Information Session – Multilateral Funding Opportunities
Multilateral Cooperation
EU Joint Programme on Neurodegenerative Disease Research

- Programme for personalized medicine research in the field of Neurodegenerative Diseases
- CALL IS OPEN!
  - Pre-proposal submission: March 12th 2019 (15:00 CET)
  - Full-proposal submission: June 25th 2019 (15:00 CET)

JPND – EU co-funded JTC 2019

28 Partners

22 Countries

17 EU countries: AT, BE, CZ, DE, DK, ES, FI, FR, HR, HU, IE, IT, LV, LU, NL, PL, PT, RO, SE, UK
3 associated countries (to Horizon 2020): IL, NO, TR
2 third country: Australia, CA

Countries’ ex ante Budget

30 M €

FNR has earmarked

500.000 €
• **Call Aim and focuses:**
  - **Aim:** Ambitious, innovative, multi-disciplinary projects involving research on diagnosis, prevention, and care of neurodegenerative diseases. Projects must include one or several of these areas (see next slide).
  - **Diseases:** Alzheimer’s and other dementias, Parkinson’s and related disorders, Prion diseases, Motor neuron diseases, Huntington’s disease, Spinocellular ataxia, Spinal muscular atrophy

• **Call Topics: Precision medicine in Neurodegenerative Diseases**
  - **Diagnosis** (e.g. biomarkers, imaging, omics, big data analyses)
  - **Prevention** (e.g. biomarkers for intervention/treatment, co-morbidities, digital technologies, stratification within cohorts, clinical trials)
  - **Care** (e.g. improvement of social and health care systems, molecular profiling, imaging, lifestyle data)

• **Logistics:**
  - 3 year projects, output (data/tools/resources) should be available in public/research domain
  - Training of young researchers and mobility are encouraged
  - Minimum 3 partners, maximum 6 partners, from at least 3 different countries represented (max is 7 partners if underrepresented country is included)
**JPND - Joint Programme on Neurodegenerative Disease Research**

**• Diagnosis:**
- Biomarkers; interoperable protocol development and analysis of non-invasive imaging data; “omics”/“big data” approaches; data standardization and quality control of data.
- Where appropriate, studies should include head to head comparisons and benchmarking of assays/methods
- Big focus on ensuring future pooling/sharing of data – establishing guidelines for data access/management, establishing/refining common formats for data

**• Prevention:**
- Identification of predictive, translatable biomarkers to study efficacy of novel treatments and stratify populations; biomarkers that integrate real-life measures based on digital technology; stratification of risk by gender and ethnicity; assessment of impact of co-morbidities (vascular disease, inflammation, metabolic disorders);
- Identification of people benefiting from preventive treatments; integration of digital technologies;
- Connecting cohorts and clinical trials. Existing cohort studies (not necessarily ND) that have datasets useful for studying ND should be made use of.
JPND - Joint Programme on Neurodegenerative Disease Research

• Care:
  • Evidence based approaches to social and health care systems; addressing all aspects of disease including co-morbidities; care provision, diagnostic disclosure, palliative care, health economic studies; understanding variability of origins, mechanisms, and clinical expression at patient level;
  • Precision medicine approaches including novel modelling techniques; integration of molecular/medical imaging/lifestyle data;
  • Better use of real world data; establishing common standards for content and quality of this data; improved approaches towards including patients, public, and health/social care elements.

• Strong focus on Public and Patient Involvement (PPI)
  • Proposals to be funded under this call will therefore need adequately to involve patients, carers and the public. Consortia are expected to make every effort to include approaches that involve these groups, where appropriate, at each stage of the research process including the preparation of the application. In the application it must be described in which step of the research process patients, their relatives or carers will be involved, from here they will be recruited and which roles they would play. Reasons must be given if such an approach is not taken.
## TIMELINE OF CALL

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<th>Event Description</th>
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<td>January 7(^{th}), 2019</td>
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<td>March 12(^{th}), 2019</td>
<td>Deadline PP submission</td>
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<td>End 2019/beginning 2020</td>
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**Call Secretariat:** The German Aerospace Centre (DLR)

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European Joint Programme on Rare Diseases

• First EU co-funded call for EJP-RD (former eRare) – focusing on rare diseases
• CALL IS OPEN!
  • Pre-proposal submission: February 15th, 2019
  • Full-proposal submission: June 11th, 2019
EJP-RD – EU co-funded JTC 2019

22 EU countries: AT, BE, CZ, DE, DK, EE, ES, FI, FR, GE, HR, HU, IE, IT, LT, LU, NL, PL, PT, RO, SE, UK
4 associated countries (to Horizon 2020): CH, IL, NO, TR
1 third country: CA

32 Partners
27 Countries

Countries’ ex ante Budget
27 M €

FNR has earmarked
300,000 €
Call Aim and focuses:

- **Aim**: Research projects to accelerate diagnosis and/or explore disease progression and mechanisms of rare diseases.
- **Rare Diseases**: a group of rare diseases or a single rare disease following the European definition i.e. a disease affecting not more than five in 10,000 persons in the European Community, EC associated states and Canada.
- **Not included**: Approaches concerning rare infectious diseases or rare cancers; Approaches concerning rare adverse drug events/medical complications in treatments of common diseases;
  - Studies that focus on pre-clinical therapy development and/or validation in in-vitro, cellular or animal models, and interventional clinical trials will be addressed in future calls;
  - Rare Neurodegenerative diseases which are within the main focus of JPND are not included

Logistics:

- Maximum 3 year projects
- Having early career scientists as PIs is encouraged (PhD awarded 2-7 years previously)
- Minimum 4 partners, maximum 6 partners, from at least 4 different countries represented (max is 8 partners if underrepresented country is included)
- Up to 2 partners can join with their own funding, separate from requirements above
- Inclusion of Patient Advocacy Organizations is strongly encouraged (can receive funding, not counted in partner count above)
• **Call Topics: Projects must cover at least one of these areas:**

  • **Research to accelerate diagnoses:**
    - New schemes for finding diagnosis for undiagnosed patients;
    - Improved annotation and interpretation of variants and development of diagnostic tests for the more prevalent variants;
    - Novel modalities of functional analysis of candidate variants through in vitro, cell, tissue or animal studies.
    - -omic or multi-omic integrated approaches for discovery of disease causes and mechanisms including development of relevant bioinformatic tools;

  • **Research to explore disease progression and mechanisms:**
    - Natural history studies and patient registries (also for clinical trial readiness). Whenever possible these should include development and use of patient reported outcome measures. In addition, the exploration of the use of standardized M-Health-based surveillance instruments and of patient entered data to gather information for natural history studies is welcome;
    - Identification of clinical biomarkers, clinical outcome measures and surrogate endpoints;
    - Identification of novel pathophysiological pathways in appropriate disease models that effectively mimic the human condition.
Additional elements to consider:

- Study design (sample collection/statistical power) must be well justified
- Integration of appropriate bioinformatics/statistics methodologies and personnel is considered integral (when justified)
- Data management plan is mandatory (at full proposal stage), should adhere to FAIR (Findable, Accessible, Interoperable, Reusable)
- Patients and patient representative groups should be appropriately involved wherever relevant
- The research projects submitted within this call must be based on novel ideas stemming from consolidated previous results or preliminary data and must be clearly endowed with benefit for the patients
- Use of existing European health research infrastructures is strongly encouraged (BBMRI, ELIXIR, ECRIN, EATRIS, etc…)

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<td>December 15&lt;sup&gt;th&lt;/sup&gt;, 2018</td>
<td>Publication of call + opening of submission system</td>
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<tr>
<td>February 15&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
<td>Deadline PP submission</td>
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<td>Early May 2019</td>
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<td>June 11&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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<td>October/November 2019</td>
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**Call Secretariat:** The German Aerospace Centre (DLR)  
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Third transnational call for European research projects on systems medicine

- **Call Launch:** February 1st, 2019
- **Pre-proposal submission:** March 15th, 2019
- **Full-proposal submission:** June 17th, 2019

[https://www.eracosysmed.eu/calls/jtc-3-2019](https://www.eracosysmed.eu/calls/jtc-3-2019)
ERACoSysMed – EU co-funded JTC 2019

10 EU countries: AT, BE, DE, ES, FR, IT, LU, NL, SK, SL
2 associated countries (to Horizon 2020): IL, NO

13 Partners
12 Countries

Countries’ ex ante Budget
12 M €

FNR has earmarked
500,000 €
Call Aim and focuses:

- **Aim**: To fund research projects that validate existing predictive computational models using biomedical data to expand the knowledge about human diseases and their treatment.
- **Stakeholder involvement**: The application must contain a plan for involvement of different stakeholders. Stakeholders can be patients, health care providers, public bodies, medical professionals, companies, etc.

Logistics:

- Maximum 3 year projects
- Minimum 3 partners, maximum 5 partners, from at least 3 different countries represented (max is 6 partners if partner from Slovakia is included)
- Up to 2 partners can join with their own funding, separate from requirements above
- Each consortium must include at least one clinical group and one computational modelling group
- Ethical clearance for project must already exist, including patient consent
ERACoSysMed – Systems Medicine to address clinical needs

- Project proposals submitted under this call must focus on the analysis, interpretation and application of different biological and clinical data by appropriate computational models.
- Projects have to demonstrate the practical relevance of computational models for medical routine and their benefit for individual patients.

- To fit the aim of the call projects must focus on the following approaches:
  - Projects must validate clinically relevant computational models already existing, and their predictions using biomedical and/or clinical data by stepwise expansion and improvement through repeated cycles of model-based and data-driven experimentation.
  - Alternatively, projects must discover and validate common molecular mechanisms underlying at least two different diseases using appropriate computational modelling approaches allowing a re-definition of clinical phenotypes and improvement of patient stratification for clinical trials.
• Additional conditions for the proposal:
  • A multidisciplinary collaboration of clinicians, experimentalists, computational scientists, bioinformaticians, data management and curation experts, industrial partners and if possible, patient communities is expected.
  • Relevant patient data and samples must already be available. New data may only be generated when it is necessary for the modelling cycle, therefore generation of new data cannot be a major part of the project. Patient recruitment should be completed at the time of application.
  • Computational models based on high-quality datasets (sufficient deep phenotyping, curated data sets) should already exist.
  • A data management plan and data handling protocols according to international state-of-the-art standards (FAIR and GDPR compliant and secure) must be provided as an integral part of the application. A data management plan should address criteria such as data accessibility, format and storage, stewardship/curation, time plan and schedule for the submission date, quality of meta data, and data security.
  • The use of existing infrastructures (e.g. ELIXIR) should be taken into consideration.
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<td>Deadline FP submission</td>
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<td>Late August, 2019</td>
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**Call Secretariat:** Project Management Jülich  
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ERAPerMed – non EU co-funded JTC 2019

• First non-EC co-funded call supporting translational research in the field of personalized medicine
• CALL IS OPEN!
  • Pre-proposal submission: March 7th, 2019
  • Full-proposal submission: June 17th, 2019

ERAPerMed – non EU co-funded JTC 2019

17 EU countries: AT, BE, DE, DK, ES, FI, FR, GR, HR, HU, IE, IT, LV, LU, PL, RO, SE
3 associated countries (to Horizon 2020): IL, NO, TR
1 third country: CA

6 regions: ES (Navarre, Catalonia); IT (Lombardy, Tuscany); DE (Saxony); CA (Quebec)
1 charity

Countries’ ex ante Budget
30 M €

FNR has earmarked
300,000 €
Scope of the call

TOPIC: PERSONALIZED MEDICINE: MULTIDISCIPLINARY RESEARCH TOWARDS IMPLEMENTATION

Comprises 3 Research Areas

- **Research area 1**
  “Translating Basic to Clinical Research and Beyond”
  - Module 1A: Pre-clinical Research
  - Module 1B: Clinical Research

- **Research area 2**
  “Integrating Big Data and ICT Solutions”
  - Module 2A: Data and ICT – Enabling Technology
  - Module 2B: Data and ICT - Towards Application in Health Care

- **Research area 3**
  “Research towards Responsible Implementation in Health Care”
  - Module 3A: Optimising Health Care System
  - Module 3B: Ethical, Legal and Social Aspects

- Small exploratory clinical studies are within the scope of the call (annex at FP stage for “Exploratory Clinical Studies”)
- Clinical trials that include a larger number of patients (e.g. identification or development of novel drugs) are beyond the scope of the call.
Proposal requirements

- Proposals must be interdisciplinary and clearly demonstrate the potential impact in Personalized Medicine as well as the added value of transnational collaboration.
- Each consortium submitting a proposal must address at least one module of Research Area 3 and at least one module of Research Area 1 or 2.
- Each proposal should tackle several slots of the value chain (from basic, translational to applied and innovation).
- ERA PerMed expects proposals to develop data management plans (DMPs) following the FAIR principles.
- Consider the integration of sex and/or gender analysis in the research itself.
- Max. 3 yr projects.
 Consortia

- Consortia of 3-6 partners from at least 3 different countries (max. 6 at PP, max. 7 at FP, if partner from underrepresented country)
- max. 2 partners from the same country
- Partners from academia, clinical/health sector and private sector
- max. 1 partner not eligible for funding and only if able to secure their own funding
- Active participation of early-career researchers (PhD/MD degree 2-10 yrs prior to submission DL) in project proposals is encouraged.
- ERA PerMed strongly encourages the active involvement of members of the public in the proposed research projects, (i.e. patients, patient organisations, citizens/potential patients, carers, people who use health and social care services)
- Reminder: IC PERMED Partnering Tool for Personalised Medicine Research: https://partnering.pt-dlr.de/ICPerMed
### Multilateral Cooperation

**ERA-PerMed**

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<td>(expected around) May 13(^{th}), 2019</td>
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**Call Secretariat:** The French National Research Agency (ANR)

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Shared Aspects of calls

• The main criteria are the same, just some small call-related specificities!

• Evaluation Criteria (Defined by European Commission)
  • Excellence
    • Novelty/Innovation, feasibility, appropriateness of methodology
  • Impact
    • Outcomes of research, involvement of stakeholders, added value of transnational collaboration, translational/application potential
  • Quality and Efficiency of Implementation
    • Data management plan, use of resources, sustainability of project
FNR Open Access Fund

• The FNR requires that Open Access options are selected for scientific publications resulting from FNR (co-)funding (exception: scientific monographs) – This includes multilateral projects!

• Any routes possible (Green, Gold, Hybrid) but an electronic copy of the published version or final peer-reviewed manuscript accepted for publication must always be deposited in an Open Access repository for scientific publications.

• If Open Access fees (e.g. APCs) are paid, the FNR may reimburse the costs up to a ceiling (conditions apply)
Important messages

• Read the call text/guidelines for applicants, and respect the guidelines!

• Avoid overambitious/overloaded projects, pay attention to the hints given
  • Ex: Inclusion of European Infrastructure (ELIXIR, BBRMI, etc…) is a good thing

• Take care of specific budget rules / eligibility of the proposal!
  • Respect maximum contribution of FNR to call

• Don’t forget to follow FNR rules:
  • Keep in mind requirements for PIs on project
  • Submit proposal and other required documents to FNR (budget sheet and Gantt chart) 5 days after call deadline
  • Maximum of 2 applications per PI per call

• Applicants shall avoid applying to different calls for same research activities.

  If in doubt, ask your Programme Manager or Call Secretariat for clarification!