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| Guideline DIM Gene Therapy Call for Proposal 2021Fellowship and Consumable  |

**Full application form should be written in English and sent by email to** dimTG@institutimagine.org **no later than** **21st June 2021 at 11:00 am**.

Please merge all documents into one file in PDF format.

For any question, please contact Aurélie Laubier: aurelie.laubier@institutimagine.org

**REQUIRED DOCUMENTS**

* Complete application form;
* Job description for the collaborator to be recruited;
* If identified, the CV of the candidate;
* Internship offer;
* Commitment letter to recruit a trainee signed by the legal representative of the host organization and not by the director of the host laboratory.
1. **Eligible projects**
* The research project must be part of an **experimental research** activity, which responds to an experimental therapeutic need for pathologies without curative treatment. The project can also be part of an ancillary study (for example: exploration of biochemical parameters) on an ongoing clinical study;
* The project must have a **translational character**: the project leader must belong to a university hospital team or, by default, have a strong link with a university hospital team whose manager will be identified as co-leader in this grant application;
* The project must propose a gene therapy approach focusing on the priority theme of **Gene therapy safety (studies on genotoxicity, immunotoxicity, transmission, vector integration, prediction of adverse effects, long-term follow-up etc.);**
* The project must present **advanced preliminary results and a timeline to reach the clinical stage in the next 2 years**;
* The project must contain recruitment of collaborator on fixed-term contracts for a maximum of **12 months.** Recruited collaborator will be hired by the Imagine Institute and will operate at the host laboratory. He will be remunerated according to the salary grids of the Imagine Institute.
* The team receiving the regional grant and the host laboratory must be located in Île-de-France (without necessarily being part of the DIM founding teams);
* The submitted project must not have been the subject of a request / support within the framework of another DIM or the SESAME program, the Genopole program or a collaborative project of a competitiveness cluster.
1. **Eligible costs**
2. **Allowance costs**

The following fellowship are eligible for a maximum period of **12 months**:

* Post-doc
* Engineers
* Technicians

Recruitment must take place during the validity of the regional grant.

As a reminder, **the recruited collaborator will be hired by the Imagine Institute** and will operate at the host laboratory. He will be remunerated according to the salary grids of the Imagine Institute.

1. **Research costs**

Laboratory consumables directly related to the research project are eligible for a maximum amount of € 1,000 / month over the project duration. The intervention rate is 100% on expenses excluding taxes. Expenses relating to the service providers, laboratory materials and IT equipments are not eligible.

Please note that overhead expenses are not eligible.

1. **Equipment costs**

Projects are also eligible to the Equipment Call for Proposal 2021. To apply, please complete the “Application Form 2021- Equipment”.

1. **Grant characteristics**
* Projects are supported for a maximum period of 12 months. Projects will end no later than 31th September 2024;
* The application form must contain an internship offer and a commitment to recruit a trainee, during the validity of the regional grant (see template annex 1). Please note that the letter of commitment must be signed by the legal representative of the host organization and not by the director of the host laboratory;
* For each project, funding can only be intended for one team. However, any supported project must be part of **a logic of transversality** **within the Île-de-France Region** ("multi-site" character and / or the involvement of other teams providing expertise or preclinical or clinical resources);
* Industrial partners can participate in the project but are not eligible for funding. The supported projects must present well-argued prospects for R&D partnerships at the experimental or clinical stage;
* The teams benefiting from the support of the DIM Gene Therapy will be de facto part of the DIM network. Therefore, the Ile-de-France Region encourages its members to submit their publications on open access platforms (HAL, etc.);
* Depending on the means available, the scientific feasibility and with the agreement of the project leader, the DIM reserves the right to support only part of the project presented.
* For supported projects, please note that the allocated budget is a maximum amount which will be adjusted when the balance is paid if the amount of real expenses is lower than the estimated budget.
* Please note that host organization agrees **to support a cash advance**:
	+ Host organization will receive installments for 80% of the grant upon presentation of proof of payment according to a schedule;
	+ The remaining 20% ​​will be paid to the host organization after presentation of the balance to the Region. The balance is presented to the Region once all the beneficiaries of the DIM Gene Therapy have justified all their expenses.
1. **Calendar**
* **Application deadline:** 18th June 2021
* **Project assessment:** July 2021**.** Please note that the executive committee reserves the right to contact external scientific experts to assess the quality of the projects.
* **Grant attribution:** September 2021
* **Results:** September 2021
* **Grant agreement contract:** February 2022

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| Application FormDIM Gene Therapy Call for Proposal 2021Consumable and Fellowship |

1. **Host organization**

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| **Project Leader**  |
| **Name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |
| **Department/Unit/Laboratory** | Cliquez ou appuyez ici pour entrer du texte. |
| **Name of the team** |  |
| **Full postal address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |

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| **Co-project leader** (if the leader does not belong to a university hospital team) |
| **Name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |
| **Department/Unit/Laboratory** | Cliquez ou appuyez ici pour entrer du texte. |
| **Name of the team** |  |
| **Full postal address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |

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| **Host organization** (excluding salaries, managed by Imagine Institute) |
| **Host organization name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Contact details of the Legal representative** | **Name and Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Contact details of the lab manager/administrative manager and accountant who will manage the contract** | **Administrative manager 1** |
| **Name and Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |
| **Administrative manager 2** |
| **Name and Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |
| **Contact details of the legal department who will manage the contract** | **Name and Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |
| **Name and Last name** | Cliquez ou appuyez ici pour entrer du texte. |
| **E-mail address** | Cliquez ou appuyez ici pour entrer du texte. |
| **Phone number** | Cliquez ou appuyez ici pour entrer du texte. |
| **Position** | Cliquez ou appuyez ici pour entrer du texte. |

1. **Research project**

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| **Title**  |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Acronym** |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Keywords** |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Scientific thematic** |
|[ ]  Gene Therapy Safety |
|[ ]  Other : Cliquez ou appuyez ici pour entrer du texte. |

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| **Abstract** (specify the medical need and the impact in terms of public health. Please do not mention confidential information) |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Project duration (months)** | Cliquez ou appuyez ici pour entrer du texte. |
| **Proposed starting date**  | Cliquez ou appuyez ici pour entrer du texte. |
| **Estimated end date**  | Cliquez ou appuyez ici pour entrer du texte. |

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| **Description of the research project (max 1,5 page)**Please provide description following the below structure: - Scientific and medical context and the state of the art- Objectives - Preliminary data/current development status- Excellence and originality of the project- Needed resources - Methodology- Main expected results   |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Describe interactions with Paris Region team(s) that will be carried out within the framework of the project**In particular their complementarity and complementary expertise, biological resources available etc**.**  |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Work plan (max 2 pages)**Describe the work plan and resources needed to bring your project to the clinical stage at the end of the DIM support. Indicate clear milestones and review points.  |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Timeline**Please complete the following timeline by presenting for each work package (WP), the associated tasks and the estimated completion dates (table can be modified at your convenience according to the number of WP, tasks, milestones and duration of your project). |
| Work Package | Task | Month 0-2 | Month 3-5 | Month 6-8 | Month 9-10 | Month 11-12 |
| WP 1 : Cliquez ou appuyez ici pour entrer du texte. | Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
| Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
| Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
| WP 2 : Cliquez ou appuyez ici pour entrer du texte. | Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
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| WP 3 : Cliquez ou appuyez ici pour entrer du texte. | Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
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| **Impact (max ½ page)**Specify the expected impact (medical, social, economic, etc).  |
| Cliquez ou appuyez ici pour entrer du texte. |

1. **Dissemination/ technology transfer**

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| **Has your work related to this project been presented at a congress?**Please specify the congress name, date and place, number of attendees, if it was an oral presentation or a poster etc. |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Did you receive an award or a financial support in connection with this project?**Please specify. In case of financial support, please specify amount, duration, time period etc. |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Has your work in connection with this project been published in a scientific journal?**Please specify and add the abstract  |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Have you filed any patent(s) in connection with this project?** Please specify information regarding the patent. |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Have you submitted clinical protocol(s) in connection with this project?** |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Is the project in partnership with an industrial?** Please specify the stage: exploratory discussion, ongoing negotiations, signed contract, etc.**Is the project supported by a TTO office? Is it part of a LabEx, a Carnot Institute or other PIA instruments?****Is it part of a chair carried by your Institute?** |
| Cliquez ou appuyez ici pour entrer du texte. |
| **Describe the technology transfer strategy associated with your project (max ½ page)** |
| Cliquez ou appuyez ici pour entrer du texte. |

1. **Grant application/project needs**
2. **Allowance costs**

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| **Duration allowance** | Cliquez ou appuyez ici pour entrer du texte. |
| **Estimated starting date of the contract** | Cliquez ou appuyez ici pour entrer du texte. |
| **Host laboratory**  | Cliquez ou appuyez ici pour entrer du texte. |
| **Head of host laboratory name** | Cliquez ou appuyez ici pour entrer du texte. |
| **Host organization** | Cliquez ou appuyez ici pour entrer du texte. |

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| **Type of fellowship** |
|[ ]  Post-doc |
|[ ]  Study engineer |
|[ ]  Research engineer |
|[ ]  Assistant engineer |
|[ ]  Technician |
|[ ]  Other : Cliquez ou appuyez ici pour entrer du texte. |
| **Research experience of the candidate** |
|[ ]  Less than 2 years |
|[ ]  From 2 to 4 years |
|[ ]  From 4 to 7 years |

*The cost will be calculated by the Imagine Institute according to it recruitment grids*

**Has the candidate already been identified? If yes, please join the CV.**

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|[ ]  Yes  |
|[ ]  No |

1. **Research costs (salary excluded)**

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| **Duration of the support (months)** | Cliquez ou appuyez ici pour entrer du texte. |
| **Total requested budget for the project period** (1 000 €/month maximum) | Cliquez ou appuyez ici pour entrer du texte. |
| **Co-funding already granted (amount in € and organization)** | Cliquez ou appuyez ici pour entrer du texte. |
| **Justify the estimated costs\*** | Cliquez ou appuyez ici pour entrer du texte. |

*\*Please find below the eligible costs:**reagents, culture media, primers, antibody, mice and accommodations, congress registration and training fees. Please not that DIM will not finance VAT.*

*Please find below the noneligible costs: overheads, IT equipment (computer, printer, screen, cables etc), service providers,* ***s****ending letters or parcels, laboratory materials (beads, racks, etc), lab plastic consumables (pipettes, plates, gloves, flasks, filters, etc).*

**Production of AAV vectors:**

In the event that a production of AAV viral vectors is planned in your project, and the vectors will be produced by one of the rAAV platforms of DIM Gene Therapy, we invited you to contact managers of these platforms for quantify the production cost.

* + - * Imagine Institute rAAV platform

Marcelo Simon Sola marcelo.simon-sola@institutimagine.org

* + - * Centre de Recherche en Myologie rAAv platform

Sofia Benkhelifa-Ziyyat s.benkhelifa@institut-myologie.org

* + - * Institut de la vision rAAV platform

Deniz Dalkara deniz.dalkara@inserm.fr or Olivier Goureau olivier.goureau@inserm.fr

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| **Platform location** | Cliquez ou appuyez ici pour entrer du texte. |
| **AAV budget requested** (€) | Cliquez ou appuyez ici pour entrer du texte. |

1. **Internship**

According to the expectations of the Paris Region, a trainee must be recruited for a time period of minimum 2 months for each grant before the grant expiry date. Trainees will be recruited by the teams benefiting from the regional support and the internship agreement will be established by the host institution and not by the Imagine Institute.

The trainee will be paid by his host organization, according to the rules in force. Partial compensation could be allocated by the Imagine Institute to the host organization if the subject of the internship is linked to the supported project, and within the limits of available credits.

Before welcoming the trainee, a complete internship offer must be sent to the DIM coordination for publication on the Paris Region Aid Platform. Once signed, the internship agreement must be sent to the DIM coordination. Sending the signed internship agreement is a condition for payment of the grant balance.

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| **Host organization** | *La structure d’accueil doit obligatoirement être l’un des organismes bénéficiaires, gestionnaire de la subvention* |
| **Mission description** | Cliquez ou appuyez ici pour entrer du texte. |
| **Profil required**  | Cliquez ou appuyez ici pour entrer du texte. |
| **Internship duration (at least 2 months)**  | Cliquez ou appuyez ici pour entrer du texte. |
| **Graduate level required** | Cliquez ou appuyez ici pour entrer du texte. |
| **Estimated starting date** | Cliquez ou appuyez ici pour entrer du texte. |

**IV. International reviewers**

**Suggested reviewers (max 5)**

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| **Name, First name** | **Current position** | **Areas of expertise** | **Institution and laboratory** | **Country** | **Email address** |
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**If relevant, please specify reviewers to be excluded (conflict of interest, former or current collaborations…)**

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| --- | --- | --- | --- | --- |
| **Name, First name** | **Current position** | **Areas of expertise** | **Institution and laboratory** | **Justification** |
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**Annex 1: Letter of commitment to recruit a trainee**

*[Date]*

***Subject:*** **Letter of commitment to recruit a trainee**

[*Ceci est un modèle de lettre d’engagement. La lettre doit être imprimée sur papier à en-tête de l'organisme bénéficiaire et signée par son représentant légal*]

I undersigned, [*name of the legal representative of the host organization*], [*current position*], hereby certifies that, [*name of the the host organization*], will recruit and host a trainee for a minimum time period of 2 months, if the project intitled *[name of the project]* is selected by the DIM Gene Therapy.

The internship offer will be sent later to the DIM coordination team before the trainee started agreement. The signed internship agreement (once the offer is filled) will be sent to the Imagine Institute.

Recruitment must take place before August 1st, 2024.

I acknowledge that this obligation arises from the financing agreements relating to the DIM Gene Therapy annual program.

*[Signature of legal representative]*