

# LAB AECC 2023

## SCIENTIFIC PROPOSAL

**TITLE (IN ENGLISH)**

**TÍTULO (EN ESPAÑOL)**

**APPLICANT’S FIRST AND LAST NAME**

**RESEARCH CENTRE**

**KEYWORDS**

**ANSWER THE FOLLOWING QUESTIONS:**

**- Have you been previously awarded an FC AECC grant? If so, please, specify the name of the call.**

**- Is this proposal the continuation of a project previously funded by FC AECC?**

**- Has this proposal been previously submitted to an FC AECC call? If so, please, clarify the differences.**

* This document must be submitted in **PDF** format.
* The maximum length of this document should not exceed **30** pages including this first page. **NOTE:** it is possible to adapt the length of each section according to your needs.
* It is imperative to use Arial 10, line spacing 1.5, margin 1.27.

SECTIONS TO COMPLETE

# **APPLICANT’S GOOD FAITH STATEMENT**

In……. at .............................. ................................... 2023

Mr./Mrs.................................................................................., ID number, ...................................., applicant of the LAB AECC 2023 proposal, declares to be an independent group leader since DD/MM/YYYY (or declares the compromise to be an independent group leader by DD/MM/ 2023) of the …………. laboratory (specify name) at the ………. (Research centre name). The actual members of the laboratory are:

1…………….

2…………….

(…)

*The merits of the applicant to the Lab AECC Call have to be listed below. Please, indicate all the projects awarded as principal investigator (including Ramón y Cajal, Miguel Servet, Ikerbasque grants, etc.), correspondence articles, role at the research centre, and other merits that should be considered while reviewing the application. This document shall be evaluated by the scientific committee.*

1…………….

2…………….

(…)

In addition, I confirm that I have not received other award, subsidies, income, or any other resources that fund the goals described in this proposal.

However, the following grants related to this proposal have been approved for funding or applied to (if applicable): *please, indicate the title of the project, call, year, entity, amount, the aim of the project, differences and similarities, and execution period.*

1…………….

2…………….

(…)

Signature. .............................................

# **RESEARCH ABSTRACT**

# **INFORMATIVE TITLE AND SUMMARY**

*Description of the Project in an accessible and understandable language to the non-specialized public.*

*In both Spanish and English*

# **BACKGROUND AND CURRENT STATUS OF THE TOPIC. BIBLIOGRAPHY.**

# **OBJECTIVES (3 YEARS)**

# **INVESTIGATION METHODOLOGY**

# **WORK PACKAGES (3 YEARS)**

*Structure/Organization chart; names and functions of each team member; Coordination Plan and distribution of tasks*

# **WORK SCHEDULE / CALENDAR**

# **IMPORTANCE OF WORK IN ONCOLOGY**

*Relevance of the Project in the terms of its clinic impact, care, and/or technological development.*

# **DESCRIBE HOW YOUR PROJECT WILL CONTRIBUTE TO IMPROVING INNOVATION IN THE FIELD**

# **PLAN FOR THE DISSEMINATION OF RESEARCH FINDINGS TO THE SOCIETY**

# **ETHICAL IMPLICATIONS**

*Report all ethical authorizations and approvals needed to carry out the above proposal, as well as the status. Already approved ethical authorisations are required to be included in the proposal.*

# **BRIEF DESCRIPTION OF THE RECEIVING GROUP (background, components, positions/roles, etc…)**

*Brief description of the research group, including:*

* *Background and research experience*
* *Group components*
* *Position/role of each member*

# **DETAILED BUDGET**

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| --- |
| ***The Foundation grants aid of up to € 300,000 gross to three years, at a maximum of €100,000 gross per year.***  ***Considering the origin of the funds of the Foundation, the financing granted in no case may be used for indirect costs.***  ***The concepts susceptible to grant are detailed in Annex I “Cost Guidance”.***  ***Please, indicate the detailed requested budget.*** |

|  |
| --- |
| **GROUP 1:\_\_\_\_\_\_\_\_** |
| EXPENDABLE MATERIAL |
| EQUIPMENT |
| PERSONNEL |
| TECHNICAL SERVICES |
| TRAVEL EXPENSES |
| OTHERS |

Maternity and Paternity leaves:

(Please indicate the maternity and paternity leaves to be considered in this proposal)