**TRANSCAN-3**

**ERA-NET: Sustained collaboration of national and regional programmes in cancer research**

**Joint Transnational Call for Proposals 2022 (JTC 2022)**

**"** **Novel translational approaches to tackle the challenges of hard-to-treat cancers from early diagnosis to therapy "**

**Pre-proposal Application Form**

**All fields must be filled in using Arial font, size 11, single-spaced.**

**Applications should be submitted as a PDF file, formatted in DIN-A4.**

**Please note that proposals either incomplete, using a different format or exceeding length limitations of any sections will be rejected without further review.**

**1a. Project title** (maximum 150 characters, including spaces)**:**

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**1b. Project acronym** (maximum 10 characters)**:**

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**2. Project duration** (months)**:**

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**3. Project coordinator (research partner 1 in the consortium):**

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| --- | --- |
| Name |  |
| Country |  |
| Position |  |
| Institution/Department |  |
| Address |  |
| Phone + Fax |  |
| E-mail address |  |
| Type of entity  (tick as appropriate) | ☐ Academia (universities or other higher education or research institutions)  ☐ Clinical or Public Health Sector (hospitals/public health and/or other health care settings and health organizations)  ☐ For-profit Private Organisation  ☐ Nonprofit Private Organisation |

**4. Other research partners**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | Country | Name of research partner (principal investigator) | Institution, department & full address | Phone & Fax | Email address | Type of entity | | | |
| Academia | Clinical or Public Health | For-profit Private | Nonprofit  Private |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
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| **6** |  |  |  |  |  |  |  |  |  |

**5. Total requested funding:** € 0,00

**6. Keywords**

Please indicate three to seven keywords by using the [MeSH](https://www.nlm.nih.gov/mesh/) vocabulary representing: the scientific content (type of cancer; specific aim(s) and topic(s), see *Call Text, Chapter 2: Aim of the Call*); the methodological and technological approach(es).

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**7. Project abstract** (max 3,000 characters including spaces, equivalent to about ¾ of an A4 page)

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| The abstract should contain:   * Background, rationale * Hypothesis * Aims (primary and secondary) * Methods * Expected results and potential impact |

**8. Adherence of the proposal to the scope, aims and specific topics of the call.** Proposals should be centred on one or more of the HTTC subtypes listed in the *Call Text, Chapter 2: Aim of the Call*. Proposals will have to cover at least one of the undermentioned aims. Please select as appropriate.

Aim 1. Identification/validation of novel early diagnostic approaches

Aim 2. Identification/validation of novel therapeutic targets and/or approaches

Aim 3: Development of novel drug delivery strategies

Has the project been submitted elsewhere?

Yes

No

**9. Project description** (maximum 20,000 characters including spaces, equivalent to about five A4 pages)

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| This part should contain:   1. Description of a summary of the relevant literature, the project rationale in terms of medical need, and of the present state of the art in the field(s), and description of the envisioned solution for the medical need; 2. Description of the project aims; 3. Statement of the research hypothesis(es); 4. Preliminary data; 5. Description of the methods with specific regard to the study design, the study population(s), intervention/exposure, groups of comparison, and outcome of interest. Details are also needed regarding the study sample size as defined by *ad hoc* power calculations, and the strategic plan for statistical analysis; 6. Novelty and originality of the project; 7. Feasibility of the project: information about the experience of the research consortium partners in the field; management structure and related implementation plan; added value of the proposed transnational collaboration; 8. Information about the potential impact on early diagnosis and therapy of hard-to-treat-cancers, with reference to the development, dissemination and use of project results; 9. References (maximum 30 references). 10. For diagrams and figures see section 15. Annexes. |

**10. Capacity building activities (if eligible for the funding organization/country),** (maximum 2,000 characters including spaces, equivalent to about half of an A4 page)

*Please specify whether the project will include capacity building activities. If so, please describe the nature and purpose of the planned activities taking into account information described in section 2.2 of the Call Text. The budget will have to be mentioned in the financial plan (sections 12 and 13) in the appropriate line.*

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**11. Brief CV for each partner in the research consortium** (i.e. the project coordinator and each principal investigator) including a description of the main domain of research and a list of the five most relevant publications within the last five years regarding the proposal (once converted into PDF document: max 1 page for each partner).

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**12. Global financial plan: sum of year 1-3. Please describe the requested budget (grant to be covered by the funding organization) only.**

**(Please note that eligibility of costs is subject to national rules and regulations: refer to Annex 1 of the Guidelines for Applicants).**

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| Acronym: |  | | | | | |
| Partner | Coordinator | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 |
| Name (principal investigator) |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |
| Funding organisation |  |  |  |  |  |  |
| Personnel (€)   * Scientist |  |  |  |  |  |  |
| * PhD-Student |  |  |  |  |  |  |
| * Technician |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |
| Person months   * Scientist |  |  |  |  |  |  |
| * PhD-Student |  |  |  |  |  |  |
| * Technician |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |
| Consumables (€) |  |  |  |  |  |  |
| Equipment (€) |  |  |  |  |  |  |
| Study/Clinical trial (€)1 |  |  |  |  |  |  |
| Travel (€)2 |  |  |  |  |  |  |
| Capacity building (€)3 |  |  |  |  |  |  |
| Other direct costs (€)4 |  |  |  |  |  |  |
| (national) Overheads (€) |  |  |  |  |  |  |
| **Total requested budget (€)** |  |  |  |  |  |  |
| 1 If applicable: incl. clinical trial drugs/compounds, clinical trial fees and insurance.  2Travel expenses should include the participation of the coordinators and/or principal investigators in an intermediate and/or a final status symposium to present the results of their projects (organized by the Joint Call Secretariat).  3 Separate budget for capacity building activities (if eligible for the funding organization/country).  4 e.g. subcontracting, provisions, licensing fees. | | | | | | |

**13. Individual financial plans: sum of year 1-3.**

**(Please note that eligibility of costs is subject to national/regional rules and regulations: refer to Annex 1 of the Guidelines for Applicants)**

**13.1**

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| --- | --- | --- |
| Project Coordinator Partner (n.1) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.2**

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| Partner (n.2) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.3**

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| Partner (n.3) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.4**

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| --- | --- | --- |
| Partner (n.4) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.5**

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| Partner (n.5) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**13.6**

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| Partner (n.6) name: |  | |
| Funding organisation |  | |
| Country |  | |
|  | Requested budget | Justification |
| Personnel (€) |  | *Please indicate the number of PMs per type of personnel, indicating the project tasks that justify the inclusion of that number of PMs* |
| Consumables (€) |  | *Please identify the consumables to be included, and their importance within your projects’ tasks and objectives* |
| Equipment (€) |  | *Please indicate and justify the equipment to be acquired in accordance to project tasks and objectives. Applicants should also check if equipment is eligible in accordance to their national regulations.* |
| Study/Clinical trial (€) |  | *Please indicate the concrete participation/work package(s) in the study/clinical trial* |
| Travel (€) |  | *Please give an estimate on the number and main reasons for the travels within the project* |
| Capacity building (€) |  | *Please indicate the type of capacity building and necessary efforts (PMs, travel etc.).* |
| Other direct costs (€) |  | *May include subcontracting, fees, insurances, etc. Please justify each predicted expenditure with relation to project tasks and objectives* |
| Overheads (€) |  | *Please refer to your national regulations before calculating overheads* |
| **Total budget (€)** |  |  |

**14. Reviewers**

*Please note that providing the information below is optional. The Call Steering Committee (CSC) will consider these suggestions provided that they do not interfere with the objective and thorough evaluation of the proposal.*

Suggested reviewers for reviewing this proposal (up to five), without any conflict of interest (i.e. not working in the same institute, no co-publication in the past 5 years).

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| **Name** | **Institute** | **Email address** |
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Reviewers to be excluded from reviewing this proposal (up to five)

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| **Name** | **Institute** | **Email address** |
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**15. Annexes** (to be included in this document)

* Diagrams and figures (one page maximum)
* **IF APPLICABLE:** A signed written confirmation that the project partner with own funding (also from a country/region not participating in the JTC 2022) has secured his/her funding.

**PLEASE NOTE**

* **Proposals that do not meet the national eligibility criteria and requirements will be declined without further review.**
* **Proposals must be sent in one single PDF document.**