

**APPEL À PROJETS**

**« Preuves de concept thérapeutiques innovantes dans les maladies rares »**

CALL FOR PROPOSALS - PREPROPOSAL

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| **Project identification** |
| Title |  |
| Duration |  |
| Budget |  |
| Category |
| Category of the developed therapy | [ ]  Chemical entity [ ]  Repurposed molecule [ ]  Biologics[ ]  Gene therapy [ ]  Cell therapy[ ]  Other: |
| Maturity level of the POC  | [ ]  in vitro [ ]  in vivo [ ]  clinical[ ]  Other: |
| Rare disease group and/or rare disease (with ORPHAcode) concerned |  |

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| --- |
| **Principal Investigator (PI)**  |
| Title |  |
| SURNAME |  |
| First name |  |
| E-mail address |  |
| Institution |  |
| Department |  |
| Laboratory |  |
| Team |  |
| Address |  |
| Phone |  |

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| FSMR(s) concerned by the project:*For more information please consult* [*https://www.filieresmaladiesrares.fr/*](https://www.filieresmaladiesrares.fr/) |

[ ]  AnDDI- Rares

*Anomalie du développement et déficience intellectuelle de causes rares*

[ ]  BRAIN TEAM

*Maladies rares à expression motrice ou cognitive du système nerveux central*

[ ]  Cardiogen

*Maladies cardiaques héréditaires ou rares*

[ ]  DefiSciences

*Maladies rares du neurodéveloppement*

[ ]  Fai2r

*Maladies auto-immunes et auto-inflammatoires systémiques rares*

[ ]  FAVA MULTI

*Maladies vasculaires avec atteinte multisystémique*

[ ]  FILFOIE

*Maladies hépatiques rares de l’enfant et de l’adulte*

[ ]  Filnemus

*Maladies neuromusculaires*

[ ]  FILSAN

*Sclérose latérale amyotrophique et autres maladies rares du neurone moteur*

[ ]  Fimarad

*Maladies rares en dermatologie*

[ ]  FIMATHO

*Maladies rares abdomino-thoraciques*

[ ]  FIRENDO

*Maladies rares endocriniennes*

[ ]  G2M

*Maladies héréditaires du métabolisme*

[ ]  MaRIH

*Maladies rares immune-hématologiques*

[ ]  MCGRE

*Maladie constitutionnelles rares du globule rouge et de l’érythropoïèse*

[ ]  MHEMO

*Maladie hémorragiques constitutionnelles*

[ ]  MUCO CFTR

*Mucoviscidose et affections liées à une anomalie de CFTR*

[ ]  NeuroSphinx

*Malformations pelviennes et médullaires rares*

[ ]  ORKID

*Maladies rénales rares*

[ ]  OSCAR

*Maladies rares de l’os, du calcium et du cartilage*

[ ]  RespiFIL

*Maladies respiratoires rares*

[ ]  SENSGENE

*Maladies rares sensorielles*

[ ]  TeteCou

*Maladies rares de la tête, du cou et des dents.*

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| **Non-confidential abstract in English** (1500 characters including spaces) |
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| **Scientific partners**  |
| SURNAME Firstname | Title / Status | Institution / Laboratory  | Role in the project |
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**PROJECT DESCRIPTION**

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| **1. State of the art** (max. 1 page) |
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| **2. Objectives and rationale of the project** (max. 1/2 page) |
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| **3. Originality and innovative aspects** (max. 1 page) |
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| **4. Research strategy, methodology** (max. 1 page) |
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| **5. Preliminary results** (max. 1/2 page) |
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| **6. Project implementation:** feasibility (stages, milestones and financial issues), synergy between partners involved, access to patients (max. 1 page) |
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| **7. Expected clinical development and expected partnership with industrial companies** (max. 10 lines) |
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| **8. Effective measures to protect, exploit and disseminate project results** (existing IP, patents, measures to secure the access of treatments for patients) (max. 15 lines) |
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| **9. Collaboration envisaged with the FSMR(s) involved in the project** (max. 10 lines) |
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| **10. CV of the PI** (max. 1 page) |
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| **Reviewers**  |
| Excluded reviewers |
|  | SURNAME Firstname | Institution / Laboratory | Justification |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**BUDGET**

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| **Tasks, timeline and budget** |
| Category | Details | Year 1 | Year 2 |
| Subcontracting activities(1) |  |  |  |
| Salary(2) |  |  |  |
| Consumables(3) |  |  |  |
| Equipment(3) |  |  |  |
| Mission expenses(4) |  |  |  |
| TOTAL requested for the project |  |
| Additional sources of funding(5) |  |

*(1) Subcontracting activities may represent a small part of the total budget requested. Please detail who will perform subcontracting activities internally and externally.*

*(2) 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 amount requested.*

*(3) Please detail what and amount requested.*

*(4) Please detail reason, destination and amount requested.*

*(5) 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 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 AFM-Téléthon 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, AFM-Téléthon and external experts who are bound by a confidentiality agreement.

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.

**DECLARATION**

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

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

**SIGNATURES**

Signatures can be provided as electronic or scan copy.

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| **Signatures of the scientific partners**  |
|  | PI | Lab director |
| Date |  |  |
| Signature |  |  |

**PART RESERVED TO THE FSMRs**

**1st FSMR involved**

[ ]  I certify that this project matches the objectives of my FSMRs in terms of coordination of research. It fits with the research strategy implemented in my FSMR.

|  |
| --- |
| **Signature of the FSMRs coordinator(s)** |
| Date |  |
| Signature |  |

**2nd FSMR involved**

[ ]  I certify that this project matches the objectives of my FSMRs in terms of coordination of research. It fits with the research strategy implemented in my FSMR.

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| **Signature of the FSMRs coordinator(s)** |
| Date |  |
| Signature |  |

*Duplicate if more than two FSMRs implicated in the project.*