



Ministero della Salute

Direzione generale della ricerca e dell'innovazione in sanità

BANDO <anno> PROGETTO COMPLETO

Allegato 1B

Project Title: (Max 750 caratteri)

Project duration:

Project Code:

Principal Investigator/Coordinator:

Research type:

Applicant Institution:

Project typology: RF-Ordinary CO-Industrial Co-financing GR-Ordinary SG-Starting grant

A. OVERALL SUMMARY

A.1 summary description (max 1.000 characters)

A.2 Background / State of the Art (max 1.500 characters)

FAC-SIMILE



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B. HYPHOTESIS AND SPECIFIC AIMS (max 12.000 characters - max 4.000 characters for single field)

B.1 Hypothesis and significance

B.2 Preliminary data

FAC - SIMILE



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B.3 Specific aims 1

B.4 Specific aims 2

B.5 Specific aims 3

B.6 Experimental design aim 1

B.7 Experimental design aim 2

B.8 Experimental design aim 3

B.9 Picture to support preliminary data (max 3 MB)



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C. METHODOLOGIES AND STATISTICAL ANALYSES

C.1 Methodologies (describe all measures taken to minimize / avoid bias)

C.2 Methods of data collection (Indicate the data that will be collected, the tools used)

C.3 Statistic plan (calculation of statistical data)

C.4 Statistical analysis (describe the main statistical analysis)

C.5 Timing of analysis data (indicate duration of study: duration of enrollment, of therapy, follow-up etc)

D. EXPECTED OUTCOMES

E. RISK ANALYSIS, POSSIBLE PROBLEMS AND SOLUTIONS

F. SIGNIFICANCE AND INNOVATION (max 1.000 characters)

**G. DESCRIPTION OF THE COMPLEMENTARITY AND SINERGY OF RESEARCH TEAM
(max 1.500 characters)**



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H. TRAINING AND TUTORIAL ACTIVITIES (max 1.000 characters)

I. BIBLIOGRAPHY (max 2.000 characters)

J. TIMELINE/DELIVERABLES/PAYABLE MILESTONES (max 1.000 characters)

J.1 Milestones - 18 month: (max 500 characters)

J.2 Milestones - 36 month: (max 500 characters)

J.3 GANTT CHART File Attached (max 3 MB)

K. EQUIPMENT AND RESOURCES AVAILABLE (max 2500 characters)

K.1 Facilities Available

K.2 Subcontract (Explain Reasons for Subcontract)

**L. TRANSLATIONAL RELEVANCE AND IMPACT FOR THE NATIONAL HEALTH SYSTEM (SSN)
(max 1.000 characters)**



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Provide the following information for Co-PI.

B. CO-PI PROFILE

NAME	SURNAME	BIRTH DATE

AFFILIATION

INSTITUTION	DEPARTMENT/UNIT	POSITION TITLE

BEST EDUCATION AND TRAINING (Max 5 Lines)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

B.1 PERSONAL STATEMENT. Briefly indicate the overall goals of the project and responsibilities of the key person identified on the Biographical Sketch. (Max 600 Char)

B.2 POSITION AND HONORS

B.2.1 Positions: list in chronological order the last 3 previous positions, concluding with your present position. List the best 5 Position

INSTITUTIONS	DIVISION/RESEARCH GROUP	LOCATION	POSITION	FROM YEAR	TO YEAR

B.2.2 Awards and Honors: Official H Index (Scopus or Web of Science): (Please report in the follow table H-Index Source and related code)

Source:	Scopus Id:	ORCID ID:	RESEARCHID:
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Awards and Honors (Max 600 char):



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C. RESEARCH COLLABORATORS

C.1 RESEARCH COLLABORATOR N.1 BIOGRAPHICAL SKETCH CONTRIBUTORS

NAME	SURNAME	BIRTH DATE

AFFILIATION

INSTITUTION	DEPARTMENT/UNIT	POSITION TITLE

BEST EDUCATION AND TRAINING (Max 5 Lines)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

C.1.1 Personal Statement: briefly indicate the overall goals of the project and responsibilities of the key person identified on the Biographical Sketch. (Max 600 Char)

C.1.2 Positions: list in chronological order the last 3 previous positions, concluding with your present position. List the best 5 Position

INSTITUTIONS	DIVISION/RESEARCH GROUP	LOCATION	POSITION	FROM YEAR	TO YEAR

C.1.3 Awards and Honors: Official H Index (Scopus or Web of Science): (Please report in the follow table H-Index Source and related code)

Source:	Scopus Id:	ORCID ID:	RESEARCHID:
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Awards and Honors (Max 600 Char):



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C.2 - RESEARCH COLLABORATOR N.3 BIOGRAPHICAL SKETCH CONTRIBUTORS

NAME	SURNAME	BIRTH DATE

AFFILIATION

INSTITUTION	DEPARTMENT/UNIT	POSITION TITLE

BEST EDUCATION AND TRAINING (Max 5 Lines)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

C.2.1 Personal Statement: briefly indicate the overall goals of the project and responsibilities of the key person identified on the Biographical Sketch. (Max 600 Char)

C.2.2 Positions: list in chronological order the last 3 previous positions, concluding with your present position. List the best 5 Position

INSTITUTIONS	DIVISION/RESEARCH GROUP	LOCATION	POSITION	FROM YEAR	TO YEAR

C.2.3 Awards and Honors: official H Index (Scopus or Web of Science) (Please report in the follow table H-Index Source and related code)

Source:	Scopus Id:	ORCID ID:	RESEARCHID:
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Awards and Honors (Max 600 Char)



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C.3 – UNDER 33 YEARS OLD RESEARCH COLLABORATOR

N.3 BIOGRAPHICAL SKETCH CONTRIBUTORS (fill this part only for typology RF/CO)

NAME	SURNAME	BIRTH DATE

AFFILIATION

INSTITUTION	DEPARTMENT/UNIT	POSITION TITLE

BEST EDUCATION AND TRAINING (Max 5 Lines)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

C.3.1 Personal Statement: briefly indicate the overall goals of the project and responsibilities of the key person identified on the Biographical Sketch. (Max 600 Char)

C.3.2 Positions and Honors: list in chronological order the last 3 previous positions, concluding with your present position. List the best 5 Position

INSTITUTIONS	DIVISION/RESEARCH GROUP	LOCATION	POSITION	FROM YEAR	TO YEAR

C.3.3 Awards and Honor: official H Index (Scopus or Web of Science): (Please report in the follow table H-Index Source and related code)

Source:	Scopus Id:	ORCID ID:	RESEARCHID:
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Awards and Honors (Max 600 Char)



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D. TOTAL PROPOSED BUDGET

COSTS	TOTAL BUDGET	CO-FUNDING (**)	PROJECT COSTS PROPOSED FOR FUNDING TO THE MOH
1. Staff' Salary	€ -	€	NOT PERMITTED
2. Researchers' Contracts	€ -	€	€ -
3a. Equipment (Leasing-Rent)	€ -	€	€ -
3b. Supplies	€ -	€	€ -
3c. Model Costs	€ -	€	€ -
4. Subcontracts	€ -	€	€ -
5. Patient costs	€ -	€	€ -
6. IT Services and Data Bases	€ -	€	€ -
7. Travels	€ -	€	€ -
8. Publication Costs	€ -	€	€ -
9. Dissemination	€ -	€	€ -
10. Overheads	€ -	€ -	€ -
11. Coordination Costs	€ -	€ -	€ -
TOTAL	€ -	€	€ -

(**) Report the Co-Funding Contributor/s:

BUDGET JUSTIFICATION

1. Staff' Salary
2. Researchers' Contracts
3a. Equipment (Leasing-Rent)
3b. Supplies
3c. Model Costs
4. Subcontracts
5. Patient costs
6. IT Services and Data Bases
7. Travels
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Project Code:

Principal Investigator/Coordinator:

Research type:

Applicant Institution:

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PROPOSED TOTAL BUDGET UO1 - COSTS UO1 Institution: _____

COSTS	TOTAL BUDGET	CO-FUNDING (**)	PROJECT COSTS PROPOSED FOR FUNDING TO THE MOH
1. Staff' Salary	€ -	€	NOT PERMITTED
2. Researchers' Contracts	€ -	€	€ -
3a. Equipment (Leasing-Rent)	€ -	€	€ -
3b. Supplies	€ -	€	€ -
3c. Model Costs	€ -	€	€ -
4. Subcontracts	€ -	€	€ -
5. Patient costs	€ -	€	€ -
6. IT Services and Data Bases	€ -	€	€ -
7. Travels	€ -	€	€ -
8. Publication Costs	€ -	€	€ -
9. Dissemination	€ -	€	€ -
10. Overheads	€ -	€ -	€ -
11. Coordination Costs	€ -	€ -	€ -
TOTAL	€ -	€	€ -

(**) Report the Co-Funding Contributor/s:

BUDGET JUSTIFICATION

1. Staff' Salary
2. Researchers' Contracts
3a. Equipment (Leasing-Rent)
3b. Supplies
3c. Model Costs
4. Subcontracts
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6. IT Services and Data Bases
7. Travels
8. Publication Costs
9. Dissemination
11. Coordination Costs



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Project duration:

Project Code:

Principal Investigator/Coordinator:

Research type:

Applicant Institution:

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PROPOSED TOTAL BUDGET UO2 COSTS - UO2 Institution: _____

COSTS	TOTAL BUDGET	CO-FUNDING (**)	PROJECT COSTS PROPOSED FOR FUNDING TO THE MOH
1. Staff' Salary	€ -	€	NOT PERMITTED
2. Researchers' Contracts	€ -	€	€ -
3a. Equipment (Leasing-Rent)	€ -	€	€ -
3b. Supplies	€ -	€	€ -
3c. Model Costs	€ -	€	€ -
4. Subcontracts	€ -	€	€ -
5. Patient costs	€ -	€	€ -
6. IT Services and Data Bases	€ -	€	€ -
7. Travels	€ -	€	€ -
8. Publication Costs	€ -	€	€ -
9. Dissemination	€ -	€	€ -
10. Overheads	€ -	€ -	€ -
TOTAL	€ -	€	€ -

(**) Report the Co-Funding Contributor/s:

BUDGET JUSTIFICATION

1. Staff' Salary
2. Researchers' Contracts
3a. Equipment (Leasing-Rent)
3b. Supplies
3c. Model Costs
4. Subcontracts
5. Patient costs
6. IT Services and Data Bases
7. Travels
8. Publication Costs
9. Dissemination



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Project duration:

Project Code:

Principal Investigator/Coordinator:

Research type:

Applicant Institution:

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PROPOSED TOTAL BUDGET UO3 - COSTS UO3 Institution: _____

COSTS	TOTAL BUDGET	CO-FUNDING (**)	PROJECT COSTS PROPOSED FOR FUNDING TO THE MOH
1. Staff' Salary	€ -	€	NOT PERMITTED
2. Researchers' Contracts	€ -	€	€ -
3a. Equipment (Leasing-Rent)	€ -	€	€ -
3b. Supplies	€ -	€	€ -
3c. Model Costs	€ -	€	€ -
4. Subcontracts	€ -	€	€ -
5. Patient costs	€ -	€	€ -
6. IT Services and Data Bases	€ -	€	€ -
7. Travels	€ -	€	€ -
8. Publication Costs	€ -	€	€ -
9. Dissemination	€ -	€	€ -
10. Overheads	€ -	€ -	€ -
TOTAL	€ -	€	€ -

(**) Report the Co-Funding Contributor/s:

BUDGET JUSTIFICATION

1. Staff' Salary
2. Researchers' Contracts
3a. Equipment (Leasing-Rent)
3b. Supplies
3c. Model Costs
4. Subcontracts
5. Patient costs
6. IT Services and Data Bases
7. Travels
8. Publication Costs
9. Dissemination