**JPIAMR-ACTION Joint Transnational Call for Proposals 2023**

**“Development of innovative strategies, tools, technologies, and methods for diagnostics and surveillance of antimicrobial resistance (DISTOMOS)”**

**Pre-Proposal application form**

**Submission Deadline: March 7th, 2023 (14:00 CET)**

**History of modifications**

05/01/23: Initial version

**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 Partner Organisations (FPOs) require the submission of additional documents. Any additional documents required by specific FPOs (e.g. UK budget proforma) should be submitted to them directly. Such documents should **NOT** be included in this pre-proposal. Proposals including national documents will be rejected.

Signature: The coordinator must sign the pre-proposal (section B10). Insertion of an electronic or scanned signature is possible/sufficient.

Non-funded partners: Non-funded partners must also indicate their budget in the budget table (Total in-kind/in cash costs). The sum/amount requested should be set to 0. The budget of non-funded partners shall not exceed 30% of the total transnational project budget requested. Non-funded partners are aware of their ineligibility to receive funding and a signed statement declaring that they conduct the project with their own in kind/in cash resources must be included in their letter of intent.

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 LDC, Lithuania, Moldova or Poland or one partner whose Principal Investigator meets the definition of an Early Career Researcher).

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 from its Funding Partner Organisation (see Call text Annex B “National Rules and Requirements”).

The FPOs involved can fund the One Health settings specified in the proposal.

The FPOs involved can fund the experimental approaches specified in the proposal.

* ***Processing of personal data:***

Each project partner involved in the proposal has taken note of sections 10 and 11 of the Call text and agrees to share their personal data with Funding Partner Organizations based outside the European Economic Area and with third parties such as evaluators (some of which may be based outside the European Economic Area) for the purposes described in the Call text.

* ***National general conditions:***

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

**A. General Information**

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| *NOTE: the information provided in this section has to be copied to the electronic submission system* |

**A1. Project Title: (max. 150 characters including spaces)**

**A2. Project Acronym: (max. 20 characters)**

**A3. Keywords**

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

**A4. One Health Settings considered in the proposal**

Choose one or more One-Health setting(s) relevant to your project:

Human Health

Animal Health (incl. wildlife, livestock, aquatic organisms, and companion animals)

Plants (incl. trees and crops)

Food

Environment (incl. natural and built)

**A5. Scientific area**

Choose **ONE** scientific area relevant to your project:

**Topic 1:** to develop novel, or improve existing, diagnostics, including point of care diagnostics, that can rule out antimicrobial use or help identify the most effective antimicrobial treatment.

**Topic 2:** to develop or improve existing strategies, technologies or methods, or data use strategies to support One Health AMR surveillance.

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

**A6. Project duration in months** (max. 36 months):

**A7. Total requested funding** (€)**:**

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

**A8. Composition of the consortium**

* *The total number of project partners listed in sections A8 a (Coordinator) and A8 b (Project Partners) must not exceed the maximum allowed, which is 6 in general, and 7 only on condition that one of the partners is a company or a partner is applying for funding from a LDC, Lithuania or Poland, or the Principal Investigator of one of the partners meets the definition of an Early Career Researcher (ECR)*
* *Each partner should be represented by a* ***single*** *Principal Investigator (co-PIs are* ***not*** *accepted)*
* ***Early Career Researcher*** *(ECR) is a PhD holder, up to 8 years after the year of PhD award, holding a position at a recognized institution. The 8-year period may be extended to allow for career breaks including: parental leave, positions of trust in trade union organizations and student organizations, mandatory military or civil service, illness (own illness or care for close family members), medical internships or medical fellowship (applies to clinically active professionals). The last two categories may involve periods of up to 24 months each.*
* *Information about the* ***type of entity*** *is collected for statistical purposes 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.*
* *For each partner please specify the One Health setting(s) relevant to the task(s) specifically managed by the partner. Please make sure that the indicated One Health setting(s) can be supported by your funding organisation.*

**A8 a. Project coordinator (Partner 1):**

|  |  |
| --- | --- |
| **Academic title, family name, first name** |  |
| **Gender** | M/F/Other |
| **Career stage** | Early Career Researcher/Other |
| **Country** |  |
| **Funding Partner Organisation** |  |
| **Institution name** |  |
| **Institution Acronym** |  |
| **Department** |  |
| **Position** |  |
| **Address** | street, town/city, Zip/postal code |
| **Phone/Fax** |  |
| **E-mail** |  |
| **Type of entity**  *(select one)* | Public research organisation/  Public organisation/  Higher Education Institution/  Private Non-profit research organisation/  Private – Small and Medium Enterprise (SME)/  Private – large company |
| **One Health Setting**  *(select one or more)* | Human Health/  Animal Health/  Plants/  Food/  Environment |

**A8 b. Project Partners**

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

| **Partner No.** | **Partner 2** | **Partner 3** | **Partner 4** | **Partner 5** | **Partner 6** | **Partner 7** |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator**  (first/family name) |  |  |  |  |  |  |
| **PI’s Gender**  (M/F/Other) |  |  |  |  |  |  |
| **PI’s Career Stage**  (ECR/Other) |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |
| **Funding Partner Organisation /not asking for funding** |  |  |  |  |  |  |
| **Affiliation: Institution, Department** (name) |  |  |  |  |  |  |
| **Institution Acronym** |  |  |  |  |  |  |
| **Address**  (street, town/city, Zip/postal code) |  |  |  |  |  |  |
| **Phone/fax** |  |  |  |  |  |  |
| **E-mail** |  |  |  |  |  |  |
| **Type of entity**  **(**Public research organisation/ Public organisation/  Higher Education Institution/  Private Non-profit research organisation/  Private – SME/  Private – large company**)** |  |  |  |  |  |  |
| **One Health Setting**(select one or more)  (Human Health/  Animal Health/  Plants/  Food/  Environment) |  |  |  |  |  |  |

**A9. Abstract** (max. 1600 characters including spaces)

**A10. Popular Science Summary** (max. 1600 characters including spaces)

**B. Project description**

**B1. Project background** (max. 1 page)

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| * *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.* |

**B2. 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 |  |  |

**B3. Work plan** (max. 3 pages)

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner** | | **WP1 (PM)** | **WP2 (PM)** | **WP3 (PM)** | **WP4 (PM)** | **WP5 (PM)** | **WP6 (PM)** | **WP… (PM)** | **SUM** |
| 1 |  | |  |  |  |  |  |  |  |  |
| 2 |  | |  |  |  |  |  |  |  |  |
| 3 |  | |  |  |  |  |  |  |  |  |
| 4 |  | |  |  |  |  |  |  |  |  |
| 5 |  | |  |  |  |  |  |  |  |  |
| 6 |  | |  |  |  |  |  |  |  |  |
| 7 |  | |  |  |  |  |  |  |  |  |
|  |  | SUM |  |  |  |  |  |  |  |  |

**B4. Work plan and timeline as diagram** (max. 1 page)

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| *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).* |

**B5. Impact** (max. 1.5 pages)

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| * *Expected impact on improving diagnostics and/or surveillance. (justification of the choice of the pathogen);* * *Potential of the expected results for clinical, public health, and animal health, agriculture, or environmental benefit (including economic viability where appropriate);* * *Expected added value of transnational collaboration and potential for fostering a longer-term international network of researchers;* * *Explanation of how the project results will be disseminated and communicated. (will the proposed innovative strategy be accessible in different geographical areas, to different populations?)* * *Description of end user and stakeholder participation/engagement (who will benefit from the project results?)* |

**B6. Ethical considerations** (check the box)

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 ethics 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.

**B7. References** (max. 1 page)

**B8.** **Scientific justification of requested budget**

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| *Describe the requested budget. Comment on the rational distribution of resources in relation to project tasks and 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).* |

**B9.** **Financial plan: sum of years 1-3. The budget of the non-funded partners listed in section A9 must be included as well.**

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| ***NOTE:***  ***The total amounts indicated for each partner in the last two lines of the budget (Total requested budget €; Total cost of the project) must be copied into the electronic submission platform.*** *Please make sure that the total funding in the on-line submission platform is consistent with financial data in sections B8 and B9 of this template.* |

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| **Acronym:** |  |

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| Partner No. | | Partner 1 (Project coordinator) | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 | Partner 7 |
| Principal Investigator | |  |  |  |  |  |  |  |
| Country | |  |  |  |  |  |  |  |
| Funding Partner 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** | Total =  Requested + In kind |  |  |  |  |  |  |  |
| Partner No. | | Partner 1 (Project coordinator) | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 | Partner 7 |
| \* 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 FINANCIAL DATA ENTERED IN THE PLATFORM AND IN THE PROPOSAL ARE CONSISTENT**

**B10. Date and signature of the coordinator** (electronic or scanned signature possible)

**C. Annex**

**C1. Brief CV of each Principal Investigator** (including non-funded partners)

(max. 1 page per Principal Investigator)

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| * *Each partner should be represented by a single Principal Investigator (co-PI are not accepted)* * *The CV for each Principal Investigator should include a description of PI’s 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.* |

**C2. Letter of Intent of each participating partner** (including non-funded partners).

|  |
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| * *Declaration on their willingness to cooperate within the research consortium Please use the template below (one by partner - including non-funded partners). Electronic signatures are accepted.* * *Please note that the signature of the legal representative of each partner is not needed at the pre-proposal stage but it will be obligatory at the full proposal stage.* * *Letters of support from external institutions, researchers, stakeholders, etc. will not be accepted.* * *Proposals with extra letters will be rejected.* |

**Letter of intent**

Date: 2023-MM-DD

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

**(Partner asking for funding)**

|  |  |
| --- | --- |
| **JPIAMR Call:** | JPIAMR-ACTION Call 2023 DISTOMOS |
| **Project Proposal Title:** | INSERT TITLE |
| **Project Acronym:** | INSERT ACRONYM |
| **Partner Principal Investigator**: | First Name Last name |
| **Partner Institution:** | Name of Institution |
| **Requested Partner Budget:**  **Total Partner Budget** | XXXXX Euro  XXXXX Euro |

By signing below the Principal Investigator agrees 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 with the proposal;
* 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.

I have read sections 10 and 11 of the Call text and I understand that by submitting the pre-proposal to the JPIAMR-ACTION Call 2023 I agree to share my personal data with Funding Partner Organizations based outside the European Economic Area and with third parties such as evaluators (some of which may be based outside the European Economic Area) for the purposes described in the Call text.

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

**Letter of intent**

Date: 2023-MM-DD

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

**(Partner not asking for funding)**

|  |  |
| --- | --- |
| **JPIAMR Call:** | JPIAMR-ACTION Call 2023 DISTOMOS |
| **Project Proposal Title:** | INSERT TITLE |
| **Project Acronym:** | INSERT ACRONYM |
| **Partner Principal Investigator**: | First Name Last name |
| **Partner Institution:** | Name of Institution |
| **Total Partner Budget** | XXXXX Euro |

By signing below the Principal Investigator agrees 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 with the proposal;
* provide personal consent to publish data on a web-based publicly available database affiliated to JPIAMR;[[2]](#footnote-3)
* 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.

I am aware that I am ineligible to receive funding and I declare that I will carry out the project based on my institution’s own contribution in kind and/or in cash to the amount indicated above.

I have read sections 10 and 11 of the Call text and I understand that by submitting the pre-proposal to the JPIAMR-ACTION Call 2023 I agree to share my personal data with Funding Partner Organizations based outside the European Economic Area and with third parties such as evaluators (some of which may be based outside the European Economic Area) for the purposes described in 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)
2. 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-3)