# Pre-Proposal Application Form

**1. Acronym:**

**2. Project Title:**

**3. Project Coordinator:**

|  |  |
| --- | --- |
| Name |  |
| Institution/Department |  |
| Position |  |
| Address |  |
| Country |  |
| Phone + Fax |  |
| Email |  |

**4. Partners:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Country | Name of the group leader | Institution and full affiliations (e.g. address, phone + fax, email) |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6**[[1]](#footnote-2)\*** |  |  |  |

**5. Total funding applied for:** €

**6. Have you applied to other funding schemes or ERA-NETs with a similar proposal?**

yes / no

If yes, please specify:

**7. Description of the project** (max. 5+1 pages): *Description of the working programme including the objectives, the rationale, the methodology highlighting the novelty, originality and feasibility as well as the added value of the collaboration (five pages maximum). An appendix with diagrams, figures, etc. may be provided (one page maximum).*

**8. Brief CV for each group leader** *(only one CV per group, max. 1 page each):* *including*

* *a list of up to five relevant publications within the last five years which demonstrate the competence to carry out the project,*
* *the description of patents, and*
* *the ongoing projects related to the present topic,* *indicating funding sources and possible overlaps with the pre-proposal.*

*The year of the doctoral dissertation (or equivalent) has to be clearly stated in the CV.*

**NOTE:** Further annexes are not allowed. Any annex will be removed before further considering the pre-proposal for peer review.

**Electronic proposal submission is mandatory (http://www.neuron-eranet.eu). It is absolutely mandatory to meet the deadline for submission and carefully follow the format of the pre-proposal structure (DIN-A4; font: Arial, 10pt; page limits). Proposals not meeting the formal criteria will be rejected.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ERA-NET NEURON Call 2019** | | | | | |  | | |  | | |  | |  | |  |
|  | Pre-proposal: Budget plan of the project | | | | | |  | | |  | | |  | |  | |  |
|  | Project Acronym: | | | | | | | | | | | | | |  | |  |
|  |  | Coordinator | | Partner 2 | | Partner 3 | | Partner 4 | | | Partner 5 | | | Partner 6**\*** | |  | |
|  | **Name (group leader)** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Institution** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Country** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Funding organisation** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **PROJECT COSTS (€)** |  | |  | |  | |  | | |  | | |  | | **Total** | |
|  | **Personnel €** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Consumables €** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Equipment €** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Travel €1** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Other direct costs €2** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Overheads €3** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Total budget €4** |  | |  | |  | |  | | |  | | |  | |  | |
|  | **Requested budget €5** |  | |  | |  | |  | | |  | | |  | |  | |
|  |  |  |  | |  | | | |  | | |  | | |  | |  |
|  | **We strongly recommend checking the national call texts and consulting with the national/regional contact points (see next page).** | **1 When planning the travel costs, please take into account that coordinators and PIs shall present the projects at a midterm symposium taking place during a NEURON conference (cf. call text).**  **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**  **5 PIs from countries using full cost model shall give here the proportion of their total budget requested from the funding organization** | | | | | | | | | | | | | | | |

**Check with National Contact Points** (to be completed by the coordinator)

I have contacted all the consortium partners listed below and referred them to their national/regional contact points (as listed in the NEURON Call Text) to consult on the national eligibility rules and funding regulations of the respective funding organization.

Project Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The partners below have checked their national/regional regulations:

Partner 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **\*The total number of research groups in a consortium is limited to five. Only consortia including partners from Latvia, Romania and Slovakia may increase the total number of partners to six. For further regulations concerning the composition of the consortia please refer to the call text.** [↑](#footnote-ref-2)