

**Call for common equipment**  
**Labex Bio-Psy**

*Proposals should be written in English, deadline for submission:*  
**April 30<sup>th</sup>, 2016**

- **By e-mail** to : [brigitte.bouchard@inserm.fr](mailto:brigitte.bouchard@inserm.fr)
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**The document should include the 5 following items:**

- 1. Identification of the Equipment
- 2. Project Summary
- 3. Detailed Description of the Project
- 4. Participating Teams
  - Team n°1 : project coordinator
  - Team N : one form per associated team
- 5. Budget

<b>1. IDENTIFICATION OF THE EQUIPMENT</b>	
<b>Name of the equipment</b>	
<b>Relevant Thematic Axe(s)</b>	
<b>Coordinator</b>	Name : _____ First name : _____ Laboratory / Unit / Département :
<b>Funding requested for the equipment</b>	
<b>Number of teams involved in this application</b>	

## 2. ABSTRACT

Scientific background and rationale for the equipment acquisition (maximum 200 words)

### 3. DETAILED DESCRIPTION OF THE PROJECT

#### 3.1. Context (<500 words)

#### 3.2. Scientific and technical description (<500 words)

*Specify nature of the equipment(s) and justify their choice*

#### 3.3. Governance proposal (<200 words)

*Description of the modalities for the equipment implementation and use, including the users or technical committee responsibilities*

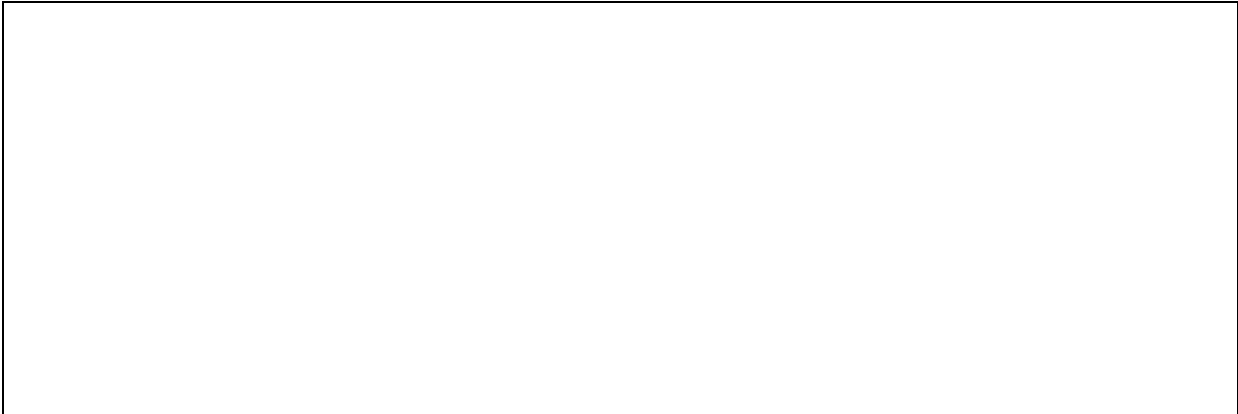
### **3.4. Added value for Bio-Psy**

*Indicate how the equipment will be beneficial for the Labex*

### **3.5 Expression of interest from additional Bio-Psy groups**

*List all other Bio-Psy groups which will benefit from the equipment. The formal agreement of these groups should be obtained prior to and joined to the application.*

**3.6 Quoted references**



#### 4. TEAMS DESCRIPTION

##### TEAM 1 : (COORDINATOR'S TEAM, WHERE THE EQUIPMENT WILL BE MADE AVAILABLE)

###### 4.1. Project coordinator

Name	
First Name	
Title	
Tél.	
Fax.	
email	

###### 4.2. Laboratory

Host laboratory Name	
Identification Label Ex : UMR 9999	
Name of the team (if applicable)	
Name, First Name of the lab director	
Main Institution and affiliation	If University or other, please specify :

##### TEAM N :

**Please fill one form for each participating team**

###### 4.1. Scientific leader

Name	
First Name	
Title/position	
Tel.	
Fax	
Email	

###### 4.2. Laboratory

Name of the Laboratory	
Identification Label Ex : UMR 9999	
Name of the team (if applicable)	
Name, first name of the laboratory director	
Main institution and affiliation	If university or other, please specify :

## 5. BUDGET

### 5.1. Funding requested :

*Specify the contribution of the requested funding to the purchase and if funding must be completed by other source(s) (if applicable)*

Team	Total Budget	Requested Budget
Coordinator's		
Team N		
Team N+1		
...		

### 5.2 Additional sources of funding (if applicable)

Origin	Amount	Requested (R)/obtained (O)

## 6. ATTACHMENT

Please attach a quote from one or several (if applicable) potential providers, and refer to the applicable rule regarding spending of public funds (minimum of 3 compulsory competitive quotes/offers). The use of one of the following public purchasing portals <http://achat.inserm.fr>, BOAMP, ou UPMC) is mandatory.