ERACoSysMed

2nd Joint Transnational Call for European Research Projects on Systems Medicine

Call Text

Submission deadline for pre-proposals: March 17th, 2017

(17:00h C.E.T.)

Online access: https://www.eracosysmed.eu/call2

For further information please visit us on: www.eracosysmed.eu

or contact the ERACoSysMed Joint Call Secretariat at:

Instituto de Salud Carlos III, Spain

Email: eracosysmed.jcs@isciii.es

Dr. Mauricio Garcia-Franco

Telephone: (+34) 91 822 28 85

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1. BACKGROUND

European citizens expect a high-quality health care and medical treatment. The impact of increasing government healthcare expenses combined with the need for budgetary consolidation across the European Union (EU) requires an efficient and cost-effective approach to ensure the sustainability of current health systems. Smart solutions to overcome these challenges must be sought to implement new approaches for public, private, social, health and economic systems.

As medical disciplines become more sophisticated, the next decades hold the promise of extraordinary progress in a wide range of medical fields that have the potential to advance our understanding of human health and diseases, resulting in better care i.e. efficient and effective prevention, prediction, and medical treatment. These advancements will revolutionise the way medicine will be conducted in the future and Systems Medicine will be a key part of it.

CASyM, the coordination and support action Systems Medicine, has drafted a road map for the implementation of Systems Medicine across Europe (https://www.casym.eu/index.php?index=90). The definition used in this road map: 'Systems Medicine is the implementation of Systems Biology approaches in medical concepts, research and practice. This involves iterative and reciprocal feedback between clinical investigations and practice with computational, statistical and mathematical multiscale analysis and modelling of pathogenetic mechanisms, disease progression and remission, disease spread and cure, treatment responses and adverse events as well as disease prevention both at the epidemiological and individual patient level. As an outcome Systems Medicine aims at a measurable improvement of patient health through systems-based approaches and practice.'[1]

According to this definition Systems Medicine aims to understand human health and disease as a complex interplay of different biological networks on multiple spatial and temporal levels. Computational models are created using iterative cycles of experimentation, data evaluation, and simulations that quantitatively describe and

[1] The CaSyM Roadmap: Implementation of Systems Medicine across Europe' (PDF)

explain the underlying biological mechanisms in health and pathological cases/conditions.

In addition to its ability to provide insights into fundamental biological mechanisms, Systems Medicine has the potential to provide sustainable tools for a modern type of clinical decision making, allowing clinicians to diagnose and treat patients rapidly and effectively. Therefore, the use of a Systems Medicine approach can lead to early stage medical interventions most likely resulting in prevention of diseases, reduction in disease severity, and the ability to apply resources strategically and wisely. Furthermore, the complexity of large datasets derived from modern "-omics" technologies complemented by clinical, imaging, nutritional and environmental exposure data compels clinicians to face the challenge of integrating these different information sources.

The CASyM roadmap has been the strategic guide to formulate the key objectives of ERACoSysMed. The ERA-Net ERACoSysMed on "Collaboration on Systems Medicine funding to promote the implementation of Systems Biology approaches in clinical research and medical practice" has been established under the ERA-NET Co-fund scheme of the European Commission in the Framework Programme Horizon 2020.

In addition, also as part of CASyM and as a next step in bringing together everyone with an interest in Personalised Medicine and Systems Medicine a charitable association EASyM (European Association of Systems Medicine) was established. EASyM will take on the legacy of CASyM, including the preservation, application and expanding of resources build up by CASyM and will continue CASyM's long-term vision of establishing systems medicine-based practices in European healthcare. ERACoSysMed will help the association by presenting best practices of funding transnational projects in Europe in the field of Systems Medicine.

The following parties have agreed to launch a second Joint Transnational Call (JTC-2) for research projects on Systems Medicine:

- The Federal Ministry of Education and Research (BMBF), Germany
- The Austrian Science Fund (FWF), Austria
- The Fund for Scientific Research (FNRS), Belgium

- The Research Foundation - Flanders (FWO), Belgium, Flanders
- The French National Research Agency (ANR), France
- The Chief Scientist Office of the Ministry of Health (CSO-MOH), Israel
- The Italian Ministry of Health (MoH), Italy
- The National Research Fund (FNR), Luxembourg
- The Netherlands Organisation for Health Research and Development (ZonMw), The Netherlands
- The Research Council of Norway (RCN), Norway
- The Slovak Academy of Sciences (SAS), Slovakia
- The Ministry of Education, Science and Sport (MIZS), Slovenia
- The National Institute of Health Carlos III (ISCIII), Spain

2. AIM OF THE CALL

This call addresses important health-related societal challenges through effective transnational and interdisciplinary research collaborations. These will be based on complementarities and shared expertise. The funders participating in JTC-2 seek to foster the implementation of Systems Medicine approaches, in both, clinical research and medical practice, by funding a number of high quality research projects that will improve our current knowledge of human health and disease.

Demonstrator projects should start with an idea or concept that addresses a clear medical or clinical need. It is expected that project outcomes will improve current knowledge of health and disease, leading to new paths for clinical research aimed at delivering better and more efficient and personalised prevention, diagnostics and treatments of human diseases.

Projects should within their envisaged duration, substantiate the translation of Systems Medicine into medical research and practice by focusing on high quality data sets and clinical relevance. Furthermore they should define new innovative approaches and tools that enable the integration of biological and clinical data that will lead to the creation of new and/or improved computational models. **The added value to the Systems Medicine field should be demonstrated.**

2.1 Research topic: areas and characteristics

Project proposals submitted under this call may include, but are not limited to, the following research areas/characteristics, as long as they fulfil the definition of Systems Medicine (please view section 1. Background for definition):

- Understanding of disease complexity, early diagnosis of disease and the re-definition of disease phenotypes that will lead to better patient stratification.
- Understanding the influence of differences like gender, age, ethnicity or other relevant data for the development and treatment of diseases at an individual level.
- Investigation of shared common early pathways among diseases such as metabolism, immunology and cell proliferation to predict disease manifestation and progression.
- Exploitation of the prognostic, diagnostic, preventive and therapeutic value of existing clinical material and data or, where relevant, appropriate models.
- Refinement of experimental design and of prospective clinical data collection in newly set cohorts with the use of computational models that lead to a better understanding of the biological processes that play a fundamental role in complex diseases and identify key common underlying mechanisms.
- Definition of a clear strategy to clinically validate the outcomes of the project, including the validation of the predictions of *in silico* computational models that will be developed using experimental and already available clinical datasets.
- Proposals should provide clear evidence on how they expect to access appropriate, relevant and already available clinical material and associated data (patient cohorts with comprehensive clinical characterisation/annotation).

Note: Datasets for the proposed research areas should be already available before the implementation of the project. However, these datasets may be complemented and/or validated during the execution of the project.

2.2 Data Management

Data management is an essential component for the success of Systems Medicine projects. Stakeholders in the life sciences, including academia, industry, funding organisations, the European Commission (EC) and scholarly publishers consider that there are many aspects that must be taken into account when designing and implementing a reliable data management. In harmony with that, this call requires from applicants to present an adequate and detailed Data Management Plan.

The Data Management Plan should build on adequate principles as those of FAIR, which require that all results of ERACoSysMed projects are: Findable, Accessible, Interoperable and Re-usable[2]. Besides these, there is another principle; Security, which is linked to protection, ethical and IPR aspects to be taken into consideration, when designing and implementing a data management plan. Security has two dimensions: a legal one, linked to regional, national and international regulations and a technical one, in which the managed data has a trustworthy technical protection that not only ensures the safety of the data, but also fulfils legal and ethical requirements (see 2.4).

Furthermore, when designing and implementing data management, it is advisable to consider the comparability of studied data sets. Where and how methods, protocols and results are stored are aspects that should be aligned to achieve the required reproducibility of experiments. Applicants should bear in mind that the same/analogous methods, procedures and software should be used to obtain and process data in order to facilitate/enable compatible and reproducible results. This approach will allow the comparability of results between previous research outcomes and those obtained with newly added data.

In a systems approach, well annotated models -including associated parameters- must be catalogued and interlinked with relevant data. Therefore, research data and non-data assets like algorithms, tools and workflows as well as metadata produced through the projects funded in this call must be machine-readable, citable, published on a reliable registered open repository and interlinked with other project outcomes in a cataloguing platform.

Therefore, it is preferable that projects make use of already existing resources of community knowledge and global or Pan-European data management platforms.

The Data Management Plan (DMP) is an integral part of the application. It is expected to fulfil the following criteria:

a. All data of an ERACoSysMed project, where applicable, should be stored in an appropriate international database in the appropriate data format and repositories which are appropriate for the respective type of data. There are

[2] Wilkinson, M.D *et al*. The FAIR Guiding Principles for scientific data management and stewardship. *Sci Data* 3: 160018 doi: 10.1038/sdata.2016.18 (2016)

many specialised repositories and in many cases more than one version. In this call it t will be ensured that:

- The databases have clear formats that include the appropriate metadata (data about data) to describe the experiments associated to the data.
- The databases include the security/access mechanism that might be required for some data types.
- The databases have provisions for storing the data until a reasonable time (e.g. time of publication) if required.

b. Stewardship/curation. The Data Management Plan should include how data curation and transfer of data and metadata to data management and sharing platforms will be carried out and who will do it (e.g. a bioinformatics facility, a company, or a person to be hired). This is essential to guarantee that data is submitted in the proper format and not left badly annotated in institutional silos.

c. Time plan and schedule for the submission of data. The Data Management Plan should contain a Time Plan informing when the data is going to be produced, when it is going to be curated / submitted, and when made be public (under the appropriate legal conditions) together with models and metadata. Projects that are not clearly committed to make the data public according to the guidelines of the call will be rejected.

d. Metadata should include all experimental procedures; starting materials, SOPs, data acquisition (processing, analysis, curation pipelines), computational models (clearly parameterised and linked to the experimental data), modelling software, model validation and all other aspects of the research process that are relevant for evaluating, reproducing and re-using the results of the project.

e. Data Security is considered a very important part of good quality medical research. Security is linked, among others, to privacy, ethical and IP aspects. The Data Management Plan should make explicit what the security measures are and how they impact on the accessibility (but it should not affect the findability!) of the data. The plan should specify whether the data produced

and/or used in the project is useable by third parties, in particular after the end of the project? If the re-use of some data is restricted, explain why.

A Data Management Plan addressing all aspects listed above is required for all projects participating in this call.

2.3 Patient and Public Involvement

Research proposals are highly encouraged to include plans that adequately involve patients, carers and the public (patient and public involvement or PPI) or make efforts to include PPI approaches, where appropriate, at each stage of the research process and/ or specify plans for future involvement of patients or patient's organizations (PO).

2.4 Ethical and legal requirements

Ethics is an integral part of research. Please be aware that regulations and ethical issues vary across different countries and should be considered from the outset. ERACoSysMed expects applications to fulfil ethical and legal requirements. For instance, among other things, special attention will be paid to potential ethical issues (e.g. research on humans or animals; privacy of data and biomaterials; informed consent; etc.).

In projects involving the sharing of clinical data, applying consortia will have to provide a data management concept that (i) makes clear that the legal and ethical issues of data management are properly addressed, i.e. entities that will send/receive privacy-sensitive clinical data are (or will be) legally allowed to exchange data and (ii) describes the management and handling of clinical data, pseudonymised & anonymised clinical data, as well as non-clinical data.

Only projects that fulfil the legal and ethical international/EU and national and institutional standards will be funded.

3. APPLICATION

The implementation of the call will be coordinated by the Joint Call Secretariat (JCS) hosted by the National Institute of Health Carlos III (Spain), and conducted simultaneously by the funding organisations in their respective countries. Furthermore, it will be implemented through a two-step evaluation procedure including submission and evaluation of pre- and full proposals. **Applicants must refer and comply with the specific regulations of the national funding organisations** (**see Annex II**) and are

encouraged to contact their respective contact person for any queries related to their national regulations.

3.1 Eligibility

Whilst applications submitted jointly by consortia of groups from different countries will be centrally evaluated, individual research groups will be funded by their respective national/regional ERACoSysMed funding organisation(s). Eligibility for funding is additionally subject to these national/regional funding organizations (**see Annex II**) and the details of what may or may not be funded is subject to their regulations.

Proposals must meet the following eligibility criteria:

- Projects can be funded for a period of up to three years and according to national funding organisations' regulations.
- Each consortium submitting a proposal must involve **a minimum of three and a maximum of five eligible partners** from at **least three different countries** participating in the call. For reasons of transnational balance, no more than two eligible partners from the same country are allowed to join each consortium.
- External collaborators, i.e. groups from countries that are not participating in this call, or research groups from countries that are partners in this joint transnational call but do not ask for funding, may participate in projects, provided that they demonstrate in advance that their economic and human resources have already been secured (i.e. prior to the full proposal submission) and will be available at the start of the project. The maximum number of external collaborators per consortium is two.
- The maximum number of partners and external collaborators in each consortium should not exceed seven, i.e. three to five eligible partners, and a maximum of two external collaborators.
- In order to strengthen the implementation of Systems Medicine throughout Europe, the inclusion of research teams from Slovenia and Slovakia is encouraged. Therefore, consortia including partners from these two countries may increase the maximum number of eligible partners to seven (five eligible partners + two partners from either Slovenia and/or Slovakia) or to nine in cases involving five eligible partners + two external collaborators + two partners (from either Slovenia and/or Slovakia).

- Project proposals are expected to be comprised of effective multidisciplinary consortia, i.e. involving, both, clinical and translational researchers, medical doctors, epidemiologists, bioinformaticians, data management expert and where possible patient organisation representation and industry. **Each consortium submitting a proposal must include at least one clinical partner, one computational biologist** and, where possible, industry.
- For some applicants from certain countries/regions, it might be necessary to submit additional information before the submission deadline directly to the respective funding organisation. Information on specific regulations is provided in **Annex II.** Applicants are strongly advised to contact their respective funding organisations **(Annex II)** to confirm eligibility before the submission deadline. **Adherence to national/regional regulations is mandatory. Inclusion of a non-eligible partner in a proposal leads to the rejection of the entire proposal without further review.**

Consortia must nominate one partner to act as coordinator. The coordinator must be eligible for a funding organisation participating in the call. S/he will be responsible for the internal management and will represent the consortium externally. Details on what may or may not be funded are subject to the regulations of the corresponding funding organisations.

3.2 Submission of joint proposals

In both steps of pre- and full proposal submission, one joint proposal document, written in English, shall be prepared by the partners of a joint transnational consortium and submitted electronically by the coordinator via the online submission tool (https://www.eracosysmed.eu/call2). Only pre- and full proposals using the template provided in the **Guidelines for Applicants** (same link as the above online tool) and/or available in the ERACoSysMed submission tool (Link above) will be accepted. No other means of submission will be accepted.

The submission deadline for pre-proposals is no later than **March 17th, 2017** (**17:00 C.E.T.).**

The results of the evaluation of pre-proposals will be communicated to the coordinators during the second half of **May, 2017, by the JCS.**

Full proposals must be electronically submitted by the coordinator of the applying consortia no later than June 30th, 2017 (17:00 C.E.T).

Detailed Information on how to submit pre- and full proposals is on the Guidelines for Applicants that can be found here: (www.eracosysmed.eu/call2).

A summary of the deadlines of the call can be found in Annex I.

4. EVALUATION

All proposals will be subject to a peer-review and a joint decision process of the funding organisations participating in the call.

4.1 Scoring System

Pre- and full proposals will be assessed according to specific evaluation criteria given below. A scoring system from 0 to 5 will be used to evaluate a proposal's performance with respect to the different evaluation criteria.

Scoring system:

0: Fail. The proposal fails to address the criterion in question, or cannot be assessed due to missing or incomplete information.

1: Poor. The criterion is inadequately addressed, or there are serious inherent weaknesses.

2: Fair. The proposal broadly addresses the criterion, but there are significant weaknesses that need corrections.

3: Good. The proposal addresses the criterion well, but certain improvements are necessary.

4: Very Good. The proposal addresses the criterion very well, but small improvements are possible.

5: Excellent. The proposal successfully addresses all relevant aspects of the criterion.

4.2 Evaluation criteria

Independent experts will assess pre- and full proposals based on the following criteria:

1. EXCELLENCE

a) Sound rationale and research hypothesis based on a medical/clinical need.

b) Clearly defined idea or concept.

c) Use of an innovative and suitable approach for applying Systems Medicine that incorporates proper modelling (involving clinical data) and a combination of various data sets (clinical and scientific).

d) Feasible testing of the concept during the course of the project.

e) Expected progression beyond the current state-of-the-art.

2. IMPACT

a) General advancement, implementation and consolidation of the establishment of Systems Medicine approach in medical and/or clinical research).

b) Suggest new paths for clinical/medical research aimed at delivering better prevention and more efficient and personalized therapies throughout life and in diseases.

c) Deliverable outcomes likely to impact future clinical, public health and/or socio-economic relevant applications, demonstrating that Systems Medicine represents an improvement over established practice.

d) Added-value of the transnational collaboration: gathering a critical mass of patients/biological material, sharing of resources (models, databases, etc.), harmonization of data, sharing of specific know-how and/or innovative technologies, etc.

e) Involvement of pertinent patient organisation, patient representatives or industry (if available).

3. QUALITY & EFFICIENCY OF IMPLEMENTATION

a) International competitiveness of participating research groups in the field(s) of the proposal (i.e. expertise relevant to the field of the call, quality of the research groups and their appropriate mix) and complementarity within the consortium (balance of the partnership in terms of multidisciplinary collaboration among clinical researchers and medical doctors, translational researchers and computational biologists, where possible industrial partners).

b) Allocation and justification of resources: rational distribution of resources in relation to the project's activities, partner's balanced responsibilities, time frame, budget and other resources.

c) Appropriate and reliable Data Management Plan (DPM) addressing all aspects listed in Section "2.2 Data Management".

d) Description of potential risks and how to handle them, reflected by a feasible risk- and contingency plan.

e) Compliance with the regulatory requirements and adequateness of the consideration of Responsible Research and Innovation (RRI).

4.3 Evaluation procedure

Pre- and full proposals will be evaluated according to the evaluation criteria above. Evaluations of both pre- and full proposals will be carried out by a peer review panel (PRP). The PRP is composed of internationally renowned, independent scientific experts from the respective fields of research.

4.4 Thresholds and weighting

Evaluation scores will be awarded for the three main criteria, and not individually for the different aspects listed below each criterion. The threshold for each individual criterion is 3. The overall threshold, applying to the sum of the individual scores, is 10. The maximum that can be reached for all three criteria together is fifteen points.

4.5 Peer review of pre-proposals

Pre-proposals passing the eligibility checks will be evaluated remotely by at least three internationally renowned independent experts. These experts will produce individual evaluation reports according to the evaluation criteria set above. Based on the individual evaluation reports a consensus report will be drafted by the PRP.

A ranking list of pre-proposals based on the scores given by the PRP will be set up. Based on this ranking list and additional advice of a subset of the PRP, the Call Steering Committee (CSC), composed of a single representative from each funding organisation) will decide which proposals will be accepted for the full proposal submission. The Joint Call Secretariat will invite the coordinators from successful consortia to submit a full proposal in May 2017. In principle, the number of proposals that will be invited to submit full proposals may be limited to a total of two or three times the available budget of the call.

4.6 Peer review of full proposals

Full proposals passing the eligibility checks will be evaluated by the PRP. Each full proposal will be remotely evaluated by at least three internationally renowned independent experts who will produce individual evaluation reports according to the evaluation criteria prior to a physical meeting.

4.7 Rebuttal

The evaluation process includes a rebuttal phase to provide applicants with the opportunity to reply to issues raised by the experts in the remote phase. Evaluator's comments and questions will be made available through the online submission

system for the corresponding project coordinator without revealing the identity of the reviewers. Project coordinators may comment on possible factual errors or misunderstandings and reply to the evaluators' questions after consulting the consortium through the online submission system from **August 25th until September 4th, 2017 at 17:00 (C.E.T.).** However, issues which are not related to evaluators' comments or questions cannot be addressed and the work plan cannot be modified at this stage.

4.8 Ethical evaluation

Once passing the eligibility checks, and reaching the required thresholds (see 4.4 Thresholds and weighting) full proposals will also be remotely evaluated by at least two internationally renowned independent experts in ethics. These experts will produce a consented report that will determine the feasibility of a given proposal to comply with the ethical requirements, and if necessary will list those task that needs to be done by the given evaluated consortium of the proposal and documents that need to be submitted to in order to receive the approval for funding from the ethical point of view.

Only those proposals approved by both, the scientific and ethical evaluations (complying with all central and regional/national ethical requirements), could be funded.

4.9 Consensus meeting

A consensus meeting will be held in which a panel of experts discuss the full proposals that passed the ethical evaluation under the provision of point 4.8, and determine the final scores. Based on these scores a ranking list will be established as the final outcome of the evaluation.

Subsequently, the CSC will issue a selection list of projects to be funded following the order of the ranking list. The following aspects will be applied successively for every group of *ex aequo* proposals having the same total score, starting with the highest score and continuing in descending order:

- Maximise the funding opportunities (spending national budgets available).
- Diversification of research portfolio concerning the variety of disease areas or scientific content of the proposals.
- Proposals with the highest score on criterion excellence.

- When the total scores are equal, priority will be based on scores for the criterion impact.
- If necessary, any further priorisation will be based on the following factors: size of the budget allocated to SMEs, gender balance among the personnel named in the proposal primarily responsible for carrying out the research and/or innovation activities.

The JCS will communicate to all project coordinators the final decision along with an anonymised summary of the evaluation conclusions by mid-October, 2017.

5. FINANCIAL ISSUES, RESPONSIBILITIES AND REPORTING

The ERACoSysMed JTC-2 funding partners have agreed to launch a joint transnational call using a 'virtual common pot' funding mode. National/regional funding will therefore be made available through national/regional funding organisations according to national/regional funding regulations. **Eligible costs and funding rates may vary according to the corresponding national/regional funding organisation regulations.**

An earmarked budget of approximately EUR 7,240,000 Mio is available for this call. Indicative budgets per participating funding organisation are indicated in Annex II under National budget commitment.

6. REPORTING AND DISSEMINATION

6.1 Reporting at national level

Individual research groups will be monitored by their respective national funding organisation. Therefore, the individual research groups must report to their respective national funding organisation according to the national rules.

6.2 Reporting at ERACoSysMed level

In addition to the national reporting obligations, coordinators on behalf of the consortium shall submit yearly scientific progress reports in English to the JCS. The final scientific progress report must be submitted within three months after the end of the project. The coordinators and/or principal investigators may be asked to present the results of the funded projects at mid-term and final status seminars. The costs related to these mid-term and final status seminars should be included in the project proposal.

An executive summary of reports will be published on the ERACoSysMed homepage.

6.3 Dissemination

Abstracts of the projects selected for funding will be published on the ERACoSysMed website.

Funding recipients must ensure that all outcomes (publications, etc.) of transnational ERACoSysMed projects include a proper acknowledgement of the ERA-Net ERACoSysMed and the respective funding partner organisations. An electronic copy of such publications must be sent to the JCS.

6.4 Consortium Agreement

The project consortium partners must sign a Consortium Agreement (CA) for cooperation, addressing issues listed in the Guidelines for Applicants on CA. Each project must have a project coordinator who represents the consortium externally, acts as first point of contact, and is responsible for the preparation and negotiation of the CA with the participating partners, as well as its internal management towards ERACoSysMed. The research consortium is strongly encouraged to sign the CA before the official project start date, and in any case the CA has to be signed no later than six months after the official project start date. Within a joint proposal/project, each group leader will be the contact person for the relevant national/regional funding organization. Please note that national regulations may apply concerning the requirement for a CA. Upon request, this CA must be made available to the concerned ERACoSysMed JTC-2 funding organizations, together with any other information required by national regulations.

Annex I - Indicative timetable of the call

03.02.2017	Publication of the call
17.03.2017	Submission deadline for pre-proposals
Second half of May 2017	Communication of the results of the pre-proposal assessment and invitation for full proposals
30.06.2017	Submission deadline for full proposals
25.08-2017 - 04.09.2017	Rebuttal
October 2017	Communication of the results of the full proposal assessment
2018	First projects start

Annex II – National/regional contact persons, budget information & regulations

Please note that country specific requirements might apply to this call. For further information please contact your national representative.

Country		Germany
Funding		BMBF
Contact person		Dr. Sylvia Krobitsch Tel: +49-30-20199-3403 s.krobitsch@fz-juelich.de Dr. K. Zsuzsanna Nagy +49-30-20199-3314 k.nagy@fz-juelich.de
National budget commitment (Mio €)		2
Maximum funding per participant and anticipated number of research groups to be funded		0,4 Mio € per consortium in case of a single German applicant in a consortium 0,6 Mio € per consortium in case of two German applicants in the consortium
Eligibility of applicants	Academia	Yes
	Hospitals	Yes
	Industry	Yes The company, which is partner in a proposal, must be registered in Germany and must be well established in Germany with plants, laboratories, employees, etc. The proposed project must add value to the national economy.
	Patient organisation	No
Eligible costs		Personnel, travel costs, consumables, equipment and subcontracts according to national rules Overheads are eligible costs and must be included in the budget estimation.
Additional documents to be submitted		In addition to the electronic submission of pre-proposals, industrial and/or SME partners have to contact Project Management Jülich and may have to submit: • Financial statement for the last two years (Jahresabschlüsse der letzten zwei Jahre) • Confirmation of the financial own contribution (Erklärung zur Aufbringung des Eigenanteils) • Business analysis (Aktuelle BWA) • Liquidity planing for the duration of the proposed project (Liquiditätsplanung für die

	Laufzeit des vorgeschlagenen Projektes) In case of positive funding recommendation, German applicants have to submit a formal national application via the electronic application system "easy" (https://foerderportal.bund.de/easy)
Earliest project start date	Mid 2018
Further guidance	The funding regulations, the follow-up and reporting of publicly funded projects are regulated according to ANBest (Allgemeine Nebenbestimmungen), BNBest (Besondere Nebenbestimmungen) and NKBF 98 (Nebenbestimmungen für Zuwendungen auf Kostenbasis des Bundesministeriums für Bildung und Forschung an Unternehmen der gewerblichen Wirtschaft für Forschungs- und Entwicklungsvorhaben).

Country		Austria
Funding organisation		FWF
Contact person		Dr. Markus Kubicek Tel: +43-1-505 67 40-8202 E-Mail: markus.kubicek@fwf.ac.at
National budget commitment (Mio €)		Expected € 0,5 Mio
Maximum funding per participant and anticipated number of research groups to be funded		The FWF anticipates funding of two projects. Given the maximum commitment of € 0,5 Mio, individual proposals should be in the range of approx. € 250.000. In any case, the funding commitment must not exceed € 400.000.
Eligibility of applicants	Academia	YES Applications may only be submitted by individual natural persons. Eligibility criteria will strictly follow the general Funding Guidelines (http://www.fwf.ac.at/en/research-funding/fwf-programmes/stand-alone-projects/)
	Hospitals	YES Applications may only be submitted by individual natural persons. Eligibility criteria will strictly follow the general Funding Guidelines (http://www.fwf.ac.at/en/research-funding/fwf-programmes/stand-alone-projects/)
	Industry	YES Applications may only be submitted by individual natural persons. Eligibility criteria will strictly follow the general Funding Guidelines (http://www.fwf.ac.at/en/research-funding/fwf-programmes/stand-alone-projects/)
	Patient organisations	YES Applications may only be submitted by individual natural persons. Eligibility criteria will strictly follow the general Funding Guidelines

	(http://www.fwf.ac.at/en/research-funding/fwf-programmes/stand-alone-projects/)
Eligible costs	For scientists funded by the FWF, the funding is limited to "project-specific costs, i.e. personnel and non-personnel costs that are essential to carry out the project and that go beyond the resources made available from the research institution's infrastructure, according to the general FWF Funding Guidelines published at http://www.fwf.ac.at/fileadmin/files/Dokumente/Antragstellung/Einzelprojekte/p_application-guidelines.pdf. The FWF does not finance infrastructure or basic equipment at research institutions. Overheads may not be requested. Subcontracts must be well justified, i.e. must represent the only or the most economical way to have the work performed, please contact the FWF directly for clarification of individual cases
Additional documents to be submitted	The following forms and project specific data must be sent both on paper and electronically (upon notification by the FWF secretariat): 1) FWF forms (completed, signed and stamped as appropriate) including Application Form, Programme Specific Data, Attachment Co-Author, Itemization of requested funding, and, if applicable, National Research Partner. 2) Additional form international cooperation: should be completed for each additional partner in the consortium. 3) If items of equipment are requested (costs above €400 incl. VAT, unless the research institution is entitled to deduct VAT), Itemization form Equipment must be completed for each item requested 4) One-page summary in English and in German (largely for PR work) All forms are found under: http://www.fwf.ac.at/en/research-funding/application/international-programmes/joint-projects-era-nets/
Earliest project start date	January 2018
Further guidance	Applications must fulfill the requirements of the FWF application guidelines published at http://www.fwf.ac.at/en/research-funding/fwf-programmes/stand-alone-projects/ Please contact the national contact person for further information.

Country	Belgium
Funding organisation	FNRS
Contact person	Arnaud Goolaerts

		arnaud.goolaerts@frs-fnrs.be
National budget commitment (Mio €)		0.2 Mio €
Maximum funding per participant and anticipated number of research groups to be funded		200.000€/project 1 project could be funded
Eligibility of applicants	Academia	YES **Eligibility of applying scientists** The applicant must be affiliated to a research institution from the Fédération Wallonie-Bruxelles. The applicant should also: • be a permanent researcher of F.R.S. - FNRS (Chercheur qualifié, Maître de recherches or Directeur de recherches), • or hold a tenure track position (or an assimilated position including pending tenure track) within a research institution from the Fédération Wallonie-Bruxelles, • or be a permanent research staff member of a federal scientific institution in which case he can act as a co-promotor only. The applicant should not have reached retirement at the starting date of the project. If the applicant reaches the age of retirement in the course of the project, he should precisely describe in the proposal how the handover will be managed. A single applicant may only participate once in a consortium applying to this call.
	Hospitals	YES when attached to a research institution
	Industry	NO
	Patient organisations	NO
Eligible costs		**Eligible cost items** The maximum amount allocated per project is 150.000 EUR. The following costs are eligible: • **Personnel:** o Scientifique doctorant € 37.200/year o Scientifique non postdoctoral € 63.300/year o Scientifique postdoctoral € 73.800/year o Technicien € 53.700 (full time/year) - € 27.200 (half time/year) o Chercheur temporaire postdoctoral € 47.600/year The categories “scientifique doctorant” and “chercheur temporaire postdoctoral” can only be Full time positions. The three other positions can be filled in either Full time or part-time. • **Equipment (max. 10.000 EUR/year)** • **Running costs:** travel expenses; organisation of small scientific events in Belgium;

	consumables and the following support costs: conception d'ouvrage, réalisation de dictionnaire, achat de livre, encodage, location de licence de logiciel, inscription à un congrès, ordinateur, scannage. "Overhead" is not an eligible cost. If the project is selected for funding, these costs will be subject to a separate agreement between the institution of the beneficiary and the F.R.S.-FNRS. General rules and regulations of FNRS apply: www.frs-fnrs.be
Additional documents to be submitted	NA
Earliest project start date	January 2018
Further guidance	http://www.ncp.frs-fnrs.be/index.php/appels/era-nets

Country		Belgium
Funding organisation		FWO
Contact person		Dr. Olivier Boehme Tel: +32 2 550 15 45 eranet@fwo.be Toon Monbaliu Tel: +32 2 550 15 70 eranet@fwo.be
National budget commitment (Mio €)		0.2 (Mio €)
Maximum funding per participant and anticipated number of research groups to be funded		1 fundable research group for an amount of € 200.000
Eligibility of applicants	Academia	Yes
	Hospitals	Yes, although with restrictions. Only hospitals associated with universities are eligible for the FWO. Art. 9 of the FWO-regulations on the regular research projects is applicable.
	Industry	No
	Patient representation	No
Eligible costs		Funding money can be used for staff, consumables and infrastructure. The minimal and maximal amounts of money allowed per cost category, as applicable for the regular FWO-projects, are not applicable for the projects funded by FWO in ERA-NET. Overhead is not an eligible cost. Notwithstanding, FWO pays the host institutions of a project 6% overhead on top of the funding amount.
Earliest project start date		2018
Further guidance		Art. 9 of the FWO-regulations on the regular

	research projects is applicable. In this article is stated who can apply as a **supervisor or co-supervisor** for a research project.
Any other issue?	It is strongly advised to contact FWO before submission in order to verify the researchers' eligibility and avoid the ineligibility of the project proposal as a whole.

Country		France
Funding organisation		French National Research Agency (ANR)
Contact person		Dr. Juliane Halftermeyer Tel: +33 1 78098022 E-mail: juliane.halftermeyer@agencerecherche.fr
National budget commitment (Mio €)		1 (Mio €)
Maximum funding per participant and anticipated number of research groups to be funded		The ANR has a maximum funding per partner for this call: - Maximum funding per partner: 250 000€. - Maximum funding per coordinator: 300 000€ There is a minimum amount per partner also: 15000 € 4 research groups could be funded
Eligibility of applicants	Academia	Yes
	Hospitals	Yes
	Industry	Yes
	Patient organisations	Yes
Eligible costs		Personnel costs for temporary contracts; small equipment; consumables and animal costs; travel; and sub-contracting, if necessary to carry out the proposed activities (sub-contracting costs of max 50% of requested budget per partner). Maximum rate of support 100% of additional costs for partners from academia and hospitals, 45% of total costs for SMEs and 30% of total costs for larger companies. Please note that at ANR «overheads» means «frais d'environnement (ou frais généraux de gestion ou de structure)», and 8% of the total eligible costs must be applied if the partner belongs to a public research organisation, or 68% of the total personnel costs and 7% of other costs if you belong to another category (cf "Règlement financier ANR – section 4.2.1.e).
Additional documents to be submitted		None
Earliest project start date		December 2017
Further guidance		Please see online the specific annexe document for research partners applying to this call for proposals for funding in France:

	http://www.agence-nationale-recherche.fr

Country		Israel
Funding organisation		CSO-MOH
Contact person		Chief Scientist Office - Ministry of Health (CSO-MOH) Dr. Ahmi Ben-Yehudah ahmi.by@moh.gov.il +972-2-508-2161 Dr. Ayelet Zamir ayelet.zamir@moh.gov.il +972-2-508-2168
National budget commitment (Mio €)		Up to 0.2 Mio €
Maximum funding per participant and anticipated number of research groups to be funded		Up to 0.1 Mio € per project Up to 2 projects
Eligibility of applicants	Academia	Yes
	Hospitals	Yes
	Industry	No
	Patient organisation	No
Eligible costs		Materials and consumables; Travel (up to 10%); No salaries for applicants; No equipment; Institutional overhead 10%
Additional documents to be submitted		PI should hold a Ph.D., M.D., D.M.D., D.Sc or equivalent degree and employed by an eligible institution. Applicant will not be funded by CSO-MOH simultaneously on more than one grant (Era-NET or national). Therefore, one CSO-MOH grant must end before the beginning of additional funding. Researchers can not apply for more than one grant from any ERA-NET funded by CSO-MOH in a single year or submit more than one proposal for any programme. Prior to submission, researchers must submit to CSO-MOH an abstract describing their part in the consortium approved by their research authority (do not send the consortium abstract), including detailed budget and justification. No submission of abstract may result in declaration of the researcher and consortium as ineligible. If the application involves human or animal experiments, bioethics approvals must be submitted with the application or up to 4 months after grant is accepted for funding. Submission of financial and scientific reports at the national level are required annually.
Earliest project start date		First quarter of 2018
Further guidance		Eligibility of project duration - Up to 3 years

	Please see detailed instructions at http://www.health.gov.il/Subjects/research/International_cooperations/Pages/default.aspx
Any other issue?	

Country		Italy
Funding organisation		MoH - Ministry of Health
Contact person		Directorate General for Health Research and Innovation Ministry of Health – Ministero della Salute Office 5 Viale Giorgio Ribotta, 5 00144 Rome, Italy Francesca Martorina (Phone: +39 06.5994.3066) Maria Josefina Ruiz Alvarez (Phone: +39 06.5994.3214) Giselda Scalera Email: research.eu.dgric@sanita.it
National budget commitment (Mio €)		0.6 Mio €
Maximum funding per participant and anticipated number of research groups to be funded		0.25 Mio € per project 2/3 projects
Eligibility of applicants	Academia	No
	Hospitals	Yes. ONLY IRCCS, that are the Scientific Institutes for Research, Hospitalization and Health Care (Istituti di Ricovero e Cura a Carattere Scientifico pubblici e privati), are eligible. The simultaneous participation in proposals submitted in 2017 for different transnational research calls funded by the Ministry of Health is not allowed to Italian Principal Investigators, including WP leaders.
	Industry	No
	Patient organisations	No
Eligible costs		Only costs generated during the lifetime of the project can be eligible. They are: • Direct Costs: Personnel (only temporary contracts) (max 50%); Consumables; Animals; Subcontracts (Max 20%); Equipment (only on hire); Travel (max 10%): Documentation (Max 1%) • Indirect Costs:

	Overhead (max 10%); • Other indirect costs are not eligible
Additional documents to be submitted	In order to expedite the eligibility check process, the Ministry of Health will grant an eligibility clearance to the applicants prior to the submission of the proposals. To this end, it is mandatory that the applicants fill out and return a pre-submission eligibility check form through IRCCS Scientific Directorate using WFR System before submitting their proposals to the Joint Call Secretariat. It is strongly recommended that the form, completed and duly signed, is returned at least 10 working days before the proposal submission deadline. Applicants will be sent a written notification of their eligibility status. The simultaneous participation in proposals submitted in 2017 for different transnational research calls funded by the Italian Ministry of Health is not allowed to Italian Principal Investigators or other research team members.
Earliest project start date	Beginning of 2018
Further guidance	After the ERACOSYSMED JTC 2017 peer review process has been completed and the final (scientific) ranking list has been established and endorsed by the Call Steering Committee, the Ministry of Health will invite the principal investigators of the projects approved for funding to enter the formal national negotiations (according to national regulations). Submission of annual scientific and financial reports at the national level will be required according to the rules of the Ministry of Health. Further information on the rules of the Ministry of Health can be found at www.salute.gov.it or requested to the national contact persons. See on the website: www.salute.gov.it
Any other issue?	The mid-term and final scientific reports to the JCS are sufficient

Country	Luxembourg
Funding organisation	FNR
Contact person	Frank Glod National Research Fund (FNR) +352 261925 33 frank.glod@fnr.lu www.fnr.lu
National budget commitment (Mio €)	0.3 Mio €
Maximum funding per participant and anticipated number of research groups to be funded	0.3 Mio € 1-2 projects

Eligibility of applicants	Academia	Yes, when in line with the national legislation
	Hospitals	Yes, when in line with the national legislation
	Industry	No
	Patient Organisation	No (possibly as sub-contractor - please contact the FNR for further information)
Eligible costs		Salary costs. Small equipment costs. Travel. Any other direct running, dissemination and knowledge exchange costs Overheads
Additional documents to be submitted		A summary of the submitted proposal will have to be submitted also via the FNR grant management system.
Earliest project start date		January 2018
Further guidance		Applicants are recommended to contact the FNR before submitting an application.
Any other issue?		

Country		The Netherlands
Funding organisation		ZonMw
Contact person		Dr. Rob Diemel Tel: +31 70 349 52 52 E-mail: diemel@zonmw.nl Simone de Graaf, MSc Tel: +31 70 349 53 83 E-mail: sgraaf@zonmw.nl
National budget commitment (Mio €)		0.45 Mio €
Maximum funding per participant and anticipated number of research groups to be funded		In this call ZonMw aims to fund the Dutch partner(s) of two research projects. Per project, maximally k€ 225 can be applied for. Each application in which a Dutch group is applying for funds must contain matched funding of at least 10% of the total funds that the Dutch public partners have applied for provided by private partner(s) in the consortium (see "Eligibility of applicants" and "Criteria for matched funding" below).
Eligibility of applicants	Academia	Yes
	Hospitals	Yes **Note**: Each application that contains a Dutch partner from academia (e.g. university or university hospital) must also include a Dutch non-academic hospital ("niet-academisch ziekenhuis") in the research consortium. N.B. Dutch non-academic hospitals are considered private partners due to the commercialisation of the care sector within the Netherlands.

	Industry	Yes, but industry is not allowed to apply for budget in this call.
	Patient organisations	Yes
	Additional eligibility criteria	**Patient participation** In this call, involvement of patients in projects is highly recommended, e.g. by setting up a patient council, or by having a patient organisation as research partner. Costs for such patient involvement may be part of the budget to a maximum of k€ 5. **Public-Private Partnership Required** Each application in which a Dutch group is involved must be a public-private partnership (PPP). This PPP will consist of one or several national public partner(s) plus one or several (inter)national private partner(s). In the PPP a public partner will be the contact person and liaise with the National Call Secretariat throughout the procedure. All the other partners (public and private) are co-applicants. **Consortium agreement** Once a grant is awarded, ZonMw requires that a consortium agreement (CA) will be signed among all project partners. The final draft CA needs to be sent to ZonMw. The CA will be assessed on conformity with the ZonMw open-access policy. In addition, ZonMw will focus on the provisions with regard to the project results (ownership and access rights), on publication (academic freedom), access to data and confidentiality and non-use provisions. Awarded projects can only start if the CA is accepted by ZonMw.
Eligible costs		The resources provided may be used to pay for academic staff. For Dutch partners in this call, it is not allowed to appoint a PhD student. Part of the budget may also be used for: - consumables and small equipment required specifically for the project; - travel and subsistence to visit labs of consortium partners, to visit conferences and to attend training courses necessary for conducting the research of the project; - dissemination, knowledge exchange and implementation. **Criteria for matched funding by private partners** Each application in which a Dutch group is applying for funds must contain matched funding

	provided by the private partner(s) in the consortium. This matched funding may be in kind and/or in cash. The matched funding must be at least 10% of the total funds that the Dutch public partners have applied for. If Dutch partners request a budget of 225 k€ in total, the matched funding by private partner(s) must be at least 22,5 k€. Therefore, the total budget for Dutch part of the project will be at least k€ 247,5. <u>Example 1: Dutch university/academic hospital + Dutch non-academic hospital</u> All partners are allowed to request for funding as long as the non-academic hospital provides the 10% matched funding. Numeric example: • Funding applied for (by university, academic hospital and/or non-academic hospital): 225 k€ • Matched funding 10% (by non-academic hospital): 22.5 k€ • Total project budget: 247.5 k€ <u>Example 2: Dutch university/academic hospital + Dutch non-academic hospital + (inter)national industry</u> All partners are allowed to request for funding except for industry. The non-academic hospital and/or industry needs to provide the matched funding. Numeric example: • Funding applied for (by university, academic hospital and/or non-academic hospital): 225 k€ • Matched funding 10% (by industry and/or non-academic hospital): 22.5 k€ • Total project budget: 247.5 k€ Part of the research may be conducted by industry. Matched funding in kind will be accepted only on condition that it is an integral part of the work plan and can be identified and monitored as such; guidance and consultancy are explicitly excluded. Capitalised in cash and/or in-kind contributions specified in the budget must be supported by a letter of commitment from the private partner committing the matched funding and specifying the amount to be provided. *Inadmissible as matched funding:* - ZonMw will be guarding against improper mixing

	with direct and indirect government funding. In this call, matched funding may not be provided by grants obtained from governmental funding agencies; - Discounts on prices (commercial or otherwise) for material, equipment, services et cetera; - Overheads and costs of guidance and/or consultancy; - Conditional costs of services. The delivery of matched funding may not be made dependent on reaching a certain stage in the research plan (e.g. go/no-go point).
Additional documents to be submitted	Letter of commitment for each partner that provides matched funding. These documents should be submitted at the full proposal phase.
Earliest project start date	
Further guidance	For the Dutch applicants, the ZonMw General Terms and Conditions Governing Grants of ZonMw will be applicable. *Applicants must contact the National Call Secretariat before application of a proposal!*

Country		Norway
Funding organisation		RCN
Contact person		Ina K. Dahlsveen Tel: +47 40922299 E-mail: ikd@rcn.no
National budget commitment (Mio €)		1,3 Mio €* (12 Mio NOK) **This may have to be adjusted according to conversion rates*
Maximum funding per participant and anticipated number of research groups to be funded		Maximum 0,435 Mio €* (4,0 Mio NOK) per consortium in case of a single Norwegian applicant in a consortium Maximum 0,650 Mio €* (6,0 Mio NOK) per consortium in case of two Norwegian applicants in a consortium Anticipated number of groups to be funded is 3-4. **This may have to be adjusted according to conversion rates*
Eligibility of applicants	Academia	Yes
	Hospitals	Yes
	Industry	Yes, see below for restrictions
	Patient organisations	Yes
Eligible costs		Universities, research organisations and other non-profit entities may receive funding according to the rules of Researcher projects (Forskerprosjekt) of RCN. In these cases up to 100% of total eligible costs may be funded. Companies and commercial entities may receive funding according to the rules of Innovation Project for the Industrial Sector (Innovasjonsprosjekter i næringslivet) of RCN. In

	these cases up to 50% of total eligible costs may be funded.
Additional documents to be submitted	
Earliest project start date	January 2018
Further guidance	Applicants are recommended to contact the RCN before submitting an application.
Any other issue?	The Research Council of Norway (RCN) participates through the national program Biotechnology for Innovation (BIOTEK2021) in all call topics. RCN does not require a national application, but it should be clear from the common application what role the Norwegian partners would have and the size of their budget.

Country		Slovakia	
Funding organisation		Slovak Academy of Sciences (SAS)	
Contact person		Ms Katarina BIBOVA International Cooperation Department Stefanikova 49 814 38 Bratislava Slovak Republik Tel: +421 2 5751 0136 E-mail: bibova@up.upsav.sk Dr. Jan BARANCIK Head of International Cooperation of SAS barancik@up.upsav.sk	
National budget commitment (Mio €)		0.12 Mio€	
Maximum funding per participant and anticipated number of research groups to be funded		1-2	
Eligibility of applicants	Academia	**Yes**, only research Institutes of the Slovak Academy of Sciences (up to 100%) and condition is the participation of young scientists (under 35 years)	
	Hospitals	No	* Applicants from other Slovak R&D centres (universities and/or other organisations) have to cover the project costs from their own sources (**Letter of Commitment**). In addition to this, the teams outside of SAS can be consortium members but not the coordinator of the consortium.
	Industry	No	
	Patient organisations	No	
Eligible costs		Direct costs (DC) : Personnel (max. 15% of DC), Consumables, Equipment (max. 40% of DC) and Travel costs Indirect costs (IC - overheads): max. 20 % of DC. Total eligible costs = DC + IC Training costs shall not be defined as a separate	

	category, but included in other costs items
Restriction to project duration	Max 3 years
Additional documents to be submitted	National phase: Submission of the proposal at the national level will be required in parallel to the international evaluation. The submission will be carried out once the international evaluation and the ranking list have been performed and endorsed by the ERACoSysMed Call Steering Committee (CSC) and the Slovak project partner has been informed by the project consortium coordinator and invited by SAS to submit the proposal to it (Form MVTS). The Presidium of SAS makes the final decision for funding of selected projects Further guidance: • Web site: http://www.sav.sk/ • 133 Act of February 19, 2002 on the Slovak • Academy of Sciences, • Financial rules for awarding SAS grants for • research projects in frame of ERA.Net • Programme for research institutes of SAS • http://www.sav.sk/index.php?lang=sk&charset=&doc=services-news&source_no=25&news_no=5570 • Principles of allocation of funds for the institutes of SAS to support projects in the field of international scientific cooperation
Earliest project start date	First quarter of 2018 (tbc)
Further guidance	Applicants are strongly advised to contact their relevant funding organisation contact person before submitting an application.
Any other issue?	Participation at least 1 of young scientists (under 35 years)

Country	Slovenia
Funding organisation	Ministry of Education, Science and Sport (MIZS) Masarykova cesta 16 1000 Ljubljana Slovenia
Contact person	Dr. Eva Batista Science Division, Science Directorate Tel.: +3861 478 4754 E-mail: eva.batista@gov.si
National budget commitment (Mio €)	0.21 Mio
Maximum funding per participant and anticipated number of research groups to be funded	For the Slovenian partner within the (one) selected consortium a maximum of 70.000,00 EUR per year (210,000.00 EUR for the total project duration of maximum of 36 months per Slovenian partner) is granted. Anticipated number of research groups to be funded: 1-2
Eligibility of Academia	Yes (under indicated conditions): **Eligibility of a**

applicants	Hospitals Industry Patient organisations	**partner as a beneficiary institution:** research organizations as defined in the national *Research and Development Act (Zakon o raziskovalni in razvojni dejavnosti - ZRRD, Uradni list RS, št. 22/06 – uradno prečiščeno besedilo, 61/06-ZDru-1, 112/07, 9/11 in 57/12-ZPOP-1A*. All participating institutions have to be registered in the Slovenian Research Agency register of research institutions (*Informacijski sistem o raziskovalni dejavnosti v Sloveniji - Sicris*). **Eligibility of principal investigator and other research team members:** The project activities of the Slovenian partner have to be under the supervision of the primary investigator/primary researcher who fulfills the requirements for project leader as defined in Art. 29 of the national *Decree on criteria and standards for allocating resources for the implementation of the research activity, financed from the budget of the Republic of Slovenia (Uredba o normativih in standardih za določanje sredstev za izvajanje raziskovalne dejavnosti, financirane iz Proračuna Republike Slovenije, Uradni list RS, št. 103/11, 56/12, 15/14 in 103/15*, from now on: *Decree on criteria and standards*). The criteria are further determined in the *Rules on Determining the Fulfillment of Conditions for a Research Project Leader (Pravilnik o kriterijih za ugotavljanje izpolnjevanja pogojev za vodjo raziskovalnega projekta, Uradni list RS št. 41/09 in 72/11)*. All participating researchers have to be registered in the Slovenian Research Agency register of researchers (Sicris) and must have available research hours.
Eligible costs		MIZS will fund all eligible costs of Slovenian researchers participating in successful transnational projects, recommended for funding in accordance with the Decree on criteria and standards. Eligible costs are defined based on the FTE value according to the Slovenian Research Agency's research project categorization (A, B, C or D based on the research conducted). Eligible costs must be directly related to the research conducted and should include personnel (according to article 16,18, 22 and 23 of the Decree), material (including travel, consumables and services) and equipment (amortization) costs as elements of the FTE. Indirect costs are eligible. The value is calculated based on the FTE value of category A, B,C, or D research projects, under the condition that costs under each of the specific FTE elements are appropriately decreased (by a max.

	of 20% for indirect costs).
Additional documents to be submitted	None
Earliest project start date	1 January 2018
Further guidance	The Slovenian National Contact Person is dr. Eva Batista. Tel.: +3861 478 4754 E-mail: eva.batista@gov.si
Any other issue	**Period of eligibility of public expenditures**: as of budgetary year 2018 until the end of the budgetary year 2021. **Period of eligibility of expenditures on the project**: from the starting date of the transnational project stipulated in the consortium agreement for a period of maximum of 36 months, with a prescribed additional 30 day period for the payment of invoices related to the project costs. The exact duration of the project will be defined in the contract between MIZS and the selected Slovenian partner, after the consortium agreement between the selected consortium partners enters into force. **Funding**: 100 % for research organization (such as universities, public and private research institutes) who's financed activity is non-economic in accordance with the provisions of Community Framework for State Aid for Research and Development and Innovation (OJ EU C 198, 27. 6. 2014). Wide dissemination of research results on a non-exclusive and non-discriminatory basis is required. For research organizations, under the provision of Companies Act (Zakon o gospodarskih družbah, Uradni list RS, št. 65/09 - uradno prečiščeno besedilo, 33/11, 91/11, 100/11 - skl. US, 32/12, 57/12, 44/13 - odl. US, 82/13 in 55/15): 80% for small enterprises, 75% for medium sized enterprises and 65% for large enterprises. **National contracting negotiations** will commence after the projects are selected for funding on the level of the transnational call. National documentation with a statement regarding the agreed starting date of the transnational project signed by the transnational project coordinator will be a prerequisite for signing the contract on national level.

Country		Spain	
Funding organisation		National Institute of Health Carlos III (ISCIII) www.isciii.es	
National Funding Programme		Acción Estratégica en Salud (AES 2017) http://www.isciii.es/ISCIII/es/contenidos/fd-investigacion/fd-financiacion/convocatorias-ayudas-accion-estrategica-salud.shtml	
Contact person		Dr. Mauricio Garcia-Franco (+34) 91 822 2885 mauriciog@isciii.es	
National budget commitment (Mio €)		Expected 0.15 Mio €, after parliament approval	
Maximum funding per participant and anticipated number of research groups to be funded		•Up to 100.000 € per partner (overheads included) •Up to 150.000 € per coordinator (overheads included) 1-2 research groups	
Eligibility of applicants		Coordinator	Partner
	Hospitals, primary health care or public health settings of the Spanish National Health System (SNS)[1]	YES	YES
	Participating institutions from the INB (The Spanish Institute of Bioinformatics)	YES	YES
	Accredited Health Research Institutes (Institutos de Investigación Sanitaria acreditados, IIS)[2]	YES	NO
	CIBER or CIBERNED	YES	NO
	Patient organisations	NO	NO
	In addition to the Spanish entities listed above we allow the following entities participation[3]		
	Universities.	YES	YES
	Research Performance Organizations	YES	YES

	recognized as such according to the Act 14/2011, of June 1st, of Science, Technology and Innovation, as well as the other ones hold by Public Administrations		
	1. These institutions may manage research via a foundation regulated in accordance to the Spanish Act 50/2002, of December 26th (a copy of the foundation's statutes may be submitted) 2. Accredited according to the RD 339/2004, of February 27th (These institutions may manage research via a foundation regulated according to the Spanish Act 50/ 2002, of December 26th) http://www.eng.isciii.es/ISCIII/es/contenidos/fd-investigacion/fd-institutos-investigacion-sanitaria/listado-de-iis-acreditados.shtml 3. Please note that these entities can only participate if they apply together with Hospitals, primary health care or public health settings of the Spanish National Health System (SNS), Accredited Health Research Institutes (Institutos de Investigación Sanitaria Acreditados, IIS), CIBER, CIBERNED in the same proposal. It is not allowed to apply independently. **NOTE**: A. Only one partner per beneficiary institution may be funded within the same proposal. B. SMEs and other private companies are encouraged to participate at their own cost, as subcontractors or funded by other sources including CDTI open calls for internationalization. C. Due to administrative and legal regulations, **the National Institute of Health Carlos III declares the 22nd of September 2017 as national deadline for the decision on fundable project consortia which include Spanish partners to be funded by ISCIII**. Any concerned applicant in a proposal for which no final decision has been made by the deadline, will be declared not fundable by ISCIII.	
Additional eligibility criteria		• Only one proposal per partner is allowed. • Researchers participating, but not as Coordinator, for ongoing ERACoSysMed projects in 2018 can apply to the current call only as Coordinator. **NOTE:** • There is no other incompatibility with AES 2017 • Incompatibilities with other calls are subject to their respective specifications	
Eligibility of PIs and team members		• The Principal Investigator (PI) and all members of the research group must belong to the eligible institution or be affiliated to CIBER, CIBERNED or an IIS.	

<table>
<tr><td colspan="2"></td><td colspan="2">Excluded personnel as Principal Investigator (PI):
• Those undergoing a postgraduate training in Health Specialization (MIR, FIR, QIR, BIR, PIR)
• Those undergoing research training (e.g. PhD students, or “Río Hortega” contracts)
• Researchers contracted by a RETIC or a CONSOLIDER
• Those undergoing postdoctoral training (e.g. “Sara Borrell“ or “Juan de la Cierva” contracts)</td></tr>
<tr><td rowspan="6">Eligible costs</td><td></td><td>Coordinator</td><td>Partner</td></tr>
<tr><td>Personnel
Up to 3-year, full-time or part-time contracts (only for additional personnel)
Excluded: Students and fellowships</td><td>Total cost per annual full-time contract:
• Technical expert, higher degree: 29.500 €
• Technical expert, medium degree: 24.500 €
Technical expert, FP II: 20.500 €</td><td>Not eligible</td></tr>
<tr><td>Small Equipment</td><td>Up to 40.000 €</td><td>Up to 20.000€</td></tr>
<tr><td>Travel and Allowance</td><td>Up to 9.000 €</td><td>Up to 4.500 €</td></tr>
<tr><td>Consumables</td><td colspan="2">Up to 100% of direct cost</td></tr>
<tr><td>Subcontracting and other services</td><td colspan="2">Up to 50% of direct cost
Private (bio)companies and SMEs included</td></tr>
<tr><td>Overheads</td><td colspan="2">Up to 21% of direct cost</td></tr>
<tr><td colspan="2">Restriction to project duration</td><td colspan="2">Only 3 year projects will be funded.</td></tr>
<tr><td colspan="2">National phase</td><td colspan="2">National applications will be required from applicants officially invited by ISCIII</td></tr>
<tr><td colspan="2">Further guidance</td><td colspan="2">Any publication resulting from the granted projects must acknowledge “Award no. XX by ISCIII thorough AES 2017 and within the ERACoSysMed framework” even after the end of the project</td></tr>
</table>