

# EUROCORES PROGRAMME on Development of a Stem Cell Tool Box (EuroSTELLS)

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## GUIDELINES:

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Please fill in all sections of the application form in the format given (**character size 11**).

- Part A** to be completed by the Project Leader on behalf of all Principal Investigators and Associated Partners of the Collaborative Research Project (CRP).
- Parts B** to be completed by each Principal Investigator of an Individual Project seeking funding from countries and/or organisations participating in the EuroSTELLS Programme.
- Parts C** to be completed by each Associated Partner of an Associated Project seeking funding from countries and/or organisations **NOT** participating in the EuroSTELLS Programme.
- Annexes** to be completed by each Principal Investigator and Associated Partner of an Individual Project/Associated Project from countries/organisations **participating** and from countries and/or organisations **not participating** in the EuroSTELLS EUROCORES Programme

*Please note that the proposal will also be sent to the national funding agencies from which funding is sought.*

- NB** To confirm participation in the Collaborative Research Project, a printed sheet listing the names of each Principal Investigator/Associated Partner and signed by them must be sent to the ESF office at the address below (Please be aware that additional signatures of participating institutes etc. might be necessary for the national funding agencies):

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The completed form and annexes should be sent by **e-mail** (in one attachment only) in **pdf, doc or rich text format (rtf)** to the Medical Sciences Unit, e-mail: eurostells@esf.org by **31 October 2004**.

*In addition, the applicants should send a **paper version** of the original, 4 copies plus as many copies of the proposal as there are Individual Projects, to the European Science Foundation.*

Paper copies to be sent to: **ESF EMRC Unit, EuroSTELLS Programme**  
**European Science Foundation**  
**1, Quai Lezay Marnesia**  
**B.P. 90015**  
**67080 Strasbourg cedex**  
**FRANCE**

The envelope **must** be received by **29 October 2004**.

# APPLICATION FORM

## Full proposals

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### **PART A**

**To be completed by the Project Leader on behalf of all Principal Investigators and  
Associated Partners of the  
Collaborative Research Project (CRP)**

**A.1. Title of the Proposal of the Collaborative Research Project (with acronym):**

**A.2. Project Leader (normally one of the Principal Investigators responsible for  
coordination of the Collaborative Research Project and contact person to the ESF)**

Name & Title:

Department / Institute: (complete address, phone & fax numbers, e-mail, bank details)

**A.3. Names of the Principal Investigators of the Individual Projects in the Collaborative  
Research Project (including the Project Leader):**

Name & Title:

Department / Institute: (complete address, phone & fax numbers, e-mail address)

**A.4. Name(s) of the Associated Partner(s) of the Associate Project in the Collaborative  
Research Project:**

Name & Title:

Department(s) / Institute(s): (complete address, phone & fax numbers, e-mail address)

**A.5. Abstract:** (300 words, ¼ page max.)

**A.6. Key words** (max. 5)

**A.7. Selected topic(s) of the Programme (if any):**  
(as listed in the Call)

**A.8. Proposed Start Date and Length of the Collaborative Research Project:**  
(in number of months **with a maximum of 36 months**)

**A.9. Description of the Collaborative Research Project, including:** (8 pages max.)

- a) a short description of the state-of-the-art at international level showing the context of this proposal.
- b) project aims & objectives
- c) methodology/experiments
- d) workplan
- e) justification for budget items, especially staff and equipment
- f) total overall budget (sum of TOTAL BUDGET over all Individual Projects - item B.5 point g)

**A.10. A description of the Collaboration:** (3 pages max.)

(illustrate the scientific track record, expertise, objectives and contributions expected from each group, including any Associated Partners, showing how each group will contribute to the whole CRP).

**A.11. Ongoing international scientific relationships (outside the project collaboration) of the Research Groups of the CRP:** (1 page max.)

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# **PART B**

**To be completed by each Principal Investigator (PI) of an Individual Project in the Collaborative Research Project seeking funding from countries and/or organisations participating in the EuroSTELLS Programme**

(please add any additional information required by your national funding agency)

**B.1. Title of the proposed Collaborative Research Project (CRP) and Name of the Project Leader (PL)**

**B.2. Name of the Principal Investigator:**

Name & Title:

Department / Institute: (complete address, phone and fax numbers, e-mail address)

**B.3. Start Date and Length of the Individual Project** (in number of months **with a maximum of 36 months**):

**B.4. Contribution to the Collaborative Research Project**

(Please explain here how the individual project fits within the overall CRP):

**B.5. Requested Budget (incl. justification of the budget items);** Please give in Euros both an annual budget and a budget for the full duration of the Individual Project *(as far as they are consistent with the rules of your national funding agency; please also add here additional information that is requested by your national funding agency. Please contact your national funding agency if you have questions about this)* that include the following headings:

- a) Salary costs per individual induced by the project (non-permanent staff, fellowships, studentships if not available by parallel funding)
  - b) Equipment per item
  - c) Travels, workshops, participation in Conferences etc. (including networking within the CRP)
  - d) Consumables/Running Costs/Other costs (including publication)
  - e) Overheads
  - f) Others
  - g) **TOTAL**
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## **PART C**

**To be completed by each Associated Partner of an Associated Project in the Collaborative Research Project seeking funding from countries and/or organisations NOT participating in the EuroSTELLS Programme**

**C.1. Title of the proposed Collaborative Research Project (CRP)**

**C.2. Name of the Associated Partner**

Name & Title:

Department / Institute: (complete address, phone and fax numbers, e-mail address)

**C.3. Start Date and Length of this Associated Project** (in number of months **with a maximum of 36 months**):

**C.4. Associated Project Contribution to the Collaborative Research Project**  
(Please explain here how your project fits within the overall CRP)

**C.5. Information on Funding**

(Please give information on the source and status (confirmed, applied for etc.) of the funds you requested to participate in the CRP)

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## ANNEXES TO THE PROPOSAL

Applicants should attach to their proposals the following information:

- Annex 1** A short bibliography in support of the scientific case. (2 pages max.)
  - Annex 2** A CV of each Principal Investigator/Associated Partner. (3 pages max.)
  - Annex 3** A list of the 5 most relevant publications of each Principal Investigator/Associated Partner during the last 5 years.
  - Annex 4** List of applications on the same (or related) subjects (including funds requested/obtained) already supported by or submitted to other funding institutions, if any.
  - Annex 5** **For each individual project: the advice of the competent ethical advisory body**
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