# C:\Users\bbouchard\Desktop\logo bio-psy.jpg Labex Bio-Psy

***Call for Collaborative projects***

*Projects should be written in English, deadline for submission:*

***January 31st, 2017***

* **By e-mail** to : **brigitte.bouchard@inserm.fr**

**The pdf document should include the 7 following items:**

* 1. Title of the project
* 2. Summary
* 3. Participating Teams
	+ Team 1 : project coordinator
	+ Team 2, 3, … : one form per associated team
* 4. Detailed Project Description
* 5. Partner groups contributions
* 6. Bibliography
* 7. Budget proposal

|  |
| --- |
| **1. Title of the Project**  |
| **Name of the project** |  |
| **Relevant Bio-Psy theme** **(please refer to text of the call)** |  |
| **Project Coordinator**  | Name :First Name : Laboratory / Unit / Department : |
| **Key-words**  |  |
| **Funding requested for the project****(limited to 100 K€)** |  |
| **Duration of the project****(limited to 24 months)** |  |
| **Number of teams involved** |  |

**2. Summary**

(maximum 200 words)

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**3. Participating teams**

**team 1: (coordinator’s team)**

**4.1. Project coordinator**

|  |  |
| --- | --- |
| Name |  |
| First Name  |  |
| Title\* |  |
| Tél. |  |
| Fax. |  |
| email |  |

***\*****(ex : CR, DR, MCU, MCU-PH, PU, PU-PH, PH)*

**4.2. Laboratory**

|  |  |
| --- | --- |
| Laboratory name |  |
| Identification LabelEx : UMR 9999 |  |
| Name of the team (if applicable)  |  |
| NAME, First Name of the lab director  |  |
| Affiliation(s)  | If University or other, please specify :  |

**4.3 List of participating personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, First Name | Position | Role in the project | % of research time dedicated to the project  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4.4 List of 5 selected publications from each partner team**

**Team N:**

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

**4.1. Scientific leader**

|  |  |
| --- | --- |
| Name |  |
| First Name |  |
| Title/position  |  |
| Tel. |  |
| Fax |  |
| Email |  |

***\*****(ex : CR, DR, MCU, MCU-PH, PU, PU-PH, PH, PA,etc.).*

**4.2. Laboratory/Clinical department**

|  |  |
| --- | --- |
| Name of the Laboratory or Department |  |
| Identification Label Ex : UMR 9999 |  |
| Name of the team (if applicable)  |  |
| Name, first name of the laboratory/department head  |  |
| Affiliation(s)  | If university or other, please specify : |

**4.3 List of participating personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, First name | Position | Role in the project | % of research time dedicated to the project  |
|  |  |  |  |
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**4. Project Description**

**4.1 Summary of previous results (500 words)**

*To be filled only if this project is in continuation of a previously Bio-Psy funded project*

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**4.2. Context (<1000 words)**

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**4.2. Scientific and technical description (< 2000 words)**

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**5. Partner groups participation**

*Description of each partner’s participation in the project (to be duplicated as needed)*

**5.1 Team 1 … N contribution (< 400 words)**

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**5.2 Added value of the collaboration (< 400 words)**

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**6. Bibliography**

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**7. Budget**

**7.1. Funding requested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Team | Estimated Total Budget needed€ | Bio-Psy Requested Budget€ | Running costs€ | Equipment€  | Personnel€  |
| CoordinatorName :  |  |  |  |  |  |
| Team Name : |  |  |  |  |  |
| Team N+1Name  |  |  |  |  |  |
| …. |  |  |  |  |  |

**Use of funding and provisional calendar:**

* Running costs : (**describe type of main expenses**)

Coordinator:

Team 1:

* Equipment : (**specify if collaborative use and location**)

Coordinator:

Team 1:

* Personnel : (**specify qualifications, time of recruitment and duration of contracts**):

Coordinator:

Team 1:

**7.2 Additional funding available for the project or pending (if applicable):**

|  |  |  |
| --- | --- | --- |
| Origin | Amount  | Requested (R)/obtained (O) |
|  |  |  |
|  |  |  |
|  |  |  |
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