

Association BPAN France

CALL FOR PROPOSAL 2025 - BPAN (WDR45)

Instructions for the content of the application file

In English - File name : PI NAME_aap2025bpanfrance

Deadline: October 20, 2025

Please send in Word and PDF format by email at: aap2025@bpanfrance.fr

PROJECT IDENTIFICATION

Title:

Expected start date:

Duration (max 24 months):

Request budget (max 30 000 €):

Non-confidential scientific abstract in English (for external experts search) (max 1/2 page):

Non confidential popularized project presentation in French for the patient association (max 1/2 page):

PRINCIPAL INVESTIGATOR (PI)

Title, Name and First Name:

Position:

Email:

Phone:

Institutional affiliation:

Research team (Name - number):

Department - Unit:

Adress (primary affiliation):

Scientific CV of principal investigator and most relevant publications (max 1 page):

PROJECT DESCRIPTION

Rational of the project (max 1 page):

Description of the unmeet need that is addressed by the proposed work State of the art and rational of the project Innovative aspect Relevance to patients needs Preliminary data (if appropriate)

Objectives

Goal1: Goal2: Goal3: Etc.

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Methodology, experimentation plan and schedule:

Task 1 (description, timeframe (month xx to xx), estimated cost)

Task 2 (description, timeframe (month xx to xx), estimated cost)

Task 3 (description, timeframe (month xx to xx), estimated cost)

Etc.

Expected results and impact on the addressed unmet need (max 1/2 page):

Valorization, communication, intellectual property (max ½ page):

Justify the absence of redundancy with research projects already carried out or in progress:

Collaboration envisaged with other research teams:

Bibliography:

List the principal references in relation to the research project

MAJOR SCIENTIFIC PARTNERS OF THE PROJECT

For each partner:

NAME First name:

Institutional affiliation:

Position:

Contribution to the project:

Competence and experience in the field of the proposal:

Full time equivalent estimate on the project :

Most relevant publications

SCIENTIFIC REVIEW

Excluded reviewers (max 3)

Indicate why, the name of the reviewer, structure and affiliation

BUDGET ESTIMATION

Requested amount

Indicate for each task described above the amount requested for:

Salary (for each salary: number of person months, qualification and € requested)

Equipment (details, estimated costs)

Consumables (estimated costs)

Other (details)

Total of task

Total amount requested for the project:

Additional source of funding:

Total budget of the project:



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Additional source of funding for the project

If relevant, indicates for each additional source:

Source identification:

Status (requested or received):

Funding amount:

Start date : Duration :

Signature of the PI: Signature of the lab director: Signature of financial manager: