**JPI-EC-AMR Joint Transnational Call for Proposals 2019**

**“Diagnostics and surveillance of antimicrobial resistance: development of tools, technologies and methods for global use”**

**Pre-proposal application form**

**Checklist for the Coordinator:**

***In order to make sure that your proposal will be eligible to this call, please collect the information required to cross 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 theobjectives of the **TOPIC(S)** included in this call

* **Eligibility:**

Consortium coordinator is eligible for funding from a funding organisation participating in the call.

Consortium has a minimum of three (3) partners, from at least three (3) different countries, eligible for funding from funding organizations participating in the call.

Funding must come from at least three (3) funding organizations participating in the call, however, if a member of the consortium is from a LMIC, there may be a minimum of two funding organizations. Additional national rules by funders may also apply (see Annex B of the call text).

Consortium has amaximum of six (6) partners (including non-funded partners, see table below), or seven (7) partners in the case of the inclusion of partners from Czech Republic, Latvia or Poland. Partners not asking for funding must also be noted in the project proposal.

Consortium has not more than two (2) non-funded partners contributing substantially to the work packages providing own funding (see table below). The budget of non-funded partners shall not exceed 30% of the total transnational project budget requested.

Maximum number of partners from each participating country per project indicated in Annex B has to be respected.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of partners requesting funding (eligible partners)** | 3 | 4 | 5 | 6 | 6  (only with at least a partner from Czech Republic, Latvia or Poland) | 7  (only with at least a partner from Czech Republic, Latvia or Poland) |
| **Maximum number of additional partners with own funding** | 2 | 2 | 1 | 0 | 1 | 0 |

* **Eligibility of consortium partners:**

Each partner involved in the project proposal is eligible to receive funding by its funding agency. Non eligible partners are aware of their ineligibility to receive funding and a signed statement declaring that they will conduct the project with their own resources included in the proposal.

(if applicable) Italian partners involved in the proposal and requiring funding to the Italian Ministry of Health have submitted a pre-submission eligibility check form to their National funding organization – IT-MoH – at least seven (7) working days before the submission deadline.

**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 1.27 cm. The document format is A4. Incomplete proposals, proposals using a different format or exceeding length limitations of any sections will be rejected without further review.
* Instructions should be removed in the final application.
* The pre-proposal must be converted into a single PDF document before being uploaded to the submission website.
* In the 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.

**1.a Project Title: (max. 150 characters including blanks)**

**1.b Project acronym: (max. 20 characters)**

**2. Consortium coordinator (Partner 1):**

|  |  |
| --- | --- |
| **Family name, First name** |  |
| **Institution** |  |
| **Department** |  |
| **Position** |  |
| **Address** |  |
| **Zip/postal code** |  |
| **Town** |  |
| **Country** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail address** |  |
| **Type of entity** | Academia, Clinical or Public Health, SME and Industry |
| **Status (public/private-for-profit/private-non-for-profit)** |  |

**3. Research Partners:**

3a. Research partners requesting funding:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Zip code, City, Country** | **Research Partner (Principal Investigator)** | **Affiliation:**  **Institution, Department, (Address, phone + fax)** | **Email Address** | **Type of entity: (Academia, Clinical or Public Health, SME or Industry)** | **Type of entity: (public/private-for-profit/private-non-for-profit)** |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  | (only possible with inclusion of Czech Republic, Latvia or Poland) |  |  |  |  |

3b. Associated research partners not asking for funding:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Zip code, City, Country** | **Research Partner (Principal Investigator)** | **Affiliation:**  **Institution, Department, (Address, phone + fax)** | **Email Address** | **Type of entity: (Academia, Clinical or Public Health, SME or Industry)** | **Type of entity (public/private-for-profit/private-non-for-profit)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**4. Project duration** (max. 36 months):

**5. Total requested funding** (€)**:**

**6. Keywords**

Identify between three (3) and seven (7) keywords that represent the scientific content.

**7. Scientific area**

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

Development of strategies, tools, technologies, and methods for the detection, monitoring, profiling and/or surveillance of antimicrobial resistance and dynamics leading to resistance

Facilitation and implementation of the uptake and use of existing strategies, tools, technologies, and/or methods for the detection, monitoring, profiling and surveillance of antimicrobial resistance and dynamics leading to resistance

**8. Abstract** (max. 1600 characters including spaces)

**9. Project description:** (max 5 pages). The project description should include:

* Background, current state of the art and preliminary results;
* description of the knowledge gap, unmet medical/societal need or One Health benefit and/or technical or implementation challenge that is addressed by the proposed work;
* objectives, rationale, and methodology highlighting the novelty, originality and feasibility;
* diagrams of the work plan, timeline, work flow and interconnections of work packages (Gantt chart, Pert or similar).

**10. Impact** (max 1 page)

* Expected impact on AMR (with One Health perspective if relevant) of the results of your proposed work;
* specific added value achieved by transnational collaboration, particularly if LMICs are included;
* expected impact on LMIC diagnostics and surveillance capabilities (if any).

**11. Ethical considerations** (max 1 page)

**12. Consortium** (max 1 page per partner)

* Role and responsibilities of partners (for each partners individually). Comment on how full participation and integration of partners in the project is allowed and facilitated;
* history of partnership (e.g. how was it established, length of time working together). Highlight any prior work related to partnership;
* (if applicable) identification of how the priorities/interests of LMIC stakeholders/partners are included in the proposed work.

**13. References** (max 1 page)

**13.** **Budget table** (see final page of template)

**14. Brief CV of each Principal Investigator** (max. 1 page per Principal Investigator)

The CV for each Principal Investigator should include a description of PIs main domain of research and a list of the five (5) publications most relevant to the project published within the last five (5) years.

**15. Date and signature of the coordinator** (electronic or scanned signature possible)

**16. Budget plan of the project** (only requested budget)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acronym: | |  |  |  | |  | | | | |
| No. | |  | Partner 1  (Project coordinator) | Partner 2 | Partner 3 | | Partner 4 | Partner 5 | Partner 6 | Partner 7  (only possible with inclusion of Czech Republic, Latvia or Poland) |
| Country | |  |  |  |  | |  |  |  |  |
| Funding organization | |  |  |  |  | |  |  |  |  |
| Personnel € | | Requested |  |  |  | |  |  |  |  |
| Total cost |  |  |  | |  |  |  |  |
| Consumables € | | Requested |  |  |  | |  |  |  |  |
| Total cost |  |  |  | |  |  |  |  |
| Equipment € | | Requested |  |  |  | |  |  |  |  |
| Total cost |  |  |  | |  |  |  |  |
| Travel €1 | | Requested |  |  |  | |  |  |  |  |
| Total cost |  |  |  | |  |  |  |  |
| Other direct costs €2 | | Requested |  |  |  | |  |  |  |  |
| Total cost |  |  |  | |  |  |  |  |
| Overheads €3 | | Requested |  |  |  | |  |  |  |  |
| Total cost |
| Total requested budget € | |  |  |  |  | |  |  |  |  |
| Total cost of the project | |  |  |  |  | |  |  |  |  |
|  | 1Travel expenses should include the participation to intermediate and final status symposia which will be organized by the Joint Call Secretariat  2 e.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according national regulations)  3 Overhead costs and eligible expenses: funding according to national legal framework and funding body regulations | | | | | | | | |
|  | **Applicants are encouraged to confirm their eligibility with their national contact points.** | | | | | | | | |