



Call for proposals 2021 HPN-AM France - FMR

Proposal form



Project identification *(max 1 page)*

Title

Duration

(max 18 months)

Requested budget

Category

- Basic research
- Translational research
- Clinical investigation
- Real world evaluation or study
- Other (please specify):

Résumé non confidentiel **grand public vulgarisé** en français

Non-confidential scientific abstract in English

Principal Investigator (PI) Identification *(max 1 page)*

Title	
NAME	
First name	
Email	
Phone	
Research team name	
Unit code (EA, UMR...)	
Institutional affiliation	<i>(fund management organization)</i>
Address	<i>(primary affiliation)</i>
Permanent ?	<i>Yes/no If not, please provide a proof of your employment during the project</i>

CV of PI with 5 most relevant publications of the last 5 years

Scientific partners identification (*max 1 page*)

- Title - NAME Firstname - Unit code - Institutional affiliation	- Competence and experience in the field of the proposal - Max 3 most relevant publications)	- Contribution to the project

Excluded reviewers			
N°	Reviewer Name	Affiliation	Explanation
1			
2			

Project description

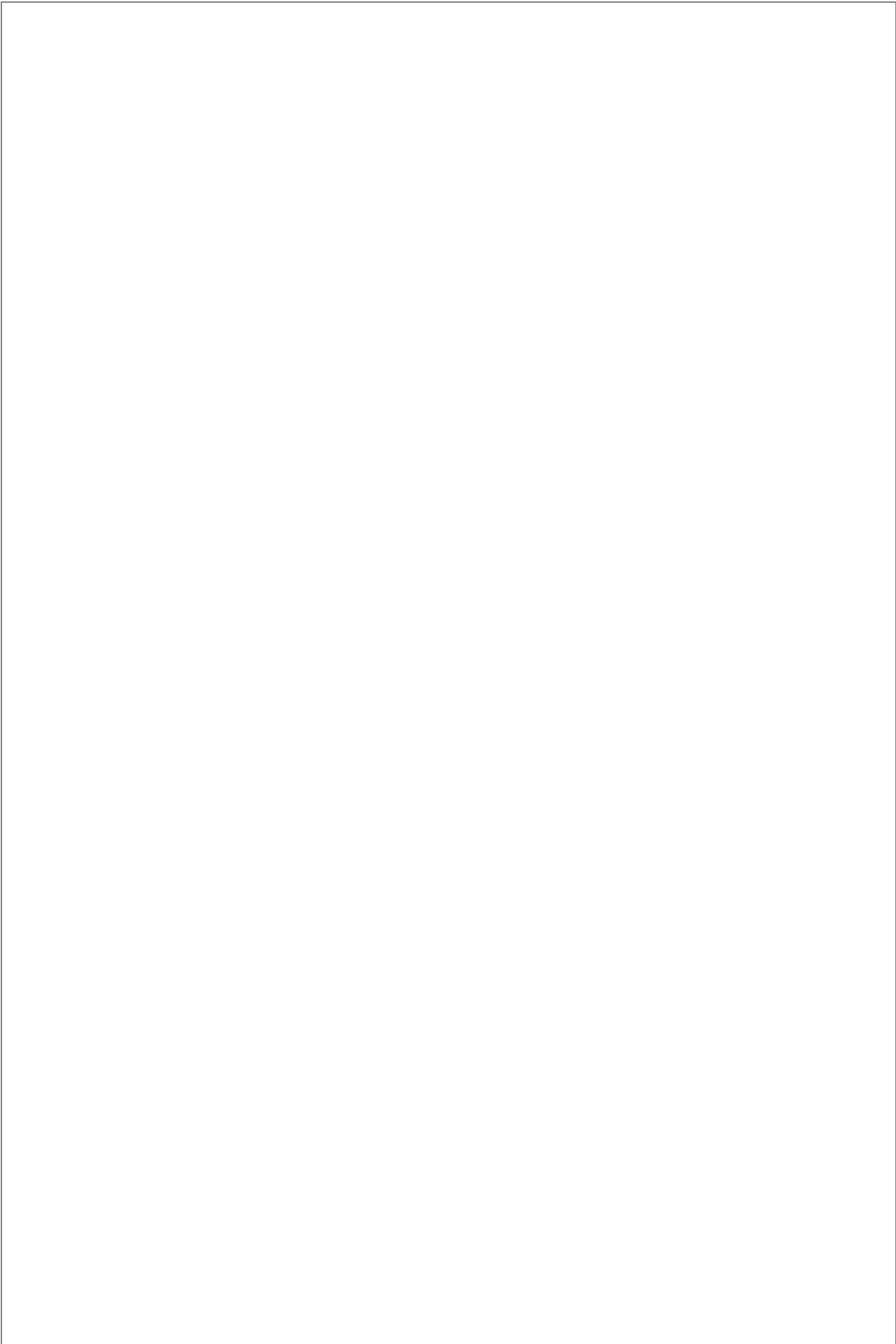
01. Need for research rationale: description of the unmet need that is addressed by the proposed work; present state of the art, recent insight from literature, preliminary/previous results obtained (max. 1 page)

02. Research question(s), main and secondary hypothesis (max. ½ page)

03. Soundness and pertinence: innovative aspects, originality, novelty (max. ½ page)

04. Research strategy, study type, methodologies presentation and justification. If applicable:

- enrolment: study location(s), inclusion/exclusion criteria, total number of corresponding patients followed by partners and collaborators of the project;
- number of participants calculation: description, justification, expected response rate;
- statistical power: appropriate statistical methods description. (max. 2 pages)



05. Results: description of expected results and their implementation; impact: description of the potential impact of the expected results on the addressed unmet need; Benefits: description of individual and collectives benefits that could be expected; Description of expected clinical outcomes (max. ½ page)

06. Effective measures to exploit and disseminate the project results, to communicate the project, and to manage research data (max. ½ page)

07. Ethical, legal, GDPR issues management plan description, including: the recruitment of participants (e.g. direct/indirect incentives for participation, the risks and benefits for the participants etc.), the material collection (e.g. sensitive or personal data etc.), ensuring the wellbeing, consent ((max. ½ page)

08. Bibliography

09. Tasks, timeline, budget

<i>Please add as many columns as needed</i>	Task 1	Task 2	...
Synopsis <i>In few words</i>			
Timeframe			
Total budget <i>(already acquired + requested budget)</i>			
Amount requested for Salary ⁽¹⁾			
Amount requested for Consumables ⁽²⁾			
Amount requested for Equipment ⁽²⁾			
Amount requested for Travel ⁽³⁾			
Additional source(s) of funding ⁽⁴⁾			

(1) 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

(2) Please detail what and € requested

(3) Please detail reason, destination and € requested

(4) Please detail source, status (requested or received) and amount

General Data Protection Regulation

In the framework of this form, we collect Personal Data freely provided by the user including (but not limited to): name, email address, and any other details specifically asked in the survey. We do not share personally identifiable information with unrelated Third Parties. However, we may disclose, transfer, or share your Personal Data - anonymized or in its original format- with certain third parties without further notice to you, only for reasons related to the purposes of this survey.

I agree with the following conditions:

Information and Data protection conditions

The information of this form will be used for this purpose only and may be shared within Fondation Maladies Rares or HPN-AM France or external experts. The information you should provide includes personal data referred to contact details, such as your name, email address and phone number. Personal data will be collected to allow contacting for further details, if needed. No sensitive data will be collected.

All the collected data will be kept confidential and will not circulate beyond Fondation Maladies Rares, HPN-AM France and external experts.

All the information will be made available in an aggregated manner (e.g. cumulative data and statistics).

Fondation Maladies Rares will be responsible for the collection of personal data (see Privacy policy).

Fondation Maladies Rares will be responsible for processing the personal data.

I have read the above information and:

I authorise the processing of personal data, in compliance with the European General Data Protection Regulation, Reg (EU) 2016/679 for the specific purpose they are collected (any communication of personal data to private or public subject will be allowed only for the specific purpose they are collected).

I authorise to be contacted for involvement in future collaborative initiatives, which might fall within the scope of my research activity.

I authorise to be contacted for dissemination and communication activities (e.g. newsletters, invitations to meetings).

Signature of the PI (mandatory)

Stamp and signature of your fund management organization (mandatory)