****EURONANOMED II****

****Joint Transnational Call for Proposals (2016) for****

**“European Innovative Research & Technological Development Projects in Nanomedicine”**

**Proposal application form**

**Please note:**

* **All fields must be completed using "Calibri font, size 11" characters.**
* **Incomplete proposals (proposal missing any sections), proposals using a different format or exceeding length limitations of any sections will be rejected without further review.**
* **In case of inconsistency between the information registered in the submission tool and the information included in the PDF of this application form, the information registered in the submission tool shall prevail.**
* **Refer to the “GUIDELINES FOR APPLICANTS” for information about the proposal structure.**

**Checklist for the Coordinator:**

***In order to make sure that your proposal will be eligible to this call, please collect the information required (on the “Call Text”, “Guidelines for applicants” and through you contact point) to tick all the sections below before starting to complete this application form.***

* **General conditions:**

The project proposal addresses the **AIM/s** of the call

The project proposal meets the **TOPIC/S** of the call

* **The composition of the consortium:**

The consortium includes research group(s) from **at least** **two out of the following three categories**:

* academia;
* clinical/public health research sector;
* enterprise (all sizes of private companies)

The project proposal involves at least 3 eligible research groups from at least 3 different countries participating in the EuroNanoMed II 7th joint transnational call.

The coordinator’s institution and the majority of the partners in the consortium are from countries/regions participating in the 7th joint transnational call.

The project proposal is not involving more than two eligible research groups from the same country participating in the call.

The project proposal involves a maximum of 7 partners.

* **Eligibility of consortium partners:**

I have checked that each partner involved in the project proposal is eligible to receive funding by its funding organisation.

(if applicable) For each non-eligible for funding partner I have enclosed in the proposal a signed statement declaring that they will run the project with their own resources.

I have verified with each partner involved in the project proposal that they are not involved in more than two 2 research proposals submitted to this call.

I have only submitted one project proposal as coordinator and none as partner.

(if applicable) Italian partners involved in the proposal have submitted a pre-submission eligibility check form to their national funding organisation at least 7 working days before the submission deadline.

I am not a member of EuroNanoMed II Network Steering Committee (NSC) / Call Steering Committee (CSC) or evaluation panel.

1. **General information**

**Project title**

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**Acronym (max. 15 characters)**

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**Project duration (months)**

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**Total project costs (€)\***

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**Total requested budget (€)\***

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*\*Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool). Thousand separators and whole numbers should be used only (e.g. 200.000).*

Proposal classification

*Please tick the appropriate boxes to specify the focus of your application.*

**Basic innovative project**   Yes  No

**Clinical/Public Health application**  Yes  No

**Industrial application**  Yes  No

Scientific / Technical area(s)

*Please tick the appropriate boxes to specify what is (are) the scientific/technical area(s) addressed by your proposal.*

**Diagnostics**  Yes  No

**Targeted delivery systems**  Yes  No

**Regenerative medicine**  Yes  No

Keywords (from 5 up to 7)

*Please list 5 to 7 keywords describing your proposal.*

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Scientific abstract (max. ½ page, 2,400 characters including blanks)

*Please give a comprehensive and readable summary of the most important aims and methods of the project. Please note that if the project is selected for funding this abstract is to be published in the newsletter and on the funding organisations’ websites.*

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1. **Project consortium**

*For each of the partners participating in the project, please fill in the following table.*

* 1. **Project coordinator**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[1]](#footnote-1)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project partner 2**

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| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[2]](#footnote-2)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[3]](#footnote-3)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project partner 3**

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| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[4]](#footnote-4)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[5]](#footnote-5)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project Partner 4**

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| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[6]](#footnote-6)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[7]](#footnote-7)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project partner 5**

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| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[8]](#footnote-8)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[9]](#footnote-9)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project partner 6**

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| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[10]](#footnote-10)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[11]](#footnote-11)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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* 1. **Project partner 7**

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| **Last Name** |  |
| **First Name** |  |
| **Gender** |  |
| **Title** |  |
| **Institution** |  |
| **Type of entity** | Academia (research teams working in universities, other higher education institutions or research institutes)  Clinical/public health research sector (research teams working in hospitals/public health and/or other health care settings and health organisations)  Large enterprise  Small and medium enterprise (SME) |
| **Department** |  |
| **Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Country/Region** |  |
| **Relevant funding organisation (if no funding is requested, please write “none”) [[12]](#footnote-12)** |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Other information[[13]](#footnote-13)** |  |
| **Other personnel participating in the project**  **(please provide last and first names**  **and positions, 1**  **line per person)** |  |
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1. **Project Description**
2. **Background, present state of the art in the research field regarding the proposed work (max. 2 pages)**

*The following five subsections MUST be completed in these two pages:*

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| 1. *Justify how the proposal fits in the scope of the call* 2. *Explain the nanotechnology dimension of the proposed work and its added value to the scientific question addressed in the proposal* 3. *Describe the unmet medical need that is addressed by the proposed work* 4. *Describe the current patent situation related to your proposed work, the competitive landscape and how the results of your proposed work will fit in such landscape* 5. *State the Technology readiness levels (TRL) window where your project is (See “Guidelines for Applicants, Annex 3”)* |

1. **Preliminary Results (max. 2 pages)**

*Please include preliminary data obtained by the consortium members related to the proposed research work*

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1. **Previous Euronanomed funding**

**Is the research work proposed based in preliminary results obtained thanks to a previously EuroNanoMed granted project?**

Yes  No

*If yes, please indicate its acronym and title. Describe briefly the main results obtained and justify the need for a continuation of the research (max. 1 page)*

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1. **Resubmission**

**Has the research work proposed been previously submitted in past EuroNanoMed calls?**

Yes  No

*If yes, please briefly describe the main differences and improvements added to this new submission (max. ½ page)*

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1. **Work plan including references (max. 8 pages)**

*Please include: aims, methodology, role of each participant, time plan, Work Packages, project coordination and management, innovation, added value of the proposed solutions to address a medical need compared to existing ones*

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1. **Diagram which compiles the work plan, timeline, sequencing of work packages, the contribution of the partners to each work package and their interactions (Timeplan, Gantt and/or PERT, max. 1 page)**

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1. **Justification of requested budget and total project costs (max. 1 page)**

*Please justify the resources to be committed. When applicable specify also co-funding from other sources necessary for the project*

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1. **Added value of the proposed international collaboration (max. 1 page)**

*Please explain the European dimension of the research and the proposed solutions, the necessity for a transnational approach*

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1. **Potential Impact and exploitation of expected project results (max. 1 page)**

*Please provide a business plan if appropriate*

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1. **Handling of intellectual property rights (e.g. any barriers to sharing materials or results), both within and outside the research consortium (max. ½ page)**

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1. **Description of on-going projects, pending patents and patents when applicable of each participating group related to the present topic indicating funding sources and possible overlaps with proposal (max. 1 page per group)**

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1. **Ethical issues of the project proposal (max. ½ page)**

*When applicable, please address ethical and legal issues (e.g. informed consent, ethical permits, data protection, use of animals) according to national regulations*

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1. **When requested by country/region regulatory criteria additional information must be provided**

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1. Financial plan of Project Budget (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)

*Please consider that not all types of expenditure are fundable by all funding organisations (please read the ‘Guidelines for applicants’ for details on the eligibility criteria and/or contact the relevant EuroNanoMed II national/regional funding organisation).*

*Thousand separators and whole numbers should be used only (e.g. 200.000).*

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| --- | --- | --- |
| **Partners** | **Total** | |
| **Total costs** | **Requested** |
| **Partner 1:** |  |  |
| **Partner 2:** |  |  |
| **Partner 3:** |  |  |
| **Partner 4:** |  |  |
| **Partner 5:** |  |  |
| **Partner 6:** |  |  |
| **Partner 7:** |  |  |
| **Total** |  |  |

1. **Financial plan of Project Partner 1 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 2 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 3 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 4 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 5 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 6 (in €): Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Financial plan of Project Partner 7 (in €) : Please make sure that the same figures are entered in the sections that need to be completed online (pt-outline submission tool)**

| **Type** | **Item Description** | **Total** | |
| --- | --- | --- | --- |
| **Total costs** | **Requested** |
| **Personnel**  *Please specify (e.g. PhD students, Post Doc researchers, technicians and the number of Person-Months)* |  |  |  |
| **Consumables**  *Please specify (e.g. reagents, kits, antibodies, cell culture material, animals etc.)* |  |  |  |
| **Equipment**  *Please specify equipment* |  |  |  |
| **Travel**  *Please specify (e.g. allowances, meeting fees etc.)* |  |  |  |
| **Other**  *Please specify (e.g. animal costs, subcontracting, provisions, licensing fees, patents, publications, etc)* |  |  |  |
| **Overhead\*** |  |  |  |
| **Total** | |  |  |

\* Please note that there is not a common flat rate for the overhead category, given by the EuroNanoMed call. It may vary according to each funding agency’s regulations; please check the “Guidelines for applicants” or contact your relevant funding agency for further information.

1. **Brief CVs of consortium partners**

*For each of the consortium partners, please provide* *a brief CV for the Project Consortium Coordinator and each Project Partner Principal Investigator with a list of up to five relevant publications within the last five years demonstrating the competence to carry out the project (max 1 page each, complete form below).*

* 1. **Project Coordinator**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 2**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 3**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 4**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 5**

|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 6**

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| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

* 1. **Project Partner 7**

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| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **Institution** |  |
| **Short CV** |  |
| **List of**  **five relevant publications within the last five years** |  |

**Signature**

|  |  |
| --- | --- |
| **Project Consortium Coordinator**  **Family Name:**  **First Name:**  **Institution:** | **Stamp and Signature**  **Date:** |

1. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-1)
2. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-2)
3. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-3)
4. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-4)
5. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-5)
6. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-6)
7. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-7)
8. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-8)
9. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-9)
10. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-10)
11. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-11)
12. If no funding is requested, a signed statement has to be enclosed declaring in advance that this partner will run the project with its own resources. [↑](#footnote-ref-12)
13. Industry: Additional information (such as VAT number, turnover, balance sheet) might be requested by your national / regional agency. Please check in the “Guidelines for applicants”. If no additional information is requested by your national / regional funding organisation, please write «none». [↑](#footnote-ref-13)