**JPIAMR-ACTION Joint Transnational Call for Proposals 2021**

**“One Health interventions to prevent or reduce the development and transmission of antimicrobial resistance”**

**Pre-Proposal application form**

**Submission Deadline: March 16th, 2021(12h 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:**

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. 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 project proposal focuses on at least 2 out the 3 One Health settings (Human, Animal, Environment).

* *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 at least one partner is from a LMIC, Hungary, Latvia, 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 One Health settings considered in the proposal.

If the proposal includes clinical or pre-clinical studies, I validated that these studies are eligible for funding by the funders involved.

* **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:**

**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 a partner is applying for funding from a LMIC, Hungary, Latvia, Lithuania or Poland.

***3a. Research partners requesting 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 Setting\*\***  (Human Health/ Animal Health/Environment)  (select one or more) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 | (only possible with inclusion of LMIC, Hungary, Latvia, 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.

\*\* 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)  (select one or more) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |

\* 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** (€)**:**

**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 (at least two)

Human Health

Animal Health

Environment

**8. Scientific area**

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

Understand the impact of interventions on the development and transmission of antibiotic resistance in, and/or between, at least two One Health settings.

Design, implement, evaluate, and/or compare innovative interventions to control the development and transmission of antibiotic resistance in, and/or or between, at least two One Health settings.

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

**B. Project description**

**1. Project description** (max 2 pages)

* 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 4 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*):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Partner (principal investigator)** | **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 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 reducing the development and transmission of antibiotic resistance;
* Expected impact on clinical, public, and/or animal health? On environment?
* Description of the population that will benefit from the project results (including geographical, social, cultural, gender parameters when appropriate)
* Potential to reach a broad impact;
* Potential for translation, upscaling, use in different geographic or demographic settings;
* Specific added value achieved by transnational collaboration, particularly if LMICs are included.

**6. Outputs, dissemination and data management** (max 1 page)

* Explain how you are going to exploit and disseminate your research results; please specify your research uptake strategy per target group and/or stakeholder;
* Briefly explain how your data will be managed within and outside of the consortium;
* Include Open Science practices and intellectual property management.

**7. 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.

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

**9.** **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).

**10.** **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 |  |  | | |  |  | | |  |  | |  | | |
| Consumables € | Requested |  |  | | |  |  | | |  |  | |  | | |
| Total |  |  | | |  |  | | |  |  | |  | | |
| Equipment € | Requested |  |  | | |  |  | | |  |  | |  | | |
| Total |  |  | | |  |  | | |  |  | |  | | |
| Travel €\*\* | Requested |  |  | | |  |  | | |  |  | |  | | |
| Total |  |  | | |  |  | | |  |  | |  | | |
| Subcontracting \*\*\* | Requested |  |  | | |  |  | | |  |  | |  | | |
| Total |  |  | | |  |  | | |  |  | |  | | |
| Other direct costs €\*\*\* | Requested |  |  | | |  |  | | |  |  | |  | | |
| Total |  |  | | |  |  | | |  |  | |  | | |
| Overheads €\*\*\*\* |  |  | |  |  | | |  |  | | |  | |  |
| **Total requested budget €** |  |  | |  |  | | |  |  | | |  | |  |
| **Total cost of the project** |  |  | |  |  | | |  |  | | |  | |  |
|  | \*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. Please use one cell per person to provide this information. Please note that students are funded according to national regulations. | | | | | | | | | | | | | |
|  | \*\*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) | | | | | | | | | | | | | |
|  | \*\*\*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. | | | | | | | | | | | | | |
|  | \*\*\*\*Overhead costs: funding according to national legal framework and funding body regulations. Check at the respective national funding organisations. | | | | | | | | | | | | | |

**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)

The CV for each Principal Investigator 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.

**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).

**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 |
| **Date of Application:** | 20YY-MM-DD |
| **Requested Partner Budget:**  **Total partner Budget** | XXXXX Euro  XXXXX 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)