

Application Form

Summary

Reference number	
Institution	
Lead Applicant	
Total Requested	€

Sample

Preliminary Information

Project Title

Grant Total Requested

The Amount requested should not exceed €1,500,000.00

€

Scientist(s) Name(s)

Please provide the name of the scientist(s) who is/are the originator/s of the technology on which the research project is based.

Brief Description of the proposed Therapeutic Product

Target disease(s)

Provide the name of the main target disease and, if available, any other identified target disease.

Sample

General Information

Title	Address Line 1
Forename(s)	Address Line 2
Surname	Address Line 3
Date of Birth	County
Nationality	Postcode
Institution	Department

Type of Applicant	
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Name of Academic Organization
Name of Start Up

Name	
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Sample

Executive Summary

Sample

Disease Description and Medical Need

1. DISEASE NAME

Provide name of main target disease.

Is the disease genetic and/or rare?

Genetic Details

Provide as many as possible

ORPHA Number

Orphanet classification

OMIM Number

ICD-10 Code

Area(s) of Research

No Area(s) of Research have been added

Research Type

No Research Type have been added

2. DISEASE DESCRIPTION and DEMOGRAPHICS

3. FUNDAMENTAL BIOLOGICAL CHANGE (FBC) AND ABNORMAL BIOLOGICAL PROCESS (ABP)

4. MORBIDITY

5. AVAILABLE TREATMENTS and FORESEEN TREATMENTS

Therapeutic Product and Technological Approach

THERAPEUTIC PRODUCT DESCRIPTION

SCIENTIFIC RATIONALE AND BACKGROUND DATA

SCIENTIFIC RATIONALE AND BACKGROUND DATA

supporting documentation

Do you have any supporting figures?

THERAPEUTIC PRODUCT USE

TECHNOLOGICAL APPROACH

Sample

Competition

Sample

Key References

Provide 5-10 key scientific publications on which your work is based

Sample

Cited Literature

Please provide Cited Literature

Sample

Investment Proposal

Aims and Activities

Team characteristics

Target disease(s)

Budget

Current financial support

Please upload a GANNT chart (in PDF format) describing the timeframe foreseen for the different Specific Aims and their components.

Sample

Intellectual Property

Please check all the applicable options:	
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Date of Filing	
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Current Stage	
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Patent number	
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Sample

Clinical Feasibility - (If Available)

To be completed by the Clinical Expert identified by the Applicant as expert for the target disease

Is Clinical Feasibility available?	
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Title

Forename(s)

Surname

Honours

Institution

Department

Telephone No. Email Address

Address

Clinical Feasibility Detail.

- Indicate (and reference) if the disease has been addressed by natural history studies.
- Indicate (and reference) if registries have been already established.
- Estimate how many unique patients with this disease have been seen (both primarily and by referral) at your institution or at your clinical reference center during the past 5 years.
- For the unique patients seen at your institution or at your clinical reference center over the past 5 years, estimate how many patients you would consider to have mild disease, moderate disease, and severe disease at any time (note the same patient may be mild at some point and severe at another point). Provide the criteria that are used to classify patients as mild, moderate, or severe.
- Indicate (and reference) the existence of validated (either by the clinical community or by a regulatory authority) clinical end points for the proposed indication(s)
- Indicate if specific biomarkers are useful for the indication proposed. For each biomarker that currently exists, describe (and reference) the direct or indirect relationship to each ABP above. If there are not sufficient biomarkers existing today, propose necessary biomarkers and describe (and reference) the direct or indirect relationship to each ABP above.

References

Additional Information - (If Available)

Is there any additional information you need to add?	
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IP

Manufacturing

Regulatory

Other

Sample

Team

Role of the SCIENTIST(s)

Please provide details about specific activities of each scientist of the team and her/his roles in the existing/future start-up.

Relevant network (e.g. clinicians)

Please indicate any collaboration relevant for the execution of the proposed Project.

Brief Biosketch of the SCIENTIST(s)

First Name	Last Name	Institution	Department	Please provide a brief description of your career including education, professional appointments, research interests and achievements, indicate 5 recent publications

Organisation Type

Academic

Description of the academic organization (number of researchers, relationship with hospitals, universities)

Start Up.

Description of the existing start up (i.e., individual Founders, institutions and investors involved)

Sample

Declaration

- I hereby certify that all information submitted in the online application form is accurate and complete.
- I hereby certify that I'm entitled and/or authorized to disclose all Information provided within the Application.
- The Applicant declares to have provided any researcher involved in the Application (Key Personnel or Collaborator) with the information attached to the Call for Application in Appendix 1. He/She also declares that the relevant consents have been gathered in order to be authorized to indicate the personal data of any other researcher in the Application.

Certify	<input type="checkbox"/> Not Confirmed
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Full Name	
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Place	
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Date	
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Sample