MINISTÈRE
DU TRAVAIL
DE LA SANTÉ
ET DES SOLIDARITÉS
Liberté
Égalité
Fraternité

Inserm
La science pour la santé
From science to health

Call for research proposals
MESSIDORE 2024

Methodology for Innovative Clinical Trials,
Devices, Tools and Research using Health Data and Biobanks

A Inserm call for project, funded by DGOS and operated by IReSP

Strategic Program for Collaborative Health Research

Presentation and Regulations

Content

1. Background and objectives **2**
2. Scope of the call for proposals **2**
2. 1. Thematic research scope 2
2. 2. Disciplinary fields 5
2. 3. Collaboration 5
3. Funding **5**
3. 1. Types of projects supported 5
3. 2. Amounts and eligible durations 5
4. Schedule **5**
5. Project selection procedure **6**
5. 1. Selection procedure committees 6
5. 2. Stages in the selection procedure 6
5. 2. 1. Admissibility criteria *6*
5. 2. 2. Administrative eligibility criteria *7*
5. 2. 3. Scientific eligibility criteria *7*
5. 2. 4. Scientific evaluation criteria *7*
6. Teams, coordinator and affiliated organizations **8**
6. 1. All participating teams 8
6. 2. Project scientific coordinator 8
6. 3. Partner teams 9
6. 4. Affiliated organizations 9
6. 5. Commitments 11
7. Financial rules and deliverables **11**
7.1. General recommendations for completing the budget appendix 11
7.2. General provisions for funding 12
7.2.1.Personnel expenses *12*
7.2.2.Payment of the grant *13*
7.3. Project monitoring deliverables 13
7.4. Publication and communication 13
7.5. Submission process 14
7.5.1.General recommendations for electronic submission *14*
7.5.2.Instructions for applicants: *14*
7.5.3.Details of additional documents *15*
7.6. Contact **15**

1. Background and objectives

The research activities pioneered at Inserm (National Institute of Health and Medical Research*; Institut national de la santé et de la recherché biomédicale*) are driven by the continuum from bench to bedside. To reveal the full potential of all research activities, they must be compared against use cases and real-life applications in the care process. Research is eminently interdisciplinary in nature and requires collaboration between experts in a wide range of fields.

In light of this major challenge and its significant impact on diagnostic, therapeutic and preventive procedures and processes, whether in hospitals, outpatient centers or the general population, Inserm has been supported by its regulatory authorities, especially the French Directorate-General for Healthcare Provision (*DGOS*) within the French Ministry of Labour, Health and Solidarity (*Ministère du travail, de la santé et des solidarités*) in implementing a strategic program for collaborative health research (PSRCS) as part of its 2021-2025 objectives, means and performance agreement.

This program, operated for Inserm by IReSP (*Institut pour la Recherche en Santé Publique*, French Institute for Public Health Research), will bring unprecedented support to the health research continuum and foster a new collaborative model with healthcare professionals in a number of mission-critical scientific fields, from new trial methodologies through to the development of expertise in using health data. This program will provide the consistency and resources to drive the entire national scientific community within the innovative fields of clinical research (including primary care) and population-based interventional studies (this theme will be supported as part of a separate call for proposals[1]). It will also help develop French expertise in using health data and biobanks. It concerns approaches and themes that, instead of duplicating, actually dovetail with those covered by existing calls for proposals, especially those managed by the French Ministry of Labour, Health and Solidarity[2].

This call for research proposals represents the main action of this program.

2. Scope of the call for proposals

2. 1. Thematic research scope

The thematic research scope of this call for proposals comprises two focus areas:

Focus area 1 - Innovative clinical trials, clinical trial in primary care and medical devices

To address the new constraints facing clinical research while taking advantage of the advances achieved through new theoretical research, the objective of this focus area is to support the development of innovative clinical trials based on a new array of methodologies (this excludes conventional trials, except concerning medical devices).

[1] https://iresp.net/thematiques/programme-sip/

[2] Refer to https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/recherche-et-innovation/l-innovation-et-la-recherche-clinique/appels-a-projets/programmes-recherche

The following are expected:

- Registry-nested trials
- Trials harnessing existing databases, including databases derived from randomized clinical trials or nested within the national health data system (SNDS)
- Platform trials[3]
- Personalized medicine trials
- Clinical trials in primary care[4 ; 5]

Collaborative arrangements may be proposed with the teams within the network of Clinical Investigation Centers (CICs), the F-Crin infrastructure or Service Units (particularly France Cohortes), or data warehouses (hospitals or other stakeholders). Depending on the projects, other partners may be invited to take part, including general medicine faculties and healthcare centers, especially for conducting clinical trials in the community.

This area will also support applied research and assessments focusing on the early stages in the development process for *medical devices,* i.e. research projects whose Technology Readiness Level (TRL) would range from 1 to 6b [6] (projects with higher TRLs might be submitted to research calls from the French Ministry of Labour, Health and Solidarity [7], or from the General Directorate for Entreprise [8]; medico-economic studies into medical devices supported within the medico-economic research program spearheaded by the Ministry of Labour, Health and Solidarity are also excluded). Medical devices considered may include devices incorporating artificial intelligence technologies (software as a medical device, or SAMD).

Focus area 2 - Studies using health data or based on biobanks

This focus area aims to support projects based on *existing databases or biobanks*, particularly if they combine several databases and biobanks and encourage stakeholders to share and/or standardize data, concern the challenge of ensuring the reproducibility of scientific findings, and/or allow collections and databases to be better structured or futureproofed. Support will also be given to the development of multimodal data processing tools and methodologies (omics data, imaging data, etc.) as well as innovative tools that encourage data sharing and reuse.

---

[3] Platform trials are defined as tests aimed at examining the effect of several therapies on a given disease or disorder in a "perpetual" manner, and where the therapies may enter or leave the trial according to a decision algorithm (for example, see Woodcock & LaVange, NEJM, 2017).

[4] Primary care encompasses the notions of first recourse, accessibility, coordination, continuity and permanence of care. Primary care is the gateway to a system that provides local, integrated, continuous care, accessible to the entire population, and which coordinates and integrates services required by other levels of care. While primary care is the patient's first contact with the health care system, it also shapes the patient's subsequent journey through the system.

[5] Project leaders should note the existence of the Resp-Ir call for projects, issued by the Ministry of Labour, Health and Solidarity and operated by the inter-regional clinical research and innovation groups (GIRCI), which provides a main support for these projects (https://sante.gouv.fr/IMG/pdf/note_information_respir_2023_174.pdf)

[6] https://horizoneuropencpportal.eu/sites/default/files/2022-12/trl-assessment-tool-guide-final.pdf

[7] See annex 1 from the following document: https://sante.gouv.fr/IMG/pdf/note_dgos_app_2023_102.pdf

[8] https://www.entreprises.gouv.fr/fr/actualites/industrie/filieres/france-2030-plan-d-action-pour-des-dispositifs-medicaux-innovants

Methodological and validation work **will be supported and promoted for the various topics within each focus area.**

⚠ Projects that may be eligible for financing through other research funding programs, particularly through the French Ministry of Labour, Health and Solidarity, INCa, ANRS-EID and IReSP on addictions **cannot be funded in the context of Messidore**.

2. 2. Disciplinary fields

This program is open to the entire national health research community. Projects must be collaborative or integrative, and they must combine two or more health research disciplines (epidemiology, clinical research, fundamental biology, biostatistics, technological research, human and social sciences).

2. 3. Collaboration

One of the challenges inherent in the program involves bringing together academic research teams, involving at least one Inserm-accredited team and one team attached to a healthcare establishment [9].
This collaborative aspect must be clearly presented (see 6.1) and will be taken into consideration during the evaluation.

3. Funding

3. 1. Types of projects supported

Large-scale projects or projects based on existing research infrastructures and/or data and that can be launched quickly after funding has been granted will be given preferential treatment, although pilot projects[10] will not be excluded.

3. 2. Amounts and eligible durations

Projects between **12 and 48 months** will be eligible.
The amount of funding allocated will range **from 50 00 € to 1.2 M€** (up to 1.5 M€ if justified), to the extent permitted by the total budget available for the program.

4. Schedule

The schedule for this call for proposals is as follows:

- Launch of the call for proposals: April 5th , 2024 ;
- Deadline for applications: **June 14th , 2024 at noon (Paris time) ;**
- Project selection: fall 2024 ;
- Public announcement of projects selected for funding: February 2025.

The full application must be submitted on the platform EVA3 (see details on section 7.5.1 below).

[9] Medical and pharmaceutical professions, medical auxiliaries, multidisciplinary health networks, and prevention structures (refer to viepublique.fr for the definitions and stakeholders within the French health system – (https://www.vie-publique.fr/fiches/37853-definition-et-acteurs-du-systeme-de-sante-francais - only available in French).

[10] This involves supporting a small-scale preliminary study to determine feasibility, time, cost and risks before carrying out a similar project on a larger scale.

5. Project selection procedure

5. 1. Selection procedure committees

Two committees are involved in the selection procedure:

- **Scientific Evaluation Committee** (SEC), which assesses the scientific content of the proposals and ranks them according to a set of scientific criteria. Each member is required to sign a non-disclosure and no conflict of interest statement. The composition of the SEC will be confidential until such time as the results have been published.
  The SEC relies on a **network of experts in the projects' domains**, to perform scientific evaluations of one or several projects. These independent experts are chosen for their scientific excellence.

- **Strategic Oversight Committee**, which includes representatives from the Directorate-General for Healthcare Provision (DGOS) and Inserm, which is responsible for evaluating the overall program at key steps of the call.

5. 2. Stages in the selection procedure

The selection procedure features several stages based on complete applications:

- **Stage 1: Eligibility and admissibility examination.** All applications are confronted to the admissibility and administrative eligibility criteria, the conditions of which are defined below.

- **Stage 2: Scientific eligibility.** The projects emerging from stage 1 are examined by part of the SEC according to the scientific scope of the call.
  As the scientific eligibility phase is not based on the full description of the project, but only on the summary, the relevance of the project to the call for proposals must be clearly and precisely explained in the relevant section of the application file.

- **Stage 3 scientific evaluation.** Admissible and eligible projects are first evaluated by external experts, then by members of the SEC, against the scientific criteria defined below. The SEC then gathers to select and rank projects recommended for funding.

5. 2. 1. Admissibility criteria

Applications must be:

- Submitted using the project coordinator's name and contact details only;
- Submitted before the deadline (see point 4 above);
- **Written in English;**
- **Complete;**
- **Signed:** electronic signatures are accepted. **All signatures must appear** in the teams commitment letters as well as in the financial application.

5. 2. 2. Administrative eligibility criteria

To be eligible from an administrative point of view, projects must comply with conditions described in part 6 below, especially:

- The project must involve at least one Inserm-accredited team and one team attached to a healthcare establishment;
- The scientific coordinator must be eligible;
- The associated fundable structures must be eligible;
- The maximum number of teams (including the coordinating team) is 10 (including teams not requesting for funding).

5. 2. 3. Scientific eligibility criteria

To be eligible from a scientific point of view, projects must comply with the following conditions:

- They must address one or more scientific focus areas of the Messidore call;
- They must not be concerned by any of the exclusion criteria.

5. 2. 4. Scientific evaluation criteria

These criteria concern the following areas:

- Coordinator and partner teams:
    - Quality and synergy of the partnership between researchers and on-the-ground practitioners, especially between academic staff and healthcare providers.
    - Quality of the teams involved (skills, experience, complementary profiles, etc.).
- Scientific quality:
    - Clarity of the objectives.
    - Scientific and public health relevance.
    - Consistency with the target subject areas.
    - Excellence in relation to the latest scientific knowledge.
    - Position of the project in relation to the national and international context.
- Methodology, degree of maturity, and feasibility:
    - Methodological quality and relevance of the planned technologies.
    - Suitability and justification of the proposed schedule with regard to the project's objectives.
    - Feasibility of the research (access to data, schedule for completing project tasks, detailed program, deliverables, compliance with ethical rules and regulatory requirements, status of authorization requests, declaration of access to databases or cohorts, etc.).
    - Technical, financial and legal-administrative feasibility (budget in proportion to the application, compatibility of the funding obtained through the call for proposals with other funding that the unit could or will receive).
- Impact of the project:
    - Scale of the project.
    - Scientific, technical, social and public health impacts.

The criterion of impact on public health will be given particular consideration in the evaluation and final ranking by the Scientific Committee. If this criterion proves insufficient, projects that fall within a thematic

priority of the research programs of the Ministry of Labour, Health and Solidarity or a government public health plan, may be given special consideration. For this campaign, the thematic priorities are mental health and psychiatry, the different types of health prevention, paediatrics and child health (including child psychiatry).

6. Teams, coordinator and affiliated organizations

6. 1. All participating teams

The project must involve one Inserm-accredited team and one team attached to a healthcare establishment. Clinical Investigation Centers, considered as being both, might apply by themselves.

6. 2. Project scientific coordinator

The team coordinating the project will be team 1 and its affiliated organization must be eligible for this status (see 6.4).

A scientific coordinator must be designated for each project submitted. Scientific coordinators are natural persons and are responsible for achieving the project's scientific deliverables. They act as the point of contact for Inserm. **Project coordinators alone are authorized to submit the application in their name.**
Scientific coordinators must dedicate **at least 10% of their research time** to the project.

As the main project leader, coordinators will be designated in the funding grant agreement if applicable. In addition to their scientific and technical role, they will be responsible for :

- Establishing the collaborative arrangements between the participating teams.
- Producing the required documents (progress reports, interim and final reports, summary records, scientific and financial reports, etc.), holding meetings, moving the project forward and disclosing the results.

Only **one** scientific coordinator may act as the point of contact for the submitted project. Scientific coordinators must not be a member of the SEC involved in the call for proposals.
Project scientific coordinators must reside in France, hold a research doctorate[11] and be involved in a research activity.
In addition, project scientific coordinators must:

- Be a permanent staff member (permanent post-holder in the civil service or on an open-ended contract), or
- Hold a fixed-term contract, if the contract covers the entire project duration in one of the eligible structures, or
- Provide a binding offer of employment issued by the employer *when submitting the application* that covers the entire project duration.

[11] People who hold a doctorate in medicine or pharmacy, who are involved in a research activity and who reside in France are also eligible to become coordinators.

Chair holders and postdoctoral students may also be project coordinators. Doctoral students, emeritus researchers or retirees may not be project coordinators. The coordinating team may form a research consortium with partner teams.

6. 3. Partner teams

The number of partner teams taking part in the project is limited to 10, irrespective of whether they are applying for funding. There are no restrictions in terms of the number of people involved in each team. Each partner team must designate a scientific leader. The scientific leader's affiliated organization must be eligible for this status (see 6.4).
The research consortium must ensure that the application and financial appendix specifies all the partner teams involved in the project and their composition, **irrespective of whether they are applying for funding**.

Distinction between partner teams and service providers

- The **partner team** must be involved in building and developing the research project. As such, it can receive and use project-related credits more easily. However, the partner team must achieve the defined objectives, otherwise it could be liable for reimbursing all or part of the sum awarded.
- The **service provider** is required to perform a specific and occasional task during the project, which must be duly justified in the application (application and budget appendix). If applicable, the affiliated organization must ensure compliance with public procurement rules in accordance with its articles of association.

The service provider may not be held liable if the overall project objectives are not fulfilled. However, it is bound by an absolute obligation in relation to the specific task for which it has been contracted.

6. 4. Affiliated organizations

For each project submitted, the teams involved must designate their affiliated organization, irrespective of whether it is the recipient for the funding. The organizations to which the scientific coordinator and partner teams belong **must comply with the following conditions**:

Legal status (in accordance with the organization's articles of association or founding texts)	**Coordinator** - **Fundable** organization	**Partner teams** - Fundable organizations	**Partner teams** - Organizations not applying for funding
Public establishments vested with a research mission: EPSTs (public scientific and technological establishments - Inserm, CNRS, INRA, etc.), public scientific, cultural and professional establishments (EPSCPs - academia, etc.), certain public industrial and commercial establishments (EPICs) or public administrative establishments (EPAs), and public healthcare facilities (teaching hospitals, medical centers, general hospitals, etc.)	YES	YES	YES
Private **non-profit** healthcare facilities vested with a research mission	YES	YES	YES
Cancer care and research centers	YES	YES	YES
Public interest groups vested with a research mission	YES	YES	YES
Research foundations (vested with a research mission laid down in their articles of association)	YES	YES	YES
State-approved public-interest foundations (Institut Pasteur, Institut Curie, etc.)	YES	YES	YES
Scientific cooperation foundations (teaching hospital institutes, etc.)	YES	YES	YES
Other foundations	NO	YES	YES
Associations (see comment below)	NO	YES*	YES
International organizations applying on behalf of research teams based in France	NO	YES	YES
Self-employed healthcare professionals (see comment below)	NO	NO	YES
Commercial companies (limited, limited liability, public limited, etc.)	NO	NO	YES
Foreign teams	NO	NO	YES

* **All associations applying for funding** must ensure that their application contains their **articles of association, profit and loss statements for the last financial year, an organization chart, and confirmation of their financial resources from their bank within the previous three months**. All the said documents will be examined to confirm that the project is eligible from an administrative point of view.

Note: privately owned partners and healthcare professionals

- An **eligible privately owned partner** may receive financial support only **up to a maximum of 80%** of its share of the budget in the project.
- Self-employed healthcare professionals are not directly eligible for funding. However, two possibilities are available:
    - Funding as service providers (see comment under point 6.3).
    - Affiliation with a structure that is eligible for funding (see table above).

6. 5. Commitments

Project participants must agree to comply with the funding rules by signing the commitments specified in the application.

For the project coordinator's team: signatures (which may be electronic) are required from the project coordinator, the director of the laboratory with which the coordinator is affiliated (or the director of the coordinator's structure), and the lawful representative of the affiliated organization. If the project team is part of a Clinical Investigation Centre (CIC), the signature of the legal representative of the health care establishment is required.

For the project partner teams applying for funding: signatures (which may be electronic) are only required from the team leader and the lawful representative of their affiliated organization.

In case of partner teams not applying for funding, only the team leader is required to sign.

See also point 6.1 above regarding the case where none of the partners is a team involved in delivering healthcare services.

7. Financial rules and deliverables

Please read carefully the recommendations below and the budget appendix, which will help you to establish your budget and to fill in the budget appendix correctly.

Funding may cover all or part of the project budget. Each team is asked to contact its managing organisation to ensure the coherence of the financial package before submitting the application and closing the call for research projects.

If the project involves costs relating to healthcare provision, the healthcare provider must be a partner in the project and be one of the teams listed in section B of the application file.

The minimum funding request is 50 000 €, with a maximum request of 1.2 M€, exceptionally 1.5 M€ if justified.

7.1. General recommendations for completing the budget appendix

In the budget appendix (Excel format), **only the blue cells must be filled in**.

All amounts must be entered in euros and without additional tax, non-recoverable VAT, if applicable. It is requested, to fill in this budget appendix by rounding the amounts to the nearest euro.

The budget appendix has several sheets:

1. **The notice**: this should be read carefully before filling in the other sheets.
2. **Sheet "Team" (from "A-Team 1" to "J-Team 10"):** all teams, including those not applying for funding, must fill in the relevant tab.
3. **Sheet "K - Annual distribution":** the funding requested must be broken down into annual distribution for the implementation of the project. This distribution is done by calendar year.
4. **Sheet "L - Summary sheet":** this tab is filled in automatically from the data provided in the other tabs. Please do not modify.

Please note:

- To guarantee the integrity of all automatically calculated data, neither the structure of the file (no deletion or addition of tabs), nor the names of the tabs must be modified. **Any request to modify the Excel file must therefore be submitted to IReSP** (*e.g*. additional lines for permanent or fixed-term staff, etc.);
- The coordinator's team must be identified as team n°1;
- The numbering of the teams must be the same between the budget appendix (Excel file) and the application form (Word file).

7.2. General provisions for funding

The costs attributable to the research project must be strictly related to its implementation, which **excludes any profit margin**. Co-funding of projects is authorised, as a complement to funding obtained elsewhere. However, funding allocated here may not cover expenses financed elsewhere.
Expenses included in the requested budget may only correspond to expenses incurred after the project start date and carried out before the end date of the project.
The managing organisation may deduct overheads, as set out in the budget appendix, up to 11% maximum of the amount of eligible expenses calculated excluding overheads.

7.2.1. Personnel expenses

The funding requested for personnel may not exceed 85% of the total amount of the project.
Support and administrative functions are not eligible for funding, nor the expenses that would be attached to these functions (office equipment, mission, etc.). However, scientific profiles such as grant officers or lab managers are eligible.
The funding for trainees, masters, doctoral and post-doctoral students is allowed. Doctoral students and post-doctoral fellows must be mentioned:

- in "Temporary staff (CDD) for which funding is requested (a2)(1)" if the organisation is a public law institution, or;
- in "Fixed-term staff for which funding is requested (a2)(2)" if the organisation is a private law institution (e.g. research foundation).

Internships for which a bonus is paid must be included in the expense related to "purchase of small materials, consumables, operations". The number of trainees and their identity, if known, must be indicated in the justification (h) in the section "Details of expenses for the purchase of small equipment, consumables and operations".
A French team cannot support fixed-term contracts (post-doctoral fellows, doctoral students, etc.) or trainees working in foreign laboratories, unless this stay does not exceed one third of the project's total duration.
For the funding of eligible private legal entities: the funding of private legal entities (see 6.3) will be granted up to 80% of the total cost of the project. Therefore, each private law organisation will have to demonstrate that it can cover 20% of the total cost of the research project from its own resources, failing which its research project will not be selected.

7.2.2. Payment of the grant

The managing body of IReSP is Inserm. Inserm will be the referent for the implementation of the grant awarding acts, the payment of the grant, the administrative and financial follow-up of the projects. Inserm makes payments to the scientific coordinator's management body.
The funding will be paid on the project start date determined by the project coordinators. This date must be set within six months of the announcement of the results of the call for projects. It must also be later than the date on which the funding decision is issued.
Insofar as the same project involves several partner teams, payment agreements must be drawn up between the coordinator's management body and the management bodies of the partner teams receiving funding. Any modification of the budgetary appendix after the notification of funding or after the signature of the agreement **must be requested by email to IReSP and Inserm**.
Funding is paid in two instalments: a first instalment at the start of the project, corresponding to 80% of the funding and the balance paid once the final reports have been validated.
At the end of the grant, the coordinator must reimburse Inserm for any unspent amounts.

7.3. Project monitoring deliverables

The coordinator of the funded project is required to provide several scientific and financial reports, including a mid-term report and a final report. These reports include a scientific part to report on the results of the research and including an executive summary; and a financial part to list the expenses mandated to date.

The list of publications and any other project dissemination and communication activities must also be provided.
All the documents to be provided and the date of their submission will be specified in the grant awarding act.

7.4. Publication and communication

The scientific leaders undertake to mention the support of Inserm, IReSP and the French Ministry of Labour, Health and Solidarity, in publications and communications concerning the project:
"*This study was supported by a grant from Inserm and the French Ministry of Labour, Health and Solidarity in the context of MESSIDORE call operated by IReSP (acronym of the call, year, registration number ; ex. : AAP-MESSIDORE-2024-XXXXX")*
They must inform IReSP of publications by email within two weeks of their publication, even after the end of the funding agreement, and register the studies and results according to the procedures specified in the agreement, in coherence with IReSP commitments to open science, transparency and research integrity.
Inserm and IReSP does not acquire any intellectual property rights only from financing calls for proposals and providing funding. The results of these projects belong, according to the regulations, either to the researchers who generated them, or to their employing institutions, or to the parent institutions of the research teams involved.
Inserm and IReSP leaves it entirely up to the scientific leaders to publish, in compliance with the rules applicable to them, knowledge produced within the framework of projects supported under a call for projects.
In the framework of the implementation of the 2nd national plan for Open Science, the grant recipient organisation and the project coordinator undertake, in case of funding, to:

- Give priority to the publication of scientific articles resulting from funded research projects in open access journals or books. Failing this, the beneficiary and the teams participating in the project undertake to deposit in a public open archive such as HAL.
  Article 30 of the Law for a Digital Republic [12] sets a maximum embargo period:
  - 6 months for publications in the field of science, technology and medicine (STM);
  - 12 months for publications in the field of humanities and social sciences (SHS). Dissemination may take place without delay or within a shorter embargo period than the above if the publisher so authorises.

In principle, the structure in charge of coordinating the project is tasked with drafting the consortium agreement.

7.5. Submission process

7.5.1. General recommendations for electronic submission

The full application must be submitted online in the required format only, before the deadline, on the platforme EVA3

The EVA 3 platform presentation page will allow you to access the deposit platform via your EVA3 account if you already have one, otherwise by creating an account:
https://eva3-accueil.inserm.fr/sites/eva/appels-a-projets/Pages/MESSIDORE.aspx

The application submission should be written in English.

7.5.2. Instructions for applicants:

- **Read the text of the call** (including the rules and instructions for submitting an application). The application must comply with all the rules to be eligible.
- **Completing the various sections of the application form**:
  - **Complete the online application form** on the EVA3 platform. This is the first part of the application form: "General presentation of the project", which provides all the general information about the project: title, coordinator, thematic areas, summary, collaborative aspect, requested budget.... A Pdf file can be generated and then merged with the other documents submitted on the platform.
  - **Complete part 2 of the application form in accordance with the template provided** and submit it to the dedicated area on the EVA3 platform **in PDF format** together with all the necessary additional documents (see below). The appendices must be integrated into this document (part E - Description of the project) and not appear on separate documents. It is essential that the entire document is in Pdf format so that it can be merged with the form.
  - **Complete the signed commitments for all the teams** (1 commitment with the required signatures for each participating team, in accordance with the template provided) and submit them **in Pdf format** to the dedicated section on the EVA3 platform.
    It is essential that these documents are in Pdf format so that they can be merged with the form.

[12] https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000033202746/

- **Complete the financial appendix and submit it to the dedicated section** of the EVA3 platform in Excel format, **stamped by the legal representatives of the organisations managing the teams applying for funding** (please make sure that that all the tabs are completed).

- **Approve the project submission (with all documents).**

Please note that you must press the "submit" button to finalize the submission procedure (otherwise your application will remain "draft" on the platform). You should receive a validation confirmation email.

7.5.3. Details of additional documents

Additional documents can be:

⇨ **For the scientific coordinator**, if there is no current contract or if the contract does not cover the entire duration of the project: **a promise of employment issued by his/her managing organization**.

⇨ For associations applying for funding:
- Articles of association ;
- profit and loss accounts for the previous financial year;
- organization chart;
- bank certificate of financial capacity less than 3 months old;
- justification of their interest in participating in the research.

⇨ Any regulatory approvals already obtained.

7.6. Contact

For information of a scientific nature and for administrative and financial aspects, please contact:

- The MESSIDORE Team: messidore@inserm.fr

For technical aspects concerning EVA, please contact:

- EVA3: eva@inserm.fr