**Call for proposals 2024**

**Algodystrophie France - FMR**

**Proposal form – in English**

*In Calibri or Arial 10*

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| **Project identification** |
| **Title** |  |
| **Duration**  | *(max 24 months)* |
| **Requested budget** | *(max 15 000 €)* |
| **Non-confidential abstract in French (for perfect understanding of the patient association - max ½ page)** |
| **Non-confidential scientific abstract in English (for external experts search - max ½ page)** |

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| **Principal Investigator (PI) Identification** |
| **Title, Name and First name** |  |
| **Email and phone** |  |
| **Unit code (EA, UMR…)** |  |
| **Institutional affiliation** **and address** |  |
| **Permanent** | Yes/no ? |
| **Scientific CV of PI + 5 most relevant publications of the last 5 years (max 1 page)** |

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| **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** |
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| **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)**

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

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

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**04.Research strategy, study type, methodologies presentation and justification, appropriate statistical methods description, tasks/timeline/budget justification as described in section 09. (max. 3 pages)**

Enrolment (if applicable): study location(s), inclusion/exclusion criteria, total number of corresponding patients followed by partners and collaborators of the project; if applicable, number of participants calculation: description, justification, expected response rate.

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| *Please note that a clear and explicit presentation of the project methodology is expected (min. 2 pages).**If these elements are not provided, no external expertise will be called upon for your application, which will be considered ineligible for funding.* |

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**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)**

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

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| *Please note that this call for projects has been launched by a patient association. It is therefore expected to be involved in disseminating your results.* |

**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)**

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**08. Bibliography**

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**09. Tasks, timeline, budget**

*Please add as many columns as the tasks you have planned in section 04*

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| --- | --- | --- | --- | --- |
|  | **Task 1** | **Task 2** | **Task 3** | **Total budgets** |
| **Synopsis***In few words* |   |   |   |  |
| **Timeframe***Month xx to xx* |  |  |  |  |
| Amount **requested** | **Salary (1)** | -- | -- | -- |  |
| **Consumables (2)** | -- | -- | -- |  |
| **Equipment (2)** | -- | -- | -- |  |
| **Travel (3)** | -- | -- | -- |  |
| **Service** **provision (2)** | -- | -- | -- |  |
| **Total** |  |  |  |  |
| **Additional source of funding (4)** |  |  |  |  |

*1 For each salary: 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 What and € requested*

*3 Reason, destination and € requested*

*4 Source, status (requested or received) and amount – please include laboratory’s own funds*

**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, Algodystrophie 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, Algodystrophie 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**

**Signature of the lab director**

**Stamp and signature of your fund management organization (mandatory)**

*Please note that no overheads, nor institutional fees are permitted.*