partners shall present the projects at a midterm or final EuroNanoMed symposium

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

3 Overhead costs: funding according to national regulations

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

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

* Please note that there is not a common flat rate for the overhead category given by the EuroNanoMed 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.

4.2. **FINANCIAL PLAN OF PROJECT PARTNER 2 (IN €): PLEASE MAKE SURE THAT THE SAME FIGURES ARE ENTERED IN THE SECTIONS THAT NEED TO BE COMPLETED ONLINE (PT-OUTLINE SUBMISSION TOOL)**

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

4.3. FINANCIAL PLAN OF PROJECT PARTNER 3 (IN €): PLEASE MAKE SURE THAT THE SAME FIGURES ARE ENTERED IN THE SECTIONS THAT NEED TO BE COMPLETED ONLINE (PT-OUTLINE SUBMISSION TOOL)

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

4.4. FINANCIAL PLAN OF PROJECT PARTNER 4 (IN €): PLEASE MAKE SURE THAT THE SAME FIGURES ARE ENTERED IN THE SECTIONS THAT NEED TO BE COMPLETED ONLINE (PT-OUTLINE SUBMISSION TOOL)

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

4.5. FINANCIAL PLAN OF PROJECT PARTNER 5 (IN €): PLEASE MAKE SURE THAT THE SAME FIGURES ARE ENTERED IN THE SECTIONS THAT NEED TO BE COMPLETED ONLINE (PT-OUTLINE SUBMISSION TOOL)

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

4.6. 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 (Belgium, Estonia, Ireland, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey)

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

4.7. FINANCIAL PLAN OF PROJECT PARTNER 7 (IN €): PLEASE MAKE SURE THAT THE SAME FIGURES ARE ENTERED IN THE SECTIONS THAT NEED TO BE COMPLETED ONLINE (PT-OUTLINE SUBMISSION TOOL)

Only in case of inclusion of partners from underrepresented countries (Belgium, Estonia, Ireland, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey)

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

* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed 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.

5. BRIEF CVs OF CONSORTIUM PARTNERS

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

5.1. PROJECT COORDINATOR

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

5.2. PROJECT PARTNER 2

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

5.3. PROJECT PARTNER 3

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

5.4. PROJECT PARTNER 4

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

5.5. PROJECT PARTNER 5

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

5.6. PROJECT PARTNER 6 (ONLY IF YOU COUNT WITH PARTNERS FROM BELGIUM, ESTONIA, IRELAND, LATVIA, LITHUANIA, ROMANIA, SLOVAKIA, TAIWAN, AND TURKEY)

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

5.7. PROJECT PARTNER 7 (ONLY IF YOU COUNT WITH PARTNERS FROM BELGIUM, ESTONIA, IRELAND, LATVIA, LITHUANIA, ROMANIA, SLOVAKIA, TAIWAN, AND TURKEY)

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

SIGNATURE

Project Consortium Coordinator Family Name: First Name: Institution:	Stamp and Signature Date:
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