**Swiss Personalized Health Network (2017-2020)**

**Second call for proposals – Application template** (15.06.2018)

# Part A: General information

# Project information

|  |  |
| --- | --- |
| **Project acronym/title** | Click here to enter text. |
| **Project duration (months)** | Click here to enter text. |
| **Project start date** | Click here to enter text. |
| **Project end date** | Click here to enter text. |
| **Amount requested from SPHN (CHF)** | Click here to enter text. |
| **Number of co-applicants** | Click here to enter text. |
| **Number of associated applicants** | Click here to enter text. |
| **Type of project** | **Infrastructure development project**  **Driver project** |
| **Joint SPHN-PHRT project application** | **Yes**  **No** |
| **This application is a resubmission** | **Yes**  **No** |
| **Host commitment letter provided by all applicants requesting funding from SPHN** | **Yes**  **No – the missing letters will be sent by email until 12 July 2018.**  If NO, please specify for which applicant(s) the host commitment letter will follow:  Click here to enter text. |
| **All necessary authorization and notification documents provided for the proposed project** | **Yes**  **No**  **Not required** |
| **Institutions involved** | e.g. EPFL, UZH, SCTO |
| **Keywords (max. 5)** | Click here to enter text. |

The main applicant hereby confirms that all information provided, including the attachments, is true and correct and the proposal was prepared with the consent of the persons involved.

Place, Date: Signature:

# Applicants details

|  |  |
| --- | --- |
| **Main applicant**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

***Main applicant for the PHRT part*** *(if applicable)*

|  |  |
| --- | --- |
| **Main applicant PHRT**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

Details of the co-applicants (Please copy boxes, if necessary)

|  |  |
| --- | --- |
| ***Please fill in if applicable*** | |
| **Co-applicant 1**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 2**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 3**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 4**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

Details of the associated applicants (Please copy boxes, if necessary)

|  |  |
| --- | --- |
| ***Please fill in if applicable*** | |
| **Associated applicant 1**  **(Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Associated applicant 2 (Last name/first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name/first name, E-mail address)** | Click here to enter text. |
| **Financial administration contact (Last name/first name, E-mail address)** | Click here to enter text. |

# Part B: Project Description

## Summary (1-2 pages)

*Concise statement of the goals, milestones and significance of the project.*

## International standing/track record of the main and co-applicantsin their field of research and technology (max. 3 pages in total)

## Project plan (max. 20 pages, any pages exceeding 20 will not be considered)

*Please respect the following formatting constraints: Times New Roman, Arial or similar, at least font size 11, margins (2.0cm side and 1.5cm top and bottom), single line spacing*

*In the case of* ***joint SPHN-PHRT application****, applicants must split the project plan (Part B 3.) in two parts (one for SPHN and one for the PHRT part of the proposal).* ***The maximum number of 20 pages (excluding bibliography) should nevertheless not be exceeded.***

**Section 3.1 Background and state-of-the-art relevant to the project**

**Section 3.2 Goals of the project**

**Section 3.3 Work packages, milestones, and deliverables**

**Section 3.4 Methodology & approach**

**Section 3.5 Project implementation**

**Section 3.6 Relevance and impact for personalized health research in Switzerland**

**Section 3.7 Data sharing/processing plan**

**Section 3.8 Role of the applicant(s) and associated applicant(s)**

**Section 3.9 Authorization and notification documents required for the project**

**Section 3.10 Bibliography**

***PHRT project plan*** *(if applicable)*

**Section 3.1’ Background and state-of-the-art relevant to the project**

**Section 3.2’ Goals of the project**

**Section 3.3’ Work packages, milestones, and deliverables**

**Section 3.4’ Methodology & approach**

**Section 3.5’ Project implementation**

**Section 3.6’ Relevance and impact for personalized health research in Switzerland**

**Section 3.7’ Data sharing/processing plan**

**Section 3.8’ Role of the applicant(s) and associated applicant(s)**

**Section 3.9’ Authorization and notification documents required for the project**

**Section 3.10’ Bibliography**

# Part C: Project resources

*Note: State and fully justify the amount of funding considered necessary to fulfil the objectives for the duration of the project. All eligible costs requested should be included in the budget. Please use whole CHF values only.*

### A. Consolidated SPHN budget

|  |  |
| --- | --- |
| **A. Funds requested from SPHN (summary of the Excel template)** | |
| **Cost category** | **Total in CHF** |
| **1. Personnel** |  |
| 1. **Data management and IT salaries** |  |
| 1. **Management costs: internal project coordination, cooperation, ELSI, networking activities** |  |
| 1. **Research salaries** |  |
| **2. Equipment (for facilities and service providers)** |  |
| **Equipment and license costs** |  |
| **3. Consumables** |  |
| **Fees for using services and facilities** |  |
| **4. Miscellaneous** |  |
| 1. **Training costs related to information management and data analysis.** |  |
| 1. **Research costs (e.g. equipment, consumables) for building the necessary infrastructures to reach the primary goals of the initiative such as efficient access to and nationwide interoperability of health-related data.** |  |
| 1. **TOTAL funds requested from SPHN** |  |

## B. Own contributions

*As funding by SPHN requires matching contributions by all applicants, please* *provide an overview to show how the total amount of funds requested from SPHN funds are planned to be matched by the consortium as a whole. Successful applicants will have to provide further details regarding own contributions before release of the funds.*

List below the “cash” contributions from each partner:

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner**  **(Short Name)** | **Year** | **Amount in CHF** | **Purpose of use** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List below the “in kind” contributions from each partner:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner**  **(Short Name)** | **Resource Type** | **Year** | **Amount in CHF** | **Purpose of use** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **B. Own Contributions to match SPHN funds (summary of above tables)** | **Total in CHF** |
| **1. Total “cash” contributions** |  |
| **2. Total “in kind” contributions** |  |
| 1. **TOTAL Own Contributions** |  |

### Full cost budget for this project proposal

|  |  |
| --- | --- |
| **Funding source** | **Total in CHF** |
| 1. **Funding requested from SPHN** |  |
| 1. **Own Contributions to match SPHN funds** |  |
| 1. **Funding requested from PHRT** (only in case of joint-project) |  |
| 1. **Private funds (3rd party):** collaboration with private sector (industry, SMEs, and others) |  |

# Part D: Annexes

*Please include the following annexes in your application as Part D:*

1. *SPHN budget (please use the SPHN Excel Budget template provided on the website for SPHN projects. For joint SPHN-PHRT projects, applicants are requested to fill in the* ***budget template of both SPHN and PHRT*** *(.xls) in order to specify the amount of contribution requested from SPHN and PHRT respectively.*
2. *CV (max. 2 pages)[[1]](#footnote-1), Publication list with the 10 most relevant publications to the project; both documents should be submitted for all applicants.*
3. *Quotes for equipment costs;*
4. *In case the central core facilities/platforms required for the project are not co-applicants, quotes for any service contribution must be provided;*
5. *Letter of commitment concerning own contributions (in cash and/or in kind) and adherence to the current valid version of the Ethical Framework for Responsible Data Processing from the host institution management (only of applicants requesting funding from SPHN);*
6. *Authorization and notification documents required for the project.*

1. Please refer to the SNSF guidelines regarding the structure <http://www.snf.ch/en/funding/documents-downloads/Pages/guidelines-cv-research-output-list.aspx> [↑](#footnote-ref-1)