*Please fill out the application form using Arial font, size 11, color black*

# **Applicant Information**

**Coordinating Applicant**

Name:

Position:

Organisation:

Sector: [ ]  Public [ ]  Private

If private, please precise: [ ]  Startup/Small enterprise, [ ]  Medium enterprise, [ ]  Large enterprise

Phone:

Email:

Address (Street and #):

Postal code:

City, Region:

**Co-Applicant** *Please copy and complete this section for each additional co-applicant*

Name:

Position:

Organisation:

Sector: [ ]  Public [ ]  Private

If private, please precise: [ ]  Startup/Small enterprise, [ ]  Medium enterprise, [ ]  Large enterprise

Phone:

Email:

Address (Street and #):

Postal code:

City, Region:

**Justification in case of non-regional partner(s)**

*For co-applicant(s) outside of Berlin-Brandenburg only, precise why it is undeniable to include these partners (max. 600 characters incl. spaces)*

# **Project Summary**

**Title of the R&D collaborative project:**

**Acronym:**

**Anticipated running time in month:**

**Budget request in €:**

**Application Topic** *Please select one of the following 6 categories*

[ ]  Innovative single-cell and AI technologies

[ ]  Predictive personalised disease models

[ ]  Precise molecular and cellular diagnostics

[ ]  New drugs targets and cellular therapies

[ ]  AI-supported clinical decision systems
[ ]  Out of the box, emerging fields

**Indication/disease area (if applicable)**
*Cancer/Oncology/Immuno-oncology, Cardiology/Cardiovascular, Chronobiology, Dentistry, Dermatology, Gastroenterology, Hematology, Immunology, Infectious disease, Metabolic Disease/Diabetes, Nephrology, Neurology, Pain, Pulmonology, Regenerative medicine/Stem cells, Surgery, Transfusion, Other (list any that apply)*

**Short summary of the project description:**

*Provide a short description of what you are planning to accomplish with the R&D collaborative project including your objectives to achieve the envisioned aim (max. 1200 characters incl. spaces)*

**Alignment with the cluster vision and mission:**

*Describe how the project proposal will contribute to advance cell-based interceptive medicine (max. 600 characters incl. spaces)*

# **Project description**

**Description of the problem**

*Please describe the scientific/technical challenge(s) in R&D and/or unmet medical need in the clinics that your solution addresses (max.1000 characters incl. spaces)*

**Description of your new solution (****technology/product/service/application)**

*Please describe your solution and how it addresses scientific/technical challenge(s) and/or unmet medical need that you are trying to solve. Please describe both the final technology/product/service/application and - if the final solution cannot be achieved within the project time frame - the goal you are trying to reach with the project. Ensure that you are aiming for a clear developmental goal at the end of the project and that you are not simply planning further research (max.1000 characters incl. spaces)*

**Uniqueness of new solution**

*Please describe what makes your solution unique. How does it differ from the current "gold standard"? Please also differentiate your proposed solution from other solutions that are already approved or in development. What are the competitive advantages of your solution? (max.1000 characters incl. spaces)*

**Excellence of the project partners**

*Provide a brief description of the partners that will realize your project, include relevant background and expertise to demonstrate your ability to conduct the project. Please describe the key assays or tools available in your working groups to enable development of your proposal. Please note that ongoing collaborations on the proposed work cannot be considered since only novel project ideas are eligible (max.1500 characters incl. spaces)*

# **Work plan**

**Work package and risk assessment**

*Please describe the proposed work packages (WP) including their objectives, tasks, timeline, budget and milestones using the following table. Please include one work package per applicant. Please briefly describe milestones or Go/No-Go criteria per work package (e.g. in bullet points/key words). Go/No-Go testing refers to a pass/check test principle and is an essential part of product/service/application development. Please use Go/No-Go decision criteria that are specific and as little as possible subject to interpretation. (per work package max. 1000 characters incl. spaces)*

|  |  |  |  |
| --- | --- | --- | --- |
| **WP No.** | 1 | **Budget:** xxx € | **Start Month** xx – **End Month** xx (M1-36) |
| **WP Title** | XXX |
| **Applicant** | XXX |
| **Objectives** | **O1.1** XXX**O1.2** XXX**O1.3** XXX |
| **Description of Work**  | **Task 1:** XXX**Task 2:** XXX**Task 3:** XXX**Task 4:** XXX |
| **Milestones/Go-No Criteria** |
| **MS. No.** | **Brief Description** | **Planned Month** |
| **MS1.1** | XXX | MXX |
| **MS1.2** | XXX | MXX |

|  |  |  |  |
| --- | --- | --- | --- |
| **WP No.** | 2 | **Budget:** xxx € | **Start Month** xx – **End Month** xx (M1-36) |
| **WP Title** | XXX |
| **Applicant** | XXX |
| **Objectives** | **O2.1** XXX**O2.2** XXX**O2.3** XXX |
| **Description of Work**  | **Task 1:** XXX**Task 2:** XXX**Task 3:** XXX**Task 4:** XXX |
| **Milestones/Go-No Criteria** |
| **MS. No.** | **Brief Description** | **Planned Month** |
| **MS2.1** | XXX | MXX |
| **MS2.2** | XXX | MXX |

*Please copy and complete this table for each additional work package.*

**Timeline**

*Please adapt the following example timeline according to your project plan by adjusting the number of work packages (WPs), years and months (M) and by coloring the respective fields in black.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 |
|  | M1-3 | M4-6 | M7-9 | M10-12 | M13-15 | M16-18 | M19-21 | M22-24 | M25-27 | M28-30 | M31-33 | M34-36 |
| WP1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WP2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WP3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Budget plan** *Please complete one budget table per partner using the open call* [*budget plan guidelines*](https://virchow2-0.de/wp-content/uploads/2021/11/Virchow-2.0-Open-Call-Budget-plan-guidelines.pdf) *to determine the appropriate rate of BMBF funding and include the corresponding rate explanation code. Please note that industry partners are expected to commit to co-funding of their project costs (for more details, please consult the Clusters4Future guidelines from the BMBF, in particular section 5 as well as section 2 of the annex).*

|  |  |
| --- | --- |
| **Applicant**  | XXX |
| **Rate of BMBF funding**  | XXX % | Rate explanation code XXX |
| **Cost category** | **Total planned budget in €** | **Own contribution in €** | **Budget requested from BMBF in €** |
| Personnel | XX € | XX € | XX € |
| Consumables, equipment and instrument depreciation | XX € | XX € | XX € |
| Other direct costs (e.g. travel, meeting and events) | XX € | XX € | XX € |
| Indirect costs | XX € | XX € | XX € |
| **TOTAL** | **XX €** | **XX €** | **XX €** |

|  |  |
| --- | --- |
| **Applicant**  | XXX |
| **Rate of BMBF funding**  | XXX % | Rate explanation XXX |
| **Cost category** | **Total planned budget in €** | **Own contribution in €** | **Budget requested from BMBF in €** |
| Personnel | XX € | XX € | XX € |
| Consumables, equipment and instrument depreciation | XX € | XX € | XX € |
| Other direct costs (e.g. travel, meeting and events) | XX € | XX € | XX € |
| Indirect costs | XX € | XX € | XX € |
| **TOTAL** | **XX €** | **XX €** | **XX €** |

*Please copy and complete this table for each applicant.*

**Future development plan, exploitation strategy long term vision**

*Please describe how you intend to proceed after the first implementation phase of the Virchow 2.0 cluster. Please describe the steps envisioned to exploit the results of your project. Which additional steps are necessary to reach patients/market and how and when can they be realized? Is your intention to apply for follow-on funding for further development, to engage with further partners? Please be as specific as possible. (max.1000 characters incl. spaces)*

# **V. Technology transfer activities**

# **Invention disclosure and/or patent(s) related to the proposed project**

*Please indicate if the partner(s) of the proposed project have filed invention disclosure(s) and/or if patent(s) exist related to this proposed project?*

**Support by technology transfer programs of Virchow 2.0 core partner institutions**

Partner(s) of the proposed project are supported and/or funded by technology transfer programs of Virchow 2.0 core partner institutions (e.g. SPARK-BIH, DHA, MDC-Boost pre-go-Bio, etc.)

☐ yes ☐ no

If yes, precise

Partner(s) of the proposed project are applying to technology transfer programs of Virchow 2.0 core partner institutions (e.g. SPARK-BIH, DHA, MDC-Boost pre-go-Bio, etc.)

☐ yes ☐ no

If yes, precise