**French-German call for projects on antimicrobial resistance 2019**

**“Resistance to antibiotics, focusing on critical resistant bacteria from the WHO priority-1 list of pathogens, and resistance to antifungals“**

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**Proposal application form**

**Checklist for the Coordinator:**

You must be able to tick all the boxes in order to be eligible to apply to the call

* **General conditions:**

The project proposal addresses bacteria from the WHO priority-1: critical list of pathogens or yeast/molds.

The project proposal targets at least one of the four topics listed in the call text.

The TRLs of the project correspond to the TRLs specified in the call topic to which the project relates.

* **The composition of the consortium and eligibility of the consortium partners:**

The project proposal involves at least 1 eligible research partner from each country participating in the call.

The consortium coordinators and each of the additional consortium partner asking to be financed are eligible to receive funding from the two funding organisations participating in the call.

The country-specific budget limit per country/project is not surpassed.

All consortium partners will submit a written and signed statement confirming their participation in the project.

**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 Arial 11, single-spaced, margins of 1.5 cm. The section “Project description” (points 1a to 12) must not exceed a maximum of 20 pages. Incomplete proposals, proposals using a different format or exceeding length limitations of any section will be rejected without further review. Please remove instructions in the final application.**
* **Once completed the proposal must be converted in a single PDF document before being uploaded to the submission website. Only one proposal per international consortium must be submitted.**
* **In case of inconsistencies 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.**

**General Information**

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| --- | --- |
| **Acronym (max. 20 characters)** |  |

**Project title**

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| --- | --- | --- | --- |
| **Project duration** | |  | **months** |
| **Start date** |  | **End date** |  |

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| --- | --- | --- |
| **Total requested funding** |  | € |

**Total funding applied at ANR: applied at BMBF:**

€ €

**Keywords**: please identify between three and seven keywords that represent the scientific content (domain, pathogen, disease etc.), approach(es), tools (animal models, OMICS, etc.)

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**Project abstract**: (max. ½ page). Please give a short and precise summary of the objectives of the project and how they will be achieved. Please note: this abstract will be use as the short description of your proposal in the evaluation process and in communications to potential remote referees. If your proposal is selected for funding, either of the national funding agencies could use this abstract for communication purposes. It should therefore not contain confidential information.

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**Consortium description**

**French coordinator:**

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| --- | --- |
| **Family Name, first Name** |  |
| **Institution** |  |
| **Department/Division** |  |
| **Position** |  |
| **Address** |  |
| **Zip code, City Country** |  |
| **E-mail address** |  |
| **Type of entity** | Academia, Clinical or Public Health, SME or Industry |
| **Type of entity (public/private-for-profit/private-non-for-profit)** |  |

**German Coordinator:**

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| **Family Name, first Name** |  |
| **Institution** |  |
| **Department/Division** |  |
| **Position** |  |
| **Address** |  |
| **Zip code, City Country** |  |
| **E-mail address** |  |
| **Type of entity** | Academia, Clinical or Public Health, SME or Industry |
| **Type of entity (public/private-for-profit/private-non-for-profit)** |  |

**Research Partners:**

1. Research partners asking for funding:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner (principal investigator)** | **Institution, Department, full affiliations (address, zip code, City, Country, phone)** | **Email address** | **Type of entity Academia, Clinical or Public Health, SME and Industry** | **Type of entity (public/private-for-profit/private-non-for-profit)** |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| … |  |  |  |  |  |

**Scientific area :**

Choose one or more scientific area(s) relevant to your project:

I. Microbiota-based prevention and treatment strategies

II. Antibacterials with new modes of action

III. Investigations of the emergence, dissemination and burden of resistance

IV. Resistance to antifungals

**Project description**

**1a. Background and current state of the art in the research field** (max.1 page)

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**1b. Description of working hypothesis and preliminary results obtained by the consortium members**  (max. 1pages)

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**2. Description of the aims of the proposed research in order of priority (max. ½ pages)**

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| Aim No. | Description | Partner(s) responsible for the aim / workload |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| N |  |  |

**3. Work plan** (max. 12 pages), it must contain:

* Description of the working program including the importance of the research, objectives, the rationale and the methodology; highlighting the novelty, originality and feasibility of the project.
* Description of the research team and environments
* Clearly defined responsibilities and workloads [expressed in person months] of each participating research partner, time plan, including project coordination and management;
* References
* Figures

Please use the following table for detailing the distribution of work in person months (PM) in different work packages (WP) (*adapt as necessary*):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner (principal investigator)** | **WP1 (PM)** | **WP2 (PM)** | **WP3 (PM)** | **WP4 (PM)** | **WP5 (PM)** | **WP6 (PM)** | **WPxx (PM)** | **SUM** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
|  | SUM |  |  |  |  |  |  |  |  |

**4. Diagram which compiles the work plan, timeline, sequencing of work packages, the contribution of the partners to each work package and their interactions** (Gantt chart, Pert or similar, max. 1 page)

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**5. Description of the added value of the proposed bilateral collaboration** (max. **½** page)

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**6. Potential impact that the results of your proposed work will have on future clinical, public health policies tackling antimicrobial resistance** (max. **½** page)

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**7. Explain how you are going to exploit and disseminate your research results and outline your data management plan (Knowledge management strategy).** (max. **½**page**)**

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**8. Indicate your Management Plan for the Data:** Will the project share the research data? If yes, please answer the following questions. If data cannot be made available, explain why. (max. **½** page)

* **What types of data will the project generate/collect?**
* **How will this data be exploited and/or shared/made accessible for verification and re-use?**
* **How will this data be curated and preserved?**

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**9. Please list any potential risks associated with the project** (max. ½ page)

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**10. Statement on ethical and legal issues for each participant according to national regulations** (i.e. If the research does not raise any ethical or legal issues, this should also be stated. If any ethical permit is required, include status of permit (not applied / under review / permit granted and date of submission / approval). Pertains to data protection, human, participation, use of animals in accordance with the suggestions of the NAGOYA protocol[[1]](#footnote-2) and of the ARRIVE-Guidelines[[2]](#footnote-3),[[3]](#footnote-4) (max. ½ page)

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**11. Description of patents and present / future position with regard to intellectual property rights, both within and outside the consortium** (e.g. any barriers to sharing materials or translating the results into clinical application)(max. ½ page)

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**12. Description of ongoing or submitted research grants of each participating partner related to the present topic** (indicating funding sources [include at least: ID number, amount and duration of funded project; funding agency] and possible overlaps with the project proposed) (max. 1 page)

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**13. Overall Financial plan: Please describe the requested budget and the total cost per category and partner for the entire funding period**

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| **Acronym:** |  |
| No. |  | **(Project coordinator - FR)** | **(Project coordinator – DE)** | Partner 3 | Partner 4 | Partner … |
| Name (principal investigator) |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |
| Funding organization |  |  |  |  |  |  |
| Person Months, € (1)**\*** |  |  |  |  |  |  |
| Person Months, € (2)**\*** |  |  |  |  |  |  |
| Person Months, € (3)**\*** |  |  |  |  |  |  |
| Person Months, € (4)**\*** |  |  |  |  |  |  |
| Personnel € | Sum requested |  |  |  |  |  |
| Total |  |  |  |  |  |
| Consumables € | Requested |  |  |  |  |  |
| Total |  |  |  |  |  |
| Equipment € | Requested |  |  |  |  |  |
| Total |  |  |  |  |  |
| Travel €\*\* | Requested |  |  |  |  |  |
| Total |  |  |  |  |  |
| Other direct costs €\*\*\* | Requested |  |  |  |  |  |
| Total |  |  |  |  |  |
| Overheads €\*\*\*\* |  |  |  |  |  |  |
| **Total cost of the project** |  |  |  |  |  |  |
| **Funding rate %** |  |  |  |  |  |  |
| **Total requested budget €** |  |  |  |  |  |  |
|  | \*Please detail number of person months (PM), qualification (**Si**: scientist, e.g. postdoc; **PhD**: PhD-student; **N**: non-scientist, e.g. technician; **Ot**: other) and € requested. Please use one cell per person to provide this information. Please note that students are funded according to national regulations | | | | |  |
|  | \*\*Travel expenses should include the participation of the coordinators and/or partner leaders at an intermediate and/or a final status symposium to present the results of their projects (organized by the Joint Call Secretariat) | | | | |  |
|  | \*\*\*e.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according legal framework and funding body regulations) | | | | |  |
|  | \*\*\*\*Overhead costs: funding according to national legal framework and funding body regulations. | | | | |  |

**14.** **Detailed financial plan of each project partner covering the entire funding period**

Please copy and paste a new table for each partner of the consortium (funded and not funded)

| **Partner 1 :Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Requested** | **Costs** |
| **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, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

**15. Brief CVs for each participating partner leader** (A CV of all consortium partners must be integrated into this submission form. The CV of other contributors, depending on their level of involvement, may also be added. A joint CV must not exceed 2 pages and must include a list of no more than 5 principal publications. However, it will be possible to include a link in order to access CVs that are more detailed and/or a more comprehensive list of publications.) (max. 1 page per partner leader)

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**Date and signature of coordinators**

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**16. Letter of Intent signed by each partner leader: Declaration on their willingness to cooperate within the research consortium** (Please feel free to add additional aspects, modify or delete this recommendation.)

Hereby, all involved project leaders of the research project ………………………..confirm, that all information given in this proposal are correct and complete. Additionally, all project leaders are aware of the French-German call for projects on antimicrobial resistance 2019 launched by the French Ministry of Higher Education, Research and Innovation (MESRI) and the German Federal Ministry of Education and Research (BMBF) and agree to the submission of this project proposal to the call. All project partners confirm their willingness and their commitment to cooperate and act jointly (according to the working plan) in order to efficiently achieve the goal of the project. Furthermore, they agree to ensure a smooth exchange of information and make every effort to clarify or solve arising problems within the consortium with the intention to guarantee a successful joint project.

All project partners agree to comply with their respective national regulations.

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| --- | --- | --- | --- |
|  | **Institution** | **Project leader** | **Signature** |
| **Project coordinator – FR** |  |  |  |
| **Project coordinator – DE** |  |  |  |
| **Partner 3** |  |  |  |
| **Partner 4** |  |  |  |
| **Partner …** |  |  |  |

1. https://www.cbd.int/abs/text/default.shtml [↑](#footnote-ref-2)
2. The ARRIVE Guidelines: Animal Research: Reporting of In Vivo Experiments. Originally published in PLOS Biology, June 2010 https://www.nc3rs.org.uk/arrive-guidelines [↑](#footnote-ref-3)
3. <http://www.nc3rs.org.uk/responsibility-use-animals-bioscience-research> [↑](#footnote-ref-4)