Fondazione Regionale per la Ricerca Biomedica

ALLEGATO 1

"BIO-REENTRY: GRANT FOR RETURNING RESEARCHERS"

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1. GENERAL INFORMATION

Full Proposal: "***BIO-REENTRY: GRANT FOR RETURNING RESEARCHERS***"

TOPIC (please select one):

Proposal title - *The title should be no longer than 200 characters, including spaces and should be understandable to the non-specialist in your field:*

Proposal Acronym:

Authorization to be requested:

Type	**Yes/No**	**When** *(es. M1, M6)*
Animals		
Humans		
Clinical trial		

Responsible for the requests of Ethical authorization: *name/insitution*
Responsible for the requests of IACUC authorization: *name/insitution*

Project total financing request to FRRB (up to € 1.500.000,00):

Please check the box below:

- The Principal Investigator declares to have the written consent of all participants on their participation and on the content of this proposal, as well as of any researcher mentioned in the proposal as participating in the project. ___
- The Principal Investigator declares that the information contained in this proposal is correct and complete. ____
- The Principal Investigator declares that all parts of this proposal comply with ethical principles (including the highest standards of research integrity — as set out, for instance, in the European Code of Conduct for Research Integrity — and including, in particular, avoiding fabrication, falsification, plagiarism or other research misconduct). ____

- The Principal Investigator is only responsible for the correctness of the information relating to his/her own organisation. Each researcher remains responsible for the correctness of the information related to him/her and declared below. ____

- The Principal Investigator declares to dedicate no less than 50% of his/her time to the realisation of the Project. ____

Please enter five (5) keywords in order to identify the project during the TRIAGE process and/or archiving phases:

Project Keyword 1:
Project Keyword 2:
Project Keyword 3:
Project Keyword 4:
Project Keyword 5:

MDC Primary:
MDC Secondary:

Personal data protection
The assessment of your grant application will involve the collection and processing of personal data (such as your name, CV etc.), which will be performed pursuant to Regulation (UE) 2016/679 on the protection of individuals about the processing of personal data by the European institutions and bodies and on the free movement of such data. Unless indicated otherwise, your replies to the questions in this form and any personal data requested are required to assess your grant application in accordance with the specifications of the call for proposals and will be processed solely for that purpose. Details concerning the purposes and means of the processing of your personal data as well as information on how to exercise your rights are available in the Call text.

2. ABSTRACT

The Abstract should be no longer than 600 characters (including spaces):

LAY SUMMARY

The Lay Summary should be no longer than 400 characters (including spaces):

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3. PARTICIPANTS & CONTACTS

Institution name	
Public institute	
Private institute	

Research group *(Please insert as many lines as needed).*

Key personnel name	Role in the Project	Under 40	Gender (F or M)
	PI		
	Collaborator 1 *(optional)*		
	Collaborator 2 *(optional)*		
	Collaborator 3 *(optional)*		

Other Collaborators *(Optional. Please insert here if you intend to cooperate with other researchers in different institution(s) than your own and why. Please be brief: do not include contact information or lengthy description). Please insert as many lines as needed.*

Name and Surname	Institution/Department/Division/ Laboratory	Role in the Project

4. PRINCIPAL INVESTIGATOR

Biographical Sketch

The following information of the Principal Investigator is used to personalize the communications to applicants and the evaluation reports. Please make sure that your personal information is accurate.

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Title:

E-mail:

Official H Index (Scopus):

ORCID ID:

Researcher ID:

Other ID:

Personal Statement

(Max 600 characters - including spaces). Briefly indicate the overall goals of the project and your responsibilities:

Specify here the exact date (dd/mm/yyyy) the Principal Investigator obtained the PhD or completed the medical residency (if the Principal Investigator obtained both titles, specify both dates).

Specify here the exact dates (from dd/mm/yyyy to dd/mm/yyyy) the Principal Investigator spent working abroad

For further details, as Positions *(List in chronological order the previous positions, concluding with your present position),* **Grants Awarded, Awards and Honors, Rewards received, please refer to Attachment 3_ALLEGATO A_CV, which forms an integral part of this Full Proposal.**

5. COLLABORATOR 1

(Optional)

Biographical Sketch

The following information is used for evaluation reports. Please make sure that your personal information is accurate.

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Title:

E-mail:

Official H Index (Scopus):

ORCID ID:

Researcher ID:

Other ID:

Personal Statement

(Max 600 characters - including spaces). Briefly indicate your responsibilities in the Project:

Positions

List in chronological order the previous positions, concluding with your present position. (Max 8 lines):

Institutions	Division/research group	Location	Position	From year	To year

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Grants Awarded *(Please insert as many lines as needed):*

Grant title	**Year**	**Funded Institution**	**Role in the project** (coordinator/ collaborator)	**Amount funded grant**	**Funding agency**

Awards and Honors *(Max 400 characters including spaces):*

Other CV Information *(Max 600 characters including spaces):*

Rewards received *(Please insert as many lines as needed):*

Rewards	**Yes / no**	**If yes, please specify**

Other(s) FRRB Project(s):

Call Title	**Acronym**	**Role**	**Ongoing/closed** (if closed please insert the year)	**Salary requested** (Yes/no)

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6. COLLABORATOR 2

(Optional)

Biographical Sketch

The following information is used for the evaluation reports. Please make sure that your personal information is accurate.

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Title:

E-mail:

Official H Index (Scopus):

ORCID ID:

Researcher ID:

Other ID:

Personal Statement

(Max 600 characters - including spaces). Briefly indicate your responsibilities in the Project:

Positions

List in chronological order the previous positions, concluding with your present position. (Max 8 lines):

Institutions	Division/research group	Location	Position	From year	To year

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Grants Awarded *(Please insert as many lines as needed):*

Grant title	**Year**	**Funded Institution**	**Role in the project** (coordinator/ collaborator)	**Amount funded grant**	**Funding agency**

Awards and Honors *(Max 400 characters including spaces):*

Other CV Information *(Max 600 characters including spaces):*

Rewards received *(Please insert as many lines as needed)**:***

Rewards	**Yes / no**	**If yes, please specify**

Other(s) FRRB Project(s):

Call Title	**Acronym**	**Role**	**Ongoing/closed** (if closed please insert the year)	**Salary requested** (Yes/no)

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7. COLLABORATOR 3

(Optional)

Biographical Sketch

The following information is used for the evaluation reports. Please make sure that your personal information is accurate.

Last Name:

First Name:

Date of Birth (DD/MM/YYYY):

Title:

E-mail:

Official H Index (Scopus):

ORCID ID:

Researcher ID:

Other ID:

Personal Statement

(Max 600 characters - including spaces). Briefly indicate your responsibilities in the Project:

Positions

List in chronological order the previous positions, concluding with your present position. (Max 8 lines)

Institutions	Division/research group	Location	Position	From year	To year

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Grants Awarded *(Please insert as many lines as needed):*

Grant title	**Year**	**Funded Institution**	**Role in the project** (coordinator/ collaborator)	**Amount funded grant**	**Funding agency**

Awards and Honors *(Max 400 characters including spaces):*

Other CV Information *(Max 600 characters including spaces):*

Rewards received *(Please insert as many lines as needed):*

Rewards	**Yes / no**	**If yes, please specify**

Other(s) FRRB Project(s):

Call Title	**Acronym**	**Role**	**Ongoing/closed** (if closed please insert the year)	**Salary requested** (Yes/no)

8. ETHICS

HUMAN EMBRYOS/FOETUSES	**YES or NO**	**WHEN** *(es. M1, M6-if applicable)*
Does your research involve Human Embryonic Stem Cells (hESCs)?		
Does your research involve the use of human embryos?		
Does your research involve the use of human foetal tissues / cells?		
HUMANS		
Does your research involve human participants?		
Does your research involve physical interventions on the study participants?		
HUMAN CELLS / TISSUES		
Does your research involve human cells or tissues (other than from Human Embryos/ Fetuses)?		
PERSONAL DATA		
Does your research involve personal data collection and/or processing?		
Does your research involve further processing of previously collected personal data (secondary use)?		
ANIMALS		
Does your research involve animals?		
ENVIRONMENT & HEALTH and SAFETY		
Does your research involve the use of elements that may cause harm to the environment, to animals or plants?		
Does your research deal with endangered fauna and/or flora and/or protected areas?		
Does your research involve the use of elements that may cause harm to humans, including research staff?		
DUAL USE		
Does your research involve dual-use items in the sense of Regulation 428/2009, or other items for which an authorisation is required?		
EXCLUSIVE FOCUS ON CIVIL APPLICATIONS		

Could your research raise concerns regarding the exclusive focus on civil applications?		
MISUSE		
Does your research have the potential for misuse of research results?		
OTHER ETHICS ISSUES		
Are there any other ethics issues that should be taken into consideration? Please specify		

I confirm that I have considered all ethics issues described above and that, if any ethics issues apply, I will complete the ethics self-assessment and attach the required documents. ____

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11. CALL-SPECIFIC QUESTIONS

Eligibility:

I am aware of the eligibility requirements necessary to apply to this Call, and certify that, to the best of my knowledge, my application follows all these requirements. I understand that my proposal may be considered ineligible at any step during the evaluation or granting process if not compliant with all the eligibility criteria of the Call. _____

I confirm that the present proposal doesn't duplicate an existing or recently approved Grant already funded and not yet ended. _____

10. DESCRIPTION OF THE PROJECT:

10.1 Summary description *(max 1.000 characters including spaces)*:

10.2 Background / State of the art and preliminary data (if available)-*max 1.500 characters including spaces:*

10.3 Description and distribution of activities *(max 2.000 characters including spaces):*

10.4 Specific aims *(max 8.000 characters including spaces - max 4.000 characters for single field):*

10.4.1 Specific aims 1

10.4.2 Specific aims 2

10.4.3 Experimental design aim 1 *(max 4.000 characters for single field):*

10.4.4 Experimental design aim 2 *(max 4.000 characters for single field):*

10.4.5 Picture to support preliminary data *(max 3 MB):*

10.5 Methodologies and statistical analyses *(max 16.000 characters including spaces - max 4.000 characters for single field):*

10.5.1 Methods of data collection (indicate the data that will be collected, the tools used)- *max 16.000 characters including spaces - max 4.000 characters for single field:*

10.5.2 Statistic plan (calculation of statistical data):

10.5.3 Statistical analysis (describe the main statistical analysis):

10.5.4 Timing of analysis data (indicate duration of study: duration of enrolment, of therapy, follow-up etc):

10.6 Expected outcomes *(max 2.000 characters including spaces):*

10.7 Risk analysis, possible problems and solutions: (describe all measures taken to minimize / avoid bias)-*max 2.000 characters including spaces:*

10.8 Significance and innovation *(max 1.500 characters including spaces):*

10.9 Bibliography *(max 2.000 characters including spaces):*

10.10 Timeline/deliverables/payable milestones *(max 1.500 characters including spaces):*

- Milestones - 18 month *(max 1.000 characters including spaces):*

- Milestones - 36 month *(max 1.000 characters including spaces):*

- GANTT CHART *File Attached (max 3 MB)*

10.11 Equipment and resources available *(max 3000 characters including spaces for single field):*

- **Facilities available:**

- **Subcontract (explain reasons for subcontract):**

10.12 Description of the complementarity and synergy with other researchers/Departments in Institutions different from your own and/or in your own Institution *(max 2500 characters including spaces)***:**

10.13 Translational relevance and impact for the regional healthcare system *(max 1.000 characters including spaces) (i.e. what is already known about this topic? what this research adds? what are the implications for public health, clinical practice, patient care?)***:**

10.14 Dissemination & communication plan *(max 2500 characters including spaces)***:**

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11 – BUDGET

Please fill in the excel file named Attachment 1 ALLEGATO A. Once filled out, convert the file into PDF format and then upload it with the excel version too, together with the Full Application (word and pdf version), to the FRRB Platform.

I confirm that I did not use any generative AI or AI-assisted technological methods to prepare the proposal, and I agree that I will be held fully responsible for the content of the submitted Proposal. FRRB reserves the right to conduct investigation and retract all reports found to be using such related tools. AI could be used only as a translating tool to improve the English language. ☐