

EURONANOMED  
JOINT TRANSNATIONAL CALL FOR PROPOSALS (2019)  
FOR  
“EUROPEAN INNOVATIVE RESEARCH & TECHNOLOGICAL  
DEVELOPMENT PROJECTS IN NANOMEDICINE”

CALL TEXT

**DEADLINES**

January 31<sup>st</sup>, 2019 (17:00, CET) - SUBMISSION OF PRE-PROPOSALS  
July 1<sup>ST</sup> 2019 (17:00, CEST) - SUBMISSION OF INVITED FULL-PROPOSALS

[Link to electronic proposal submission](#)

The submission system will be open by December 14<sup>th</sup> 2018)

**EURONANOMED III JOINT CALL SECRETARIAT**

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## INTRODUCTION & MOTIVATION

**Nanotechnology** is a strategic priority for Europe. Technologies related to this sector have a vast potential for developing public welfare and economic growth, as well as for changing the way of life of citizens in many fields of application: healthcare, Information and Communication Technologies (ICT), environment, etc.

***Nanomedicine** is the application of nanotechnology to achieve breakthroughs in healthcare. It exploits the improved and often novel physical, chemical and biological properties of materials at the nanometer scale (from one nanometer to hundreds of nanometers). Nanomedicine has the potential to enable early detection and prevention of diseases, and to essentially improve diagnosis, treatment and follow-up of diseases. It was perceived as embracing five main sub-disciplines that in many ways are overlapping and underpinned by the following common technical issues: analytical tools, nanoimaging, nanomaterials and nanodevices, novel therapeutics and drug delivery systems, clinical, regulatory and toxicological issues.*

Over the last few years, Europe has successfully contributed to many of the achievements of the basic research dedicated to nanotechnologies. However, regarding the nanomedicine field in Europe, a critical issue concerns the capability of the research and technology development players to effectively move innovation from basic knowledge into either industrial or clinical applications, i.e. translational research\*. In order to bridge this gap between research and clinical/commercial applications in nanomedicine it is essential that the efforts are made at the European level, so that a critical size in terms of R&D projects portfolio and scientific excellence is reached, and a sufficient level of competitiveness is achieved.

In this context, the European Union has supported the **ERA-NET EuroNanoMed in the field of nanomedicine** since 2008. Based on its success, support to the European Nanomedicine research community is continuing through a third **EuroNanoMed ERA-NET initiative under Horizon 2020, EuroNanoMed III (2016-2021)**. Please visit our website for more information about this initiative: [www.euronanomed.net](http://www.euronanomed.net)

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\****Translational research** transforms discoveries arising from "the bench" to the patients "bedside", i.e. from basic research – in which scientists study disease at a molecular or cellular level – to the clinical and/or industrial level. Its purpose is to improve and strengthen collaboration spanning various research fields.*

This ERA-NET serves as a platform for funding agencies and ministries to develop joint activities and programmes in order to coordinate high quality research in nanomedicine across national borders. The funding organisations listed below, have decided to launch the 10<sup>th</sup> EuroNanoMed transnational call, to fund multinational innovative research projects in nanomedicine. The present Call for proposals will be conducted simultaneously by the participating funding organisations in their respective country/region and coordinated centrally by the **Joint Call Secretariat (JCS)**.

The call is opened and promoted simultaneously by the following funding organizations in their respective countries:

- **Bulgarian National Science Fund (BNSF), Bulgaria**
- **Fonds de Recherche du Québec- Santé (FRQS), Canada**
- **Technology Agency of the Czech Republic (TACR), Czech Republic**
- **Estonian Research Council (ETAg), Estonia**
- **Agence Nationale de la Recherche (ANR), France**
- **General Secretariat for Research and Technology (GSRT), Greece**
- **Italian Ministry of Health (IMH), Italy**
- **State Education Development Agency (SEDA/VIAA), Latvia**
- **Research Council of Lithuania (RCL), Lithuania**
- **The Research Council of Norway (NCR), Norway**
- **National Centre for Research and Development (NCBR), Poland**
- **Executive Agency for Higher Education, Research, Development and Innovation Funding (UEFISCDI), Romania**
- **Academie Slovaque des Sciences (SAS), Slovakia**
- **Centro para el Desarrollo Tecnológico Industrial, E.P.E (CDTI), Spain**
- **Instituto de Salud Carlos III (ISCIII), Spain**
- **Agencia Estatal de Investigación (AEI), Spain**
- **Ministry of Science and Technology (MoST), Taiwan**
- **The Scientific and Technological Research Council of Turkey (TUBITAK), Turkey \***

*\*Pending confirmation*

## 1. AIM OF THE CALL

The aims of the call are:

- To support **translational research projects** that combine innovative approaches in the field of nanomedicine and;
- To encourage and enable **transnational collaboration between public and private Partners** from academia (research teams from universities, higher education institutions, public research institutions) and clinical/public health research (research teams from hospital/ public health, healthcare settings and other healthcare organisations) or research teams from industrial enterprises (all size). **The participation of Medical Doctors from research organizations and SMEs (Small and Medium-size Enterprises) is strongly encouraged.** Please note that, for some funding organizations, industrial enterprises are not eligible for funding.

Project proposals will address multidisciplinary and translational research. The project proposals must cover at least one of the following areas that are equal in relevance for this call:

- a) **Regenerative medicine**
- b) **Diagnostics**
- c) **Targeted delivery systems**

The projects should fall, but not limited to, within Technology Readiness Levels (TRL)<sup>1</sup> 3-6, although for being realistic and coherent with the characteristics of the call, projects should propose advancements for a maximum of two TRL levels during their lifetime. TRL level must be understood as the level achieved by the end of the three-year-project. Industry engagement should be appropriate for the TRL range being investigated.

For a better understanding of the objectives and a more efficient evaluation, applicants are asked to specify to which of the two categories described below the project falls, according to its TRL, degree of innovation and expected time to market:

- 1) **Innovation applied research projects:** Proof of concept projects for innovative applications with analytical/experimental research and/or implementation and integration of components and test in laboratory and/or animal models. Safety and nanotoxicity should be taken into account when relevant. The viability of a

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<sup>1</sup> Horizon 2020 scale for TRL: [https://ec.europa.eu/research/participants/data/ref/h2020/other/wp/2018-2020/annexes/h2020-wp1820-annex-g-trl\\_en.pdf](https://ec.europa.eu/research/participants/data/ref/h2020/other/wp/2018-2020/annexes/h2020-wp1820-annex-g-trl_en.pdf)

path that may lead the experimental and/or analytical results (for TRL 3) and/or demonstrators (for TRL 4) to a future application at medium/long term shall also be demonstrated.

- 2) **Projects with high potential of applicability at short/medium term:** Projects closer to the market for the validation of demonstrators and prototypes in a realistic laboratory (for TRL 5) and/or relevant simulated operational field environment (for TRL-6). The viability of a path that may lead the validated systems and results to real products shall be demonstrated. Industrial engagement is crucial in this type of projects. Medical regulatory aspects have to be properly considered.

In both categories (1 and 2) it is highly recommended to underline the technical risks and required effort to advance to the next TRL levels, as an assessment of the level of development achieved at the end. Performance indicators must be proposed to evaluate it.

Proposals may include, but are not limited to: identification, characterisation and validation of biomarkers, early diagnosis, convergence of nanotechnology and stem cell technology, cell biology applied to nanomedicine, multimodal imaging agents or techniques, point of care diagnostics (on site sensors), standardised procedures for preparation & characterisation of drug delivery systems, regenerative, gene or cell therapies using nanotechnology and development and use of nanomaterials for medical purposes. Pre-clinical and early clinical studies are eligible subject to national/regional regulations.

Proposals **must clearly demonstrate the potential health impact and/or economic impact** as well as **the added-value of transnational collaboration:** sharing of resources (models, registries, diagnosis, etc.), harmonisation of data, sharing of specific know-how and/or innovative technologies.

Furthermore, additional elements must be taken care of in the application:

- The design of the study (sample collection, statistical power, interpretation, relevant models for hypothesis validation) must be well justified and should be part of the proposal;
- When appropriate: strategies for patient recruitment, retention, assessment, and analysis must be included. Data supporting the recruitment numbers is recommended. The study design and objectives should take into consideration the population that would be needed in order to pursue clinical trials or other health care related studies in that disease.
- Appropriate bioinformatics and statistical skills should constitute, whenever justified, an integral part of the proposal;

The new research data resulting from the project should be treated permissible according to the FAIR<sup>2</sup> principles, and deposited and shared, according to the national rules of the countries involved. It is strongly advised to make data accessible through Elixir (<https://www.elixir-europe.org/platforms/data/elixir-deposition-databases> - compiling a list of resources for the deposition of experimental, biomolecular data). To make research data findable, accessible, interoperable and re-usable (FAIR), a data management strategy for the proposed full project is mandatory in the full proposal stage. Some countries involved in this call will also ask for a data management plan (DMP) at national level at the stage of full proposal or after granting of the project.

Projects are required to discuss and respond to **Responsible Research and Innovation (RRI)** aspects<sup>3</sup>. Projects are also required to include a plan to disseminate results/outcomes and how to achieve higher levels of technological readiness.

The individual project partners of the joint applications should be complementary and the proposed work should contain novel, innovative, ambitious ideas with high application potential for the end users.

Active participation of junior researchers in project proposals is encouraged. A junior investigator has been awarded his/her first PhD/MD or equivalent doctoral degree, at least 2 and up to 10 years prior the proposal submission deadline<sup>4</sup>.

## 2. APPLICATION

### 2.1 FUNDING RECIPIENTS

Only transnational projects will be funded. Joint research proposals may be submitted by applicants belonging to one of the following categories (according to national/regional regulations, please see “Guidelines for applicants”):

- A. Academia** (research teams working in universities, other higher education institutions) **or research institutes;**

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<sup>2</sup> FAIR: Findable, Accessible, Interoperable, Reusable (for more information; see “The FAIR Guiding Principles for scientific data management and stewardship” (<https://www.nature.com/articles/sdata201618>))

<sup>3</sup> H2020 website: <http://ec.europa.eu/programmes/horizon2020/en/h2020-section/responsible-research-innovation>.

EuroNanoMed RRI guidelines: <http://euronanomed.net/joint-calls/enmiii-rri-guidelines/>

<sup>4</sup> PhD equivalence and eligible extensions to this period in case of career breaks are detailed in Annex II.

- B. Clinical/public health sector** (research teams working in hospitals/public health and/or other health care settings and health organisations). Participation of **Medical Doctors is encouraged**;
- C. Enterprise** (private companies of all sizes). Participation of **Small and Medium-size Enterprises (SMEs) is encouraged**.

**Each application should include partners from at least two of the three categories A, B and C.** The number of participants and their research contribution should be appropriate for the aims of the transnational research project and be reasonably balanced in terms of international participation. Each transnational collaborative project should represent the critical mass to achieve ambitious scientific goals and should clearly demonstrate an added value from working together.

Each consortium submitting a proposal must involve a **minimum of three eligible and a maximum of five eligible partners from at least three different countries participating to the call** (see list above). The maximum number of partners can be increased from five to seven under certain circumstances. No more than two eligible partners from the same country participating in the call will be accepted in one consortium.

Partners not eligible to be funded by one of the organisations participating in this Joint Transnational Call (e.g. from non-funding countries or not fundable according to national/regional regulations of the participating funding organisations) may participate in transnational projects if they are able to secure their own funding. Such partners should state in advance the source of funding for their part in the project and are considered as full project partners. A letter of commitment must be included as an annex to the proposal in the full proposal step summarising the commitment of this partner to the project and demonstrating the source of funding. However, no more than one partner with own funding can be included in a consortium and the Partner coordinator must be eligible to be funded by the participating funding organisations (see Annex I). **In any case, the maximum number of participants in a project consortium is seven (including eligible for funding and non-eligible for funding research groups).**

Applicants are encouraged to include partners from the following participating countries, whose scientific community has been under-represented in past EuroNanoMed calls: **Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Romania, Slovakia, Taiwan, and Turkey.** If they include such partners, the maximum number of partners can be increased up to seven (see table below).

<b>Number of partners requesting funding (eligible partners)</b>	3	4	5	6 (only with at least one underrepresented)	7 (only with at least 2 underrepresented)
<b>Maximum number of additional partners with own funding</b>	1	1	1	1	0

Each consortium must nominate a **project coordinator** among the project's principal investigators. The coordinator must be an eligible project partner for the national/regional funding organisation participating in the call. The project coordinator will represent the consortium externally and towards the JCS and **Call Steering Committee<sup>5</sup> (CSC)**, and will be responsible for its internal scientific management such as controlling, reporting, intellectual property rights (IPR) issues and contact with the JCS.

Each project partner will be represented **by one (and only one) principal investigator**. Within a joint proposal, each project partner's principal investigator will be the contact person for the JCS and the relevant national/regional funding organisation.

Each principal investigator can submit only one proposal as project coordinator or up to two proposals as partner (e.g. the coordinator of a proposal cannot be partner's investigator in another proposal). Please note that this rule is subject to national/regional regulations, therefore applicants are strongly encouraged to contact their national/regional contact points to check their national/regional eligibility rules before submission (see also "Guidelines for applicants").

Whilst proposals will be submitted jointly by Partners from several countries/regions, Partners will be funded by the individual funding organisation of the respective country/region from which applicants have applied. The applicants are therefore subject to eligibility criteria of relevant funding organisations of the respective country/region. It is highly recommended to read carefully the funding rules and eligibility criteria of the relevant funding organisation.

**Applicants are strongly advised to contact their relevant funding organisation contact person before submitting an application; please note that for some countries/regions it might be mandatory.**

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<sup>5</sup> Call Steering Committee: funding organisations' representatives.



Please note that if a **partner** is found to be non-eligible by one of the funding organisations after the formal check, the entire proposal would be rejected without further review. For a definition of eligible partners see "Guidelines for applicants", the national/regional regulations, and contact your national/regional contact person.

## 2.2 FINANCIAL AND LEGAL MODALITIES

Funding is awarded as a grant for a maximum of three years according to EuroNanoMed funding organisation regulations. **Eligible costs and funding provisions may vary according to the respective funding organisation's regulations.** Applicants must refer and adhere to their own specific national regulations and scientific remits as detailed in the National Announcements. Clarification may be obtained from the individual funding organisations (see Annex I).

## 2.3 SUBMISSION OF JOINT PROPOSALS

There will be a **two-steps submission and evaluation procedure** for joint applications: pre-proposals and full proposals. In both cases, one joint proposal document (in English) shall be prepared by the partners of a joint transnational proposal, and must be submitted to the JCS by uploading it on the electronic submission system (<https://secure.pt-dlr.de/ptoutline/app/euronanomed2019>) by one spokesperson, the project coordinator. The two-step application process will have the following timetable:

<b>November 14<sup>th</sup>, 2018</b>	Publication of the 10 <sup>th</sup> joint transnational call
<b>December 14<sup>th</sup>, 2018</b>	Opening of the submission system for pre-proposals
<b>January 31, 2019 (17:00, CET)</b>	<b>Deadline for pre-proposal submission</b>
<b>End of May, 2019</b>	Communication of the results of the pre-proposal assessment (invitation for full proposal)
<b>July 1<sup>st</sup>, 2019 (17:00, CEST)</b>	<b>Deadline for full proposal submission</b>
<b>26 August-2 Sept August 2019</b>	Rebuttal stage
<b>September 2019</b>	Peer Review Panel Meeting and CSC meeting for funding recommendation to national funding agencies
<b>October 2019</b>	Communication of the funding decisions to the applicants
<b>End of 2019, beginning of 2020</b>	<b>Expected project start</b> (subject to national procedures)

The pre-proposal template will be available on the EuroNanoMed website ([www.euronanomed.net](http://www.euronanomed.net)). An application template of the full proposal will be sent to the project coordinator by the JCS at the same time as the invitation to submit a full proposal. Information on how to submit proposals electronically is available in the document "Guidelines for applicants". Applicants not using the respective templates could be declared non-eligible.

For applicants from some countries/regions it might be mandatory to submit the additional national/regional proposal and/or other information, in some cases before the deadline of this call, directly to the national/regional funding organisations. Therefore, applicants are strongly advised to check their funding organisations specific regulations. See "Guidelines for applicants" for more details.

Ethical issues must be addressed in each application, and according to the concerned country's/region's regulations.

The consortium will take all lawful steps to ensure confidentiality of the information and documents obtained during the evaluation and selection procedure of the joint call.

## **2.4 FURTHER INFORMATION**

If you need additional information, please contact the JCS, or your national/regional funding organisation Contact Person (see "Guidelines for applicants" or [www.euronanomed.net](http://www.euronanomed.net)).

## **3. FORMAL CHECK AND EVALUATION OF PROPOSALS**

### **3.1 Formal check and evaluation of pre-proposals**

The JCS will check all proposals to ensure that they meet the call's formal criteria (date of submission; number and category of participating countries; inclusion of all necessary information in English; appropriate limits on length). In parallel, the JCS will forward the proposals to the national/regional funding organisations which will perform a check for compliance to national/regional rules.

Please note that if a proposal includes one non-eligible partner, the whole proposal could be rejected (for a definition of eligible partners see "Guidelines for applicants" and national/regional regulations and contact your national/regional representative).

Each proposal passing the eligibility check (call secretariat and country/region) will be provided to at least three reviewers for a first evaluation (see evaluation criteria below). The reviewers will perform the assessment of the pre-proposal and complete a written evaluation form with scores and comments for each criterion. Pre-proposals which are not passing this assessment will not be considered for full proposal stage. The CSC members will

meet to decide which proposals will be invited for the full proposal submission based on the reviewers' recommendations and to ensure a reasonable balance of requested and available national/regional budgets.

### 3.2 Formal check and evaluation of full proposals. Rebuttal stage

Changes between pre- and full proposal are not allowed. The JCS will check the full proposals to ensure that they meet the call's formal criteria and have not changed substantially from the respective pre-proposals before sending them to the reviewers. Any fundamental changes between the pre- and full proposals concerning the composition of the consortium, objectives of the project or requested budget must be communicated to the JCS and to the national/regional funding organisations. In exceptional cases, these changes may be admitted if detailed justification is provided and if they are accepted by CSC.

Each full proposal will be allocated to at least three reviewers who fit the profile of the application. The reviewers will perform the assessment of the full proposal and complete a written evaluation form with scores and comments for each criterion (see evaluation criteria below). The reviewers will meet in a PRP panel to discuss all proposals and produce a list of proposals recommended for funding in a ranking list. The composition of the PRP will be available on the EuroNanoMed website after the full proposal step.

**Rebuttal stage:** before the PRP members meet to discuss each **full proposal** in a PRP meeting, each coordinator is provided with the opportunity of studying the assessments and commenting on the arguments and evaluations of the reviewers, which remain anonymous. This stage allows applicants to comment on factual errors or misunderstandings that may have been committed by the referees while assessing their proposal and to reply to reviewers' questions. However, issues which are not related with reviewers' comments or questions cannot be addressed and the work plan cannot be modified at this stage.

The applicants will have up to one week (**end of August**) for this optional response to the reviewers' comments

Answers sent after the notified deadline, or not related with reviewers' comments or questions will be disregarded.

### 3.3 Evaluation criteria

Pre-proposals and full proposals will be assessed according to specific evaluation criteria using a common evaluation form as long as the proposals are within the scope of the Joint Transnational Call (proposals not fitting with the scope of the call will not be further evaluated). A scoring system from 0 to 5 will be used to evaluate the proposal's performance with respect to the different evaluation criteria.

**Scoring system:**

Score	Category	Definition
0	Failure	The proposal fails to address the criterion in question, or cannot be judged because of missing or incomplete information
1	Poor	The proposal shows serious weaknesses in relation to the criterion in question
2	Fair	The proposal generally addresses the criterion, but there are significant weaknesses that need corrections
3	Good	The proposal addresses the criterion in question well but certain improvements are necessary
4	Very good	The proposal addresses the criterion very well, but small improvements are possible
5	Excellent	The proposal successfully addresses all aspects of the criterion in question

**Evaluation criteria:**

1. Excellence:
  - a. Scientific & technological quality of the proposal;
  - b. Novelty; innovation potential; methodology; degree of technological maturity;
  - c. Nanovalue of the proposed approach, clearly demonstrating the added value of the application of nanotechnology;
  - d. Quality of the project consortium: international competitiveness of participants in the field(s), previous work and expertise of the participants, added value of the transnational collaboration, participation of junior researchers.
2. Impact
  - a. Unmet medical need addressed and potential impact in clinics;
  - b. Translatability and marketability of the proposed approach;
  - c. Added value of the transnational collaboration;
  - d. **Innovation applied research projects:** potential impact of expected results in different domains of nanomedicine or cross-KET applications, marketability potential, quality of the dissemination and exploitation plan;
  - e. **Projects with high potential of applicability at short/medium term:** expected time for market/transfer to patient towards clinical/public health applications, pharmaceutical/health device applications, other industrial applications including market and end-user's scenario, quality of dissemination, exploitation and business plan.
3. Quality and efficiency of the implementation
  - a. Quality of project plan;

- b. Adequateness of the work package structure and work plan (tasks, matching events, time schedule);
- c. Balanced participation of project partners and integration of workload in the different work packages, quality and efficiency of the coordination and management;
- d. Scientific justification and adequateness of the requested budget;
- e. Risk assessment, safety, regulatory and ethics issues properly addressed (fit to the type of research to be performed).

#### 4. FINAL DECISION ON FUNDING

Based on the ranking list established by the PRP and on available funding, the CSC will suggest the projects to be funded to the national/regional funding organisations. Based on these recommendations, final decisions will be made by the national/regional funding organisations, subjected to budgetary considerations. The national/regional funding organisations will follow the ranking list established by the PRP members.

The project coordinator will be informed by the JCS about the final decision. The project partners should be informed by their project coordinator.

#### 5. PROJECT START AND CONSORTIUM AGREEMENT

Project partners of projects selected for funding must fix a common project start date, which will be the reference date for yearly and final reporting. This common project start date must be stated in the Consortium Agreement (CA).

It will be the responsibility of the project coordinators to draw up a Consortium Agreement suitable to their projects partners in order to manage the delivery of the project activities, finances, intellectual property rights (IPR) and to avoid disputes which might be detrimental to the completion of the project. The project coordinator is responsible for sending the CA signed by all partners to the JCS and a data management plan (DMP). This consortium agreement will be made available to the concerned funding organisations. The project consortium is strongly encouraged to sign this CA before the official project start date, and in any case the CA should be signed **no later than six months after the official project start date**. The DMP must be sent to the ENM Joint Call Secretariat. Please note that national regulations may apply concerning the requirement for a CA. Further instructions will be provided by the JCS to the coordinators of the projects selected for funding.

## 6. RESPECT FOR RELEVANT EUROPEAN AND INTERNATIONAL STANDARDS

The submitted proposals have to respect relevant European and international standards like:

- The new EC Regulation (EC 2016/679) on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. This Regulation applies in all Member States from May 25, 2018 and thus also for the ENM JTC 2019 granted projects (<https://publications.europa.eu/en/publication-detail/-/publication/3e485e15-11bd-11e6-ba9a-01aa75ed71a1/language-en>).
- European Research Council Guidelines on Implementation of Open Access to Scientific Publications and Research Data (referred to in [http://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/open-access-data-management/open-access\\_en.htm](http://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/open-access-data-management/open-access_en.htm))
- To make research data findable, accessible, interoperable and re-usable (FAIR), a data management strategy is mandatory in the full proposal. For an example of questions for a data management strategy, see Annex 1 in [http://ec.europa.eu/research/participants/data/ref/h2020/grants\\_manual/hi/oa\\_pilot/h2020-hi-oa-data-mgt\\_en.pdf](http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/hi/oa_pilot/h2020-hi-oa-data-mgt_en.pdf)
- A data management strategy/plan should include information on:
  - o the handling of research data during & after the end of the project;
  - o what data will be collected, processed and/or generated and/or reused;
  - o which methodology & standards will be applied;
  - o whether data will be shared/made open access;
  - o how data will be curated & preserved (including after the end of the project).

Some funding parties involved in ENM JTC 2019 may ask for a data management plan (DMP) at national level at the stage of full proposal or after granting of the project.

## 7. REPORTING REQUIREMENTS

Each project coordinator, on behalf of all participating partners, shall submit to the JCS an annual and final scientific progress report of the transnational project (in English) by filling out a template provided by JCS stating the scientific progress, the goals that have been met, and corrective measures set in case that the annual project plan has not been fulfilled. It may also be necessary for project partners' principal investigators to submit reports individually to their national funding organisation in accordance with the respective national/regional regulations. In addition, project coordinators will be asked to present the project results during EuroNanoMed meetings (Review Seminars coupled to Training

Workshops for funded researchers). Accordingly, travel expenses to attend these meetings should be included in the proposal budget plans.

In case of ANY significant changes in the work program or the consortium composition, the coordinator must inform the JCS, who will inform the relevant funding organisations, who will decide upon the proper action to be taken.

Selected project coordinators, upon notification, are expected to deliver an abstract of their project suitable for communication and dissemination purposes.

In addition, the funding recipients are expected to participate and contribute to any communication activity initiated by ENM III in the funding period and beyond.

Importantly, all funding recipients must ensure that all outcomes (publications, etc.) of transnational EuroNanoMed III funded projects include a proper acknowledgement of ERA-NET EuroNanoMed III and the respective funding partner organizations. Publication with Open Access is encouraged.

## 8. ANNEX I. SUMMARY OF THE EURONANOMED JTC 2019 PARTICIPANTS INDICATIVE FUNDING COMMITMENTS AND ELIGIBILITY

Participant organisation name	Country / Region	Funding academic or clinical/academic partners	Funding academic or clinical partners with private partners (please specify if is private for profit or non for profit)	Funding private partners only (please specify if is private for profit or non for profit)	Tentative initial funding commitment (Euros)	Envisaged number of teams potentially funded with the tentative initial funding commitment
<b>Bulgarian National Science Fund (BNSF)</b>	BULGARIA	YES	YES	NO	100.000€	1
<b>Fonds de recherche du Québec –Santé (FRQS)</b>	CANADA	YES	YES	NO	360.000€	1-2
<b>Technology agency of the Czech Republic (TACR)</b>	CZECH REPUBLIC	YES TACR funds research organisation as well as private entities (profit or non profit). However we cannot finance some activities - for example clinical trials or drugs development			1.000.000€	3
<b>Estonian Research Council (ETAg)</b>	ESTONIA	YES	YES	YES	300.000€	2
<b>Agence Nationale de la Recherche (ANR)</b>	FRANCE	YES	YES	YES	1.500.000€	4-8
<b>The General Secretariat for Research and Technology (GSRT)</b>	GREECE	YES	YES	YES	1.000.000€	4-5
<b>Italian Ministry of Health (IMH)</b>	ITALY	YES (3)	NO	YES	1.000.000€	4-5
<b>Valsts izglītības attīstības aģentūra (SEDA/VIAA)</b>	LATVIA	YES	YES	YES	420.000€	2
<b>Lietuvos mokslo taryba (RCL)</b>	LITHUANIA	YES: Lithuanian research and education institutions	YES: Public health care institutions	YES (2)	100.000€	1
<b>The Research Council of Norway</b>	NORWAY	YES	YES	YES	1.500.000€	3-4



<b>National Centre for Research and Development (NCBR)</b>	POLAND	YES	YES	YES	600.000€	1-3
<b>Executive Agency for Higher Education, Research, Development and Innovation Funding (UEFISCDI)</b>	ROMANIA	YES	YES	YES	500.000€	1-2
<b>National Institute of Health Carlos III (ISCIII)</b>	SPAIN	YES	YES	NO	500.000€	3-5
<b>Centro Tecnológico Industrial, E.P.E. (CDTI)</b>	SPAIN	Only companies can be funded as beneficiaries. Other type of entities can participate as subcontractors of companies.			500.000€	3-5
<b>State Research Agency (AEI)</b>	SPAIN	Yes (1)	Yes, non-profit (1)	No	350.000€	2-3
<b>Slovak Academy of Sciences (SAS)</b>	SLOVAKIA	YES	NO	NO	120.000€	1
<b>Ministry of Science and Technology (MoST)</b>	TAIWAN	YES	YES	NO	500.000€	3-4
<b>The Scientific and Technological Research Council of Turkey (TUBITAK)*</b>	TURKEY	YES	YES	YES	600.000€	3-4

(1): subject to National Eligibility Criteria (see Guidelines for Applicants)

(2): SME (in collaboration with Lithuanian research and education institutions, health care institutions) meeting special criteria

(3): IRCCS that are the Scientific Institutes for Research, Hospitalization and Health Care (Istituti di Ricovero e Cura a Carattere Scientifico pubblici e privati) and ISS (Istituto Superiore Sanità) [National Institute of Health and ISS].

Non fundable: University, research institute and other research institute”

\* Pending confirmation

## 9. ANNEX II. DEFINITION OF JUNIOR RESEARCHERS

Junior researchers must have been awarded their first PhD/MD or equivalent doctoral degree, at least 2 and up to 10 years' prior the proposal submission deadline of the EuroNanoMed3 JTC 2019. Extensions to this period may be allowed in case of eligible career breaks, which must be properly documented. However, there is **no need** to attach additional documentation when submitting the project proposal. Eligible career breaks are:

- For maternity: the effective elapsed time since the award of the first PhD/MD will be considered reduced by 18 months for each child born before or after the PhD/MD award
- For paternity: the effective elapsed time since the award of the first PhD/MD will be considered reduced by the actual amount of paternity leave taken for each child born before or after the PhD/MD award
- For long term illness (over ninety days), clinical qualification or national service the effective elapsed time since the award of the first PhD/MD will be considered reduced by the documented amount of leave taken for each event which occurred after the PhD/MD award

Eligible events that take place within the extension of the eligibility window may lead to further extensions. The cumulative eligibility period should not in any case surpass 14 years and 6 months following the award of the first PhD/MD. No allowance will be made for principal investigators working part-time.

Please note that in some countries MD may not be equivalent to PhD but equivalent to Bachelor of Medicine or Bachelor of Surgery. Doctoral or equivalent level, are designed primarily to lead to an **advanced research qualification**. For more details, you can see the International Standard Classification of Education (ISCED) of the UNESCO (page 59)

<http://www.uis.unesco.org/Education/Documents/isced-2011-en.pdf>