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| Guideline DIM Gene Therapy Call for Proposal 2021Investment  |

**Full application form should be 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;
* Equipment quotes;
* Co-financing letter signed by the legal representative of the host organization and not by the director of the host laboratory (if several co-funders, please provide a signed letter for each);
* 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 propose a gene therapy approach focusing on one of the thematic axes of the DIM Gene Therapy (see thematic below);
* 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);
* For grant applications **≥ 200 000 euros**, equipment must be mutualized with other Île-de-France research teams and should be part of a logic of transversality within the Region;
* Equipment(s) must be accessible to all DIM research teams;
* **A co-financing letter must be signed by the legal representative of the host organization** (see template annex 1 - if several co-funders, please provide a signed letter for each). No co-financing letter signed by the laboratory director will be accepted.
* Updated quote for each equipment must be provided;
* **The acquisition must take place within 18 months of the financing decision (no later than 12/31/2022)[[1]](#footnote-1)**;
* 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. **Grant characteristics**
* Equipment(s) will be financed by the DIM with a maximum intervention rate of 66% of expenses, excluding VAT. A co-financing of 34% minimum must therefore be justified in the application form;
* The application form must contain an internship offer and a commitment letter to recruit a trainee, during the validity of the grant (see template annex 2). 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 Paris Region**;
* 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 a 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**:
	1. Host organization will receive installments for 80% of the grant upon presentation of proof of payment according to a schedule;
	2. 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 beneficiaries of the DIM Gene Therapy have justified all their expenses.
1. **Eligible costs**

Equipment(s) > 500 € HT are eligible. Shipping, installation and training fees and also maintenance can be eligible if this information clearly appears on the initial quote. Computers and software are also eligible if associated with the equipment(s).

As a reminder, the intervention rate is 66% on all eligible expenses, excluding taxes.

**Please note that overhead expenses are not eligible.**

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 2021Investment |

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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| **Potential beneficiaries**  |
| **Name/ Last name** | **Position** | **Department/Unit/Laboratory** | **Name of the team** | **Full postal address** | **Phone number** | **E-mail address** |
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| **Host organization** Please fill in the following fields precisely in order to address the agreement as soon as possible. |
| **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 and the expenses** | **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** | **Contact 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. |
| **Contact 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. |

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** |
|[ ]  Hearing |
| [ ]   | Sickle cell disease |
|[ ]  Imagery |
|[ ]  Metabolic and mitochondrial diseases  |
|[ ]  Neurodegenerative diseases |
|[ ]  Skin |
|[ ]  Kidney |
|[ ]  Tolerance and Immunity  |
|[ ]  Viral vectors |
|[ ]  HIV |
|[ ]  Vision |
|[ ]  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. |
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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 (national and international) - Objectives and questions that can be answered with the requested equipment(s)- Preliminary data/current development status- Excellence and originality of the project- Specify the structuring and innovative aspects, in particular for the Ile-de-France research community- Needed resources - Methodology- Main expected results   |
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| **Describe interactions with Île-de-France team(s)/beneficiaries that will be carried out within the framework of the project** |
| Cliquez ou appuyez ici pour entrer du texte. |

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| **Work plan (max 2 pages)**Describe the work plan in work packages (WP) and 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 0-6 | Month 7-12 | Month 13-18 | Month 19-24 | Month 24-30 |
| WP 1 : Cliquez ou appuyez ici pour entrer du texte. | Cliquez ou appuyez ici pour entrer du texte. |  |  |  |  |  |
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| 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**
2. **project needs**

**Please complete the tables below for each requested equipment**

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| **Equipment name**  | **Equipment location (host organization AND Laboratory)** | **Name of acquisition organization**  | **Lab manager name** | **Position** | **Email address** |
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| **Equipment** | **Cost HT (€)** | **co-financing HT (€)** (34 % minimum of the equipment cost) | **Grant requested (€)** (66 % maximum of the equipment HT cost) | **Estimated date of acquisition** |
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| **TOTAL** |  |  |  |  |

*\*Please find below the eligible costs:**equipment(s) > 500 € HT, shipping, installation, training, maintenance, computers, software****.*** *Please not that DIM will not finance VAT.*

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 institution, according to the rules in force. Partial compensation could be allocated by the Imagine Institute to the host institution 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. Please note that sending the signed internship agreement is a condition for payment of the grant balance.

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| **Host institution** | *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. |
| **Profile 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. |

**Annex 1: Co-financing letter**

*[Date]*

***Subject:*** **Co-financing letter**

[*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 co-financing organization*], [*current position*], hereby certifies that, [*name of the organization*], will contribute to the acquisition of equipment(s) in the framework of the DIM Gene Therapy, up to a minimum of 34% of the total purchase amount. The total purchase amount is estimated at *[price HT]* € excl. Tax, subject to updating of quotes during the acquisition of the equipment(s).

I acknowledge that the contribution of the DIM Gene Therapy will cover to a maximum amount of *[DIM support amount]* € HT in order to exclusively acquire equipment(s) validated by the DIM and that the DIM will not cover the payment of VAT.

The research team concerned by this financial support is the *[research team, address],* under the direction of *[director of the research team]* for the realization of the project *[name of the project].*

I acknowledge that I have read the terms of repayment of the grant and commit *[name of the host institution]* to support a cash advance.

Equipment acquisition must take place before December 31st, 2022.

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

*[Signature of legal representative]*

**Annex 2: 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 December 31st, 2022.

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

*[Signature of legal representative]*

1. The objective of this measure is to reduce the gaps in the purchasing schedule: beneficiaries can only present the balance to the Region once all beneficiaries of the agreement have acquired their equipment. [↑](#footnote-ref-1)