**Proposal Application Form**

**Part A: SYNOPSIS**

**Acronym:**

**Project Title:**

**Project Coordinator (=partner 1):**

|  |  |
| --- | --- |
| Name |  |
| Institution/Department |  |
| Address |  |
| Country |  |
| Phone + Fax |  |
| E-mail |  |

**Partners (max. 6 in total):**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Country | Name of the group leader | Institution and full affiliations (e.g. address, phone + Fax, E-mail) |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**Additional Partners** (research groups or international organisations not eligible to their national/regional funding organisations or from countries that are not partner in this HDHL joint action, with own funding). Please note: Consortium size must not exceed eight partners in total

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Country | Name of the group leader | Institution and full affiliations (e.g. address, phone + Fax, Email) |
| 1 |  |  |  |
| 2 |  |  |  |

**Duration of the project (months):**

**Total funding applied for:** €

* **Scientific abstract of the project** (aims, work plan; impact of expected results, max. 350 words)

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|  |

* **Keywords** (please provide keywords describing your proposal, max. 10)

**Part B: Detailed Information**

**1. Background and present state of research (max. 2 pages)**

**2. Work plan highlighting the originality and novelty** (relevance to the scientific scope, aims, methodology – with sufficient detail to allow an assessment of the work proposed and the techniques to be used, work package structure, involvement/role of participants in each work package, time plan, project coordination and management, role of additional partners not eligible for funding: evidence that required budget is secure; **max. 15 pages, including references**)

**In addition (if applicable): description of clinical trial design (max. 8 pages,** see separate template for clinical trials available online)

**3. Added value of proposed collaboration (max. 1 page)**

**4. Exploitation and Dissemination of expected results** (impact of the expected results, including potential for future clinical and health related applications; arrangements between participating partners regarding IPR; dissemination, knowledge exchange and commercial exploitation; data management and data/ material sharing, **max. 2 pages**)

**5. Ethical Issues** (including informed consent, data protection, justification for the use and number of animals (including power calculations), according to national regulations; **max. 1 page**)

**6. Brief CVs** (for each participating group leader with a list of up to ten relevant publications demonstrating the competence to carry out the project, description of patents and ongoing projects of each participating group related to the present topic, indicating funding sources and possible overlaps with proposal; **max. 1 page each)**

**Electronic proposal submission is mandatory. It is strongly recommended to meet the deadline and observe the format of the proposal structure (DIN-A4, Arial, 10, page limit). Do not add any additional attachments. All items (such as figures, tables, references) have to be included in the text. For references, a font size of 6pt is acceptable. Proposals not meeting the formal criteria will be rejected.**

**Part C: Budget Justification**

For each partner that requests funding, please briefly explain the requested budget by dealing with information on the following budget items (if applied for). Please make sure that also a short justification is included for each item. In addition, specification of co-funding from other sources necessary for the project as well as secured funding of external collaborators of the consortium should be explained here, if applicable*.*

|  |  |  |
| --- | --- | --- |
| **Coordinator (partner 1)** | | |
| **Position** | **Amount (€)** | **Details and justification** |
| Personnel |  | *Person-Months and position of employment* |
| Consumables |  | *e.g., questionnaires, materials* |
| Equipment |  | *e.g., laboratory devices, IT infrastructure* |
| Travel1 |  | *Please provide information on expected travel expenses1* |
| Other costs |  | *e.g., subcontracting, provisions, licensing fees* |
| Overhead |  | *Brief information on the calculation of overheads* |

*1: Coordinator: Please consider travel costs for intermediate and final symposia.*

|  |  |  |
| --- | --- | --- |
| **Partner: 2** | | |
| **Position** | **Amount (€)** | **Details and justification** |
| Personnel |  | *Person-Months and position of employment* |
| Consumables |  | *e.g., questionnaires, materials* |
| Equipment |  | *e.g., laboratory devices, IT infrastructure* |
| Travel |  | *Please provide information on expected travel expenses2* |
| Other costs |  | *e.g., subcontracting, provisions, licensing fees* |
| Overhead |  | *Brief information on the calculation of overheads* |

*2:Please consider travel costs for final symposium only.*

**Please add tables for further partners as required.**

**For partners not eligible for funding: Please give information on the required budget.**

**Overall Budget Plan**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **JPI HDHL Joint Action: Nutrition and Cognitive Function** | | | | | | | | | | | | |
|  |  | | | | |  | |  | |  |  | | |  |
|  | **Project Acronym:** | | | | | | | | | |  | | |  |
|  |  | | **Coordinator** | **Partner 2** | **Partner 3** | | **Partner 4** | | **Partner 5** | | | **Partner 6** |  | |
|  | **Name (group leader)** | |  |  |  | |  | |  | | |  |  | |
|  | **Institution** | |  |  |  | |  | |  | | |  |  | |
|  | **Country** | |  |  |  | |  | |  | | |  |  | |
|  | **Funding organisation** | |  |  |  | |  | |  | | |  |  | |
|  | **PROJECT COSTS (€)** | |  |  |  | |  | |  | | |  | **Total** | |
|  | **Personnel €** | |  |  |  | |  | |  | | |  |  | |
|  | **Consumables €** | |  |  |  | |  | |  | | |  |  | |
|  | **Equipment €** | |  |  |  | |  | |  | | |  |  | |
|  | **Travel €1** | |  |  |  | |  | |  | | |  |  | |
|  | **Other direct costs €2** | |  |  |  | |  | |  | | |  |  | |
|  | **Overheads €3** | |  |  |  | |  | |  | | |  |  | |
|  | **Total requested budget €** | |  |  |  | |  | |  | | |  |  | |
|  |  | |  |  |  | |  | |  | |  | | |  |
|  |  | **1 please consider travel costs for intermediate and final symposia (COO) / final symposium only (PIs)**  **2 e.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according national regulations)**  **3 Overhead costs: funding according to national regulations** | | | | | | | | | | | | |

**We strongly recommend checking the national call texts and consulting with the national/regional contact officers**