ERBP PROJECTS EVALUATION

**APPLICATION FORM**

PLEASE NOTE THAT THE INFORMATION PROVIDED BELOW COULD BE PUBLISHED ON THE ERA WEBSITE

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| **PROJECT/INITIATIVE TITLE** |  |
| Name and surname of the Applicant |  |
| Email |  |
| Applying on behalf of ([[1]](#footnote-1)) | CKD-MBD  DESCARTES  DIABESITY  ERAKI  ERN  EUDIAL  EURECA-M  G&K  IWG  YNP  Ethic Committee  ERA REGISTRY  Task Force: (please specify) |
| The applicant is the main contact for the project | YES  NO |
| If NO, please specify the main contact’s name and email |  |
| Type of article  \* In the case of Guidelines, the ERA Body must be invited by another Society. | Consensus statements  Best practice/clinical practice  Guidelines \* |
| Does the project involve other ERA bodies? | YES  NO |
| *If YES, please specify* |  |
| Does the project involve other Society/Committee of other Society? | YES  NO |
| *If YES, please specify* |  |
| Does the project involve international partners/centres? ([[2]](#footnote-2)) | YES  NO |
| REQUEST OF FINANCIAL CONTRIBUTION  \*Normally no funds will be provided for these projects but if this occurs, a clear detailed budget must be included in the project proposal as well | YES  NO |
| *If YES, please specify the amount in EUR* ([[3]](#footnote-3)) |  |

*As an applicant, I hereby declare that I have not been sentenced by any Court during the last 10 years for any offences which may affect ERA or cause damages (including reputational damages) to ERA (for such purpose, a plea-agreement or any similar alternative is considered equal to a Criminal Court decision: a first instance decision is equal to a final judgment).  I am going to resign immediately from this project in case I will fall in the situation provided for under the previous paragraph. Any violation will be promptly sanctioned by the competent authorities.*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Policy and Terms and Conditions**

ERA takes your privacy very seriously and we confirm that all data processing is done in compliance with the EU General Data Protection Regulation (2016/679) and the relevant/eventual up-dates as well as of the laws of Italy on this same topic. By submitting the data requested above you automatically accept ERA’s [Privacy Policy](https://www.era-online.org/privacy-policy/) and [Terms and Conditions.](https://www.era-online.org/publications/terms-and-conditions/)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PROJECT DESCRIPTION**  max 500 words |
| 1. Project description, including objectives and impact in the field of nephrology, which must be clearly stated. |
| 1. Expertise of the authors who will produce the paper |
| 1. Specify if a methodologist or a statistician is needed for the project; (if yes a detailed description of the tasks and **eventual** budget requested are needed) |
| 1. Detailed strategy on how to reach the set objectives/outcomes |
| 1. Indication of a clear timeline and of set milestones to be achieved (beginning, development, closure) |
| Proposed beginning date: \_\_\_/\_\_\_/\_\_\_\_\_*(dd/mm/year)* |
|  |
| Proposed duration/conclusion: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) |

**ANNEX 1**

**List of all Collaborating Researchers and Institutions:**

1. Institution

Name of collaborator:

City:

Country:

1. Institution

Name of collaborator:

City:

Country:

1. Institution:

Nome of collaborator

City:

Country:

1. Institution:

Nome of collaborator

City:

Country:

**ANNEX 2**

REQUEST FOR CONTRIBUTION AND BUDGET FORECAST

(**in EUR**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **T 1** | **T2** | **T3** | | **T4** |
| Personnel/Expertise (one line for each type)  Specify whether the staff is full-time or part-time (1 being a FTE), indicate the period of work and provide the exact work hours |  |  |  | |  |
| Publication fees |  |  |  | |  |
| Meetings fees |  |  |  | |  |
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| **TOTAL PER /PROJECT** |  |  |  | |  |
|  | | | | |  |
| **GRAND TOTAL OF THE PROJECT €** | | | |  | |
| **REQUEST FOR ERA CONTRIBUTION €** | | | |  | |

Note: specify timeline (Months or Years)

T1:

T2:

T3:

T4:

1. ) Specify WG, Committee, etc… [↑](#footnote-ref-1)
2. ) A comprehensive list of all Collaborating Researchers and Institutions must be submitted as annex I to this application form. [↑](#footnote-ref-2)
3. ) Detailed budget forecast must be submitted as annex II to this application form. Please note that, even in case no financial contribution is requested to the ERA, the association will have to destinate some budget to cover the cost of staff working at the ERA Headquarters (R&D department, Marketing & Communication department, Administrative Office) appointed to support the project/initiative implementation. [↑](#footnote-ref-3)