**JPIAMR-ACTION Joint Transnational Call for Proposals 2022**

**“Disrupting drug Resistance Using Innovative Design (DRUID)”**

**Pre-Proposal application form**

**Submission Deadline: March 8th, 2022(14h CET)**

**All fields must be completed using "Arial font, size 11" characters. Paper format: A4 with all margins minimum 1.27 cm. Please remove instructions in the final application.**

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

All the information requested in this document must be compiled into one single PDF-document and uploaded to the electronic submission system. Please note that **the information given in the pre-proposal is binding.** Thus, any fundamental changes between the pre- and full proposals, e.g. composition of the consortia, objectives of the project, or the budget must be communicated to the JCS/respective funding organisation with detailed justification. In the case of inconsistency between the information registered in the submission tool and the information included in the PDF of this application form, the information registered in the submission tool shall prevail. Proposals that do not meet the national eligibility criteria and requirements will be declined without further review.

* **General conditions:**

Some funding organisations require the submission of additional documents. Documents required by specific funding organisations (e.g. UK budget proforma) should **NOT** be included in this template. The additional documents should be addressed to them directly. Proposals including national documents will be rejected.

Signature: The coordinator must sign the pre-proposal (section B11). Insertion of an electronic or scanned signature is possible/sufficient.

Non-funded partners: The budget of non-funded partners shall not exceed 30% of the total transnational project budget requested. Please indicate the budget of the non-funded partners in the budget table as well (in-kind/in cash costs). Non-funded partners are aware of their ineligibility to receive funding and a signed statement declaring that they conduct the project with their own resources has to be included in the proposal.

In order to make sure that your proposal will be eligible for this call, please check if you can tick all the sections below. Please consult the call text for further details.

* *Topic of the proposal:*

**[ ]** The project proposal addresses the aims of the call.

* *The composition of the consortium:*

**[ ]** The project proposal involves at least 3 eligible project partners requesting funding from at least 3 different countries participating in the call.

**[ ]** The project proposal involves at least 2 eligible project partners requesting funding from at least 2 different EU Member States or [Associated Countries](https://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/hi/3cpart/h2020-hi-list-ac_en.pdf) participating in the call.

**[ ]** The project proposal does not exceed the maximum of 6 project partners (7 if the consortium includes at least one industrial partner **or** one partner from a LMIC, Lithuania, or Poland).

**[ ]** The coordinator is eligible for funding.

**[ ]** The number of funded partners exceeds the number of non-funded partners.

**[ ]** The budget of non-funded partners does not exceed 30% of the total transnational project budget requested.

* **Eligibility of project partners:**

**[ ]** Each project partner involved in the proposal has checked its eligibility to receive funding by its funding organisation (see Annex B “National Rules and Requirements”).

**[ ]** The funders involved can fund the considered One Health settings in the proposal.

**[ ]** The funders involved can fund the considered experimental approaches in the proposal.

* **National general conditions:**

Please check the national and regional rules applicable to each project partner in the Annex B “National Rules and Requirement”.

**A. Basic project data**

**1.a Project Title: (max. 150 characters including blanks)**

**1.b Project acronym: (max. 20 characters)**

**2. Consortium coordinator (Partner 1):**

|  |  |
| --- | --- |
| **Family name, First name** |   |
| **Sex** | M/F/Other |
| **Institution** |  |
| **Department** |   |
| **Position** |   |
| **Address** |   |
| **Zip/postal code** |   |
| **Town** |  |
| **Country** |  |
| **Phone + Fax** |   |
| **E-mail address** |   |
| **Type of entity** | Public research organisation/ Public organisation/ Higher Education Institution/ Private Non-profit research organisation/ Private – Small and Medium Enterprise (SME)/ Private - large company  |

**3. Research Partners:**

**Please do not include the project coordinator in this section.**

**NOTE:** Make sure that the total number of project partners **(including partners not asking for funding)** does not exceed the maximum allowed, which is 6 in general, and 7 if one of the partner is a company or if a partner is applying for funding from a LMIC, Lithuania or Poland.

***3a. Research partners requesting funding***:

Each partner should be represented by a **single** Principal Investigator (co-PI are not accepted)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner (Name of Principal Investigator)** | **Sex (M/F/other)** | **Country, City** | **Affiliation:****Institution, Department, (Address, phone + fax)** | **Email Address** | **Type of entity \*: (**Public research organisation/ Public organisation/ Higher Education Institution/ Private Non-profit research organisation/ Private – SME/ Private - large company**)** | **One Health Setting\*\***(Human Health/ Animal Health/Environment/Plant)(select one or more) |
| 2 |   |   |  |   |  |  |  |
| 3 |   |   |  |   |  |  |  |
| 4 |   |   |  |   |  |  |  |
| 5 |   |   |  |   |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 | (only possible with inclusion of Industry, LMIC, Lithuania, or Poland) |  |  |  |  |  |  |

\* For statistical purpose only. Healthcare Institutions should be classified as Public Organisation (i.e. Public Hospital) or Private non-profit organisation/ company (i.e. Private Clinic) depending of the legal status of your institution. Please refer to your central administration for any doubts.

Please make sure that your type of entity can be supported by your funding organisation. Companies and Industrial partners asking for funding are strongly advised to contact their funding organisation before applying.

\*\* Please specify in which One Health setting (s) belong the tasks specifically managed by the partner. Please make sure that the considered research area (s) can be supported by your funding organisation.

***3b. Associated research partners not asking for funding:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner (Name of Principal Investigator)** | **Sex (M/F/other)** | **Country, City** | **Affiliation:****Institution, Department, (Address, phone + fax)** | **Email Address** | **Type of entity \*: (**Public research organisation/ Public organisation/ Higher Education Institution/ Private Non-profit research organisation/ Private – SME/ Private - large company**)** | **One Health Area\*\***(Human Health/ Animal Health/Environment/Plant)(select one or more) |
| 1 |   |   |  |   |  |  |  |
| 2 |   |   |  |   |  |  |  |
| 3 |  |  |  |  |  |  |  |

\* For statistical purpose only. Healthcare Institutions should be classified as Public Organisation (i.e. Public Hospital) or Private non-profit organisation/ company (i.e. Private Clinic) depending of the legal status of your institution. Please refer to your central administration for any doubts.

\*\* Please specify in which One Health setting (s) belong the tasks specifically managed by the partner.

**4. Project duration** (max. 36 months):

**5. Total requested funding** (€)**:**

Please make sure that the funding requested is consistent with the funding requested in the on-line submission platform and with the funding request mentioned in section B8 and B9 of this template.

**6. Keywords**

Identify between three (3) and seven (7) keywords that represent the scientific content.

**7. One Health Settings considered in the proposal**

Choose the One-Health areas relevant for your project:

**[ ]**  Human Health

**[ ]** Animal Health

**[ ]**  Plant/Environment

**8. Scientific area**

Choose one or more scientific area(s) relevant to your project:

**[ ]** Improvement of drug/plant protection agent efficacy and/or specificity through chemical modifications (including hit to lead optimisation)

**[ ]** Drug/plant protection agent repurposing

[ ]  Optimisation of drug/plant protection agent combinations, alone or with adjunct therapies (including therapeutic vaccines)

[ ]  Design and implementation of new strategies (including optimisation of drug doses) for improved application, efficacy and delivery of single or combinations of antimicrobials

[ ]  Design and implementation of innovative tools, including novel chemistry and/or new materials for improved application, efficacy and delivery of antimicrobials

**Please list the licenced antimicrobial agents (antibiotics/antifungals) or agents under pre-clinical and/or early clinical development considered in your project:**

**9. Abstract** (max. 1600 characters including spaces)

**10. Public Abstract** (max. 1600 characters including spaces)

**B. Project description**

**1. Project background** (max 1 page)

* Background, current state of the art and preliminary results;
* Description of the knowledge gap, unmet medical/societal need or One Health benefit and/or technical or implementation challenge that is addressed by the proposed work;
* Highlight any prior work related to proposal.

**2. Description of the aims** (max 1 page).List the main objectives in order of priority

|  |  |  |
| --- | --- | --- |
| Aim No. | Description | Partner(s) responsible for the aim / workload |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| N |  |  |

**3. Work plan** (max 3 pages)

* Description of the work plan including the importance of the research, objectives, rationale, novelty, originality, methodology, feasibility, expected deliverables, and economical sustainability;
* Clearly defined role and responsibilities and workloads [expressed in person months] of each participating research partner. Comment on how participation and integration of partners in the project is allowed and facilitated. Comment on how the management of the proposal will be achieved.

Please use the following table for detailing the distribution of work in person months (PM) in different work packages (WP) (*adapt if necessary*). This table should include all the persons working in the project (PI, researchers, Technicians, PhD, post-docs..).

Please note that this table is included in the 3-page limit. Person/months contribution should not be limited to the person/month for which funding is requested. For example, person/months kindly provided by your research institution should be indicated in this table as well.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** |  | **Research Partner**  | **WP1(PM)** | **WP2(PM)** | **WP3(PM)** | **WP4(PM)** | **WP5(PM)** | **WP6(PM)** | **WPxx(PM)** | **SUM** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |   |   |  |  |   |  |  |  |  |
| 3 |  |   |   |  |  |   |  |  |  |  |
| 4 |  |   |   |  |  |   |  |  |  |  |
| 5 |  |   |   |  |  |   |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  | (only possible with inclusion of Industry, LMIC, Hungary, Latvia, Lithuania, or Poland) |  |  |  |  |  |  |  |  |
|  |  | SUM |  |  |  |  |  |  |  |  |

**4. Work plan and timeline as diagram** (max. 1 page)

* The diagram must demonstrate the work plan, timeline, sequencing of work packages, the contribution of the partners to each work package and their interactions (i.e. Gantt chart, Pert or similar).

**5 Impact** (max 1.5 pages)

* Expected impact on improving the treatment of bacterial and fungal infections (justification of the choice of the pathogen);
* Expected impact on clinical, public, and/or animal health? On agriculture and/or environment?
* Expected added value of transnational collaboration and potential for a long-term international network;
* Explain how you are going to exploit and disseminate your research results; please specify your research uptake strategy per target group and/or stakeholder;
* Description of the population that will benefit from the project results (including geographical, social, cultural, gender parameters when appropriate)
* Specific added value achieved by transnational collaboration

**6. Ethical considerations**

**[ ]** The proposal complies with ethical principles (including the highest standards of research integrity — as set out, for instance, in [the European Code of Conduct for Research Integrity](https://allea.org/code-of-conduct/) — and including, in particular, avoiding fabrication, falsification, plagiarism or other research misconduct).

If research activities are undertaken in a non-European country, the applicants should verify that the research activities will follow the Ethical recommendations of the country where the research will be conducted as well as the EU Ethical recommendations. Full proposals will be checked by an independent ethical board. You can already check [here](https://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/ethics_en.htm) the Ethical Issues potentially raised by your proposal.

**7. References** (max 1 page)

**8.** **Scientific justification of requested budget**

* Describe the requested budget. Comment on the rational distribution of resources in relation to project’s activities, partners responsibilities and time frame; please also specify co-funding from other sources necessary for the project if applicable) (max. ½ page per research partner).

**9.** **Financial plan: sum of year 1-3. The budget of the non-funded partners must be indicated as well.**

|  |  |
| --- | --- |
| **Acronym:** |   |
| No. |  | Partner 1 (Project coordinator) | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 | Partner 7  |
| PI |  |   |   |   |   |   |   |  |
| Country |  |  |  |  |  |  |  |  |
| Funding organisation |  |   |   |   |   |   |   |  |
| Person Months, € (1)**\*** |  |   |   |   |   |   |   |  |
| Person Months, € (2)**\*** |  |   |   |   |   |   |   |  |
| Person Months, € (3)**\*** |  |   |   |   |   |   |   |  |
| Person Months, € (4)**\*** |  |   |   |   |   |   |   |  |
| Personnel € | Sum requested |   |   |   |   |   |   |  |
| Total =Requested + In kind |  |  |  |  |  |  |  |
| Consumables € | Requested |   |   |   |   |   |   |  |
| Total =Requested + In kind |  |  |  |  |  |  |  |
| Equipment € | Requested |   |   |   |   |   |   |  |
| Total =Requested + In kind |  |  |  |  |  |  |  |
| Subcontracting \*\* | Requested |   |   |   |   |   |   |  |
| Total =Requested + In kind |  |  |  |  |  |  |  |
| Other direct costs €\*\*(including travels\*\*\*) | Requested |   |   |   |   |   |   |  |
| Total =Requested + In kind |  |  |  |  |  |  |  |
| Overheads €\*\*\*\* |  |  |  |  |  |  |  |  |
| **Total requested budget €** |  |  |  |  |  |  |  |  |
| **Total cost of the project** | =Requested + In kind |  |  |  |  |  |  |  |
|  | \*Please detail in each cell the number of person months (PM), qualification (**Si**: scientist, e.g. postdoc; **PhD**: PhD-student; **N**: non-scientist, e.g. technician; **Ot**: other) and € requested (or mention “in-kind” if funding is not requested for this person). Please use one cell per person to provide this information. Please note that students are funded according to national regulations. |
|  | \*\*e.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according legal framework and funding body regulations). Check at the respective national funding organisations. |
|  | \*\*\*Travel expenses should include the participation of the coordinators and/or national partner leaders at an intermediate and/or a final status symposium to present the results of their projects (organised by the JPIAMR Secretariat) |
|  | \*\*\*\*Overhead costs: funding according to national legal framework and funding body regulations. Check at the respective national funding organisations.  |
|  |  |

**PLEASE CHECK THAT THE INFORMATION ENTERED IN THE PLATFORM AND IN THE TEMPLATE ARE CONSISTENT**

**11. Date and signature of the coordinator** (electronic or scanned signature possible)

**C. Annex**

**1. Brief CV of each Principal Investigator** (max. 1 page per Principal Investigator)

Each partner should be represented by a **single** Principal Investigator (co-PI are not accepted)

The CV for each Principal Investigator (including non-funded partners) should include a description of PIs main domain of research and a list of the five (5) publications most relevant to the project published within the last five (5) years, and if applicable, a list of 5 patents and/or freely available computer programs that the PI has developed and that are relevant for the project.

Proposals with extra-CVs will be rejected.

**2. Letter of Intent of each participating partner:** Declaration on their willingness to cooperate within the research consortium (including non-funded partners). Please use the template below (one by partner). Electronic signatures are accepted. Please note that the signature of the legal representative will be needed at the full proposal stage (however, not needed at the pre-proposal stage).

Proposals with extra-letters will be rejected. Letters of support from external institutions, researchers, stakeholder… will not be accepted.

**Letter of intent**

Date: 20YY-MM-DD

**LETTER OF INTENT TO ENTER A JPIAMR PROJECT CONSORTIUM**

|  |  |
| --- | --- |
| **JPIAMR Call:** | INSERT CALL INFORMATION  |
| **Project Proposal Title:**   | INSERT TITLE |
| **Project Proposal Acronym:**   | INSERT ACRONYM |
| **Partner Principal Investigator**: | First Name Last name |
| **Partner Institution:** | Name of Institution |
| **Requested Partner Budget:****Total partner Budget** | XXXXX EuroXXXXX Euro |

By signing below the Principal Investigator and the legal representative of the Partner Institution agree to participate in a JPIAMR Consortium for the purpose of jointly carrying out a research project according to the project description of the above-mentioned JPIAMR proposal.

The Principal Investigator also certifies that they will:

* Enter into a consortium agreement consistent;
* Provide personal consent to publish data on a web-based publicly available database affiliated to JPIAMR;[[1]](#footnote-2)
* Not initiate any work without necessary ethical approvals according to national/regional laws and regulations, and EU directives;
* Provide the necessary staff and resources for their commitment to the project work plan;
* Conduct all project activities, share data, and report project outcomes in accordance with the Call Text.

|  |  |
| --- | --- |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Principal Investigator** Signature | Date |
| **Principal Investigator**Print Full Name: First Name Last name |  |
|  |  |

1. Detailed information regarding the projects eventually awarded/supported through JPIAMR would be stored with the Swedish Research Council. The Swedish Research Council complies with the Personal Data Act (1998:204) and the Public Access to Information and Secrecy Act (2009:400) that follows the directive of data protection rules in EU and will handle the data accordingly. [↑](#footnote-ref-2)