

# CALL FOR RESEARCH PROPOSALS

Addictive Behaviours and Drugs (CAD  
programme):

Prevention, Mechanisms, Identification and  
Support

## CAD25

The French Institute for Public Health Research (IReSP) and the French National Cancer Institute (INCa) run the research section of the Anti-Addiction Fund (FLCA).

Deadline for submission: 20 March 2025 – 4 p.m.

Online submission:

Sections 1, 3 and 4

<https://www.eva3.inserm.fr/process/760>

Section 2

<https://projets.e-cancer.fr/>

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# 1 Context of the call for proposals

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## 1.1 Institutional context: challenges around addictive behaviours

Set up in 2018 as part of the French National Health Insurance Fund, the Anti-Addiction Fund (FLCA)<sup>1</sup> helps fund initiatives addressing government priorities aimed at combatting addictions, as set out in the French Interministerial Addictive Behaviour Action Strategy,<sup>2</sup> and the National Tobacco Control Programme.

Each year, FLCA awards funding to the French National Cancer Institute (INCa) and the French Institute for Public Health Research (IReSP) in order to implement its strategic area 4: “Supporting applied research and the evaluation of prevention and care initiatives”.

### 1.1.1 Overview of INCa

The French National Cancer Institute (INCa) is a national health and scientific expertise agency in cancer care responsible for coordinating cancer control initiatives, set out in the Ten-year anti-cancer strategy (2021-2030).<sup>3</sup> In this respect, INCa develops and coordinates multidisciplinary research initiatives in relation to drugs and addictive behaviours, in particular in relation to tobacco, alcohol and cannabis, which are established key cancer risk factors: research support and facilitation, knowledge transfer and dissemination.

### 1.1.2 Overview of IReSP

The French Institute for Public Health Research (IReSP) Is a Scientific Interest Group (GIS) whose primary aim is to develop, structure and promote public health research, in particular in relation to addictive behaviours.<sup>4</sup> To this end, IReSP is a major player in the funding of research in this area, it acts as an interface, helping to facilitate exchanges between researcher communities and parties involved in public decision-making, with a view to improving public policies. IReSP is hosted by INSERM.

## 1.2 Scientific context: challenges

Addictive behaviours represent a major health risk. Of these behaviours, tobacco and alcohol use are among the leading causes of preventable mortality in France, with 75,000 deaths annually for tobacco, and 41,000 for alcohol in 2015, caused by cancers, cardiovascular, digestive tract, or nervous system diseases, and also injuries, particularly following road accidents.<sup>5</sup>

The use of other drugs<sup>6</sup> is also associated with high mortality, such as opioids which cause death (78% of overdoses in 2017), with methadone and heroin being the most represented (respectively 37% and 25%),<sup>7</sup> cocaine (26% of deaths), cannabis and amphetamines (6% of deaths respectively) along with

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1 To find out more about the Anti-Addiction Fund: <https://sante.gouv.fr/prevention-en-sante/addictions/article/fonds-de-lutte-contre-les-addictions>.

2 Published by the French Interministerial Mission for the Fight Against Drugs and Addictions (MILDECA), and more specifically the “Basing public action on robust knowledge” area, where it restated its desire to support and guide the production of scientific data that are easy for public authorities to put into action.

3 To find out more about the French National Cancer Institute and its activities: <https://www.e-cancer.fr/>

4 To find out more about the French Institute for Public Health Research and its activities: <https://iresp.net/liresp/linstitut/>

5 Bonaldi C, Boussac M, Nguyen-Thanh V, (2019), “Estimation du nombre de décès attribuables au tabagisme, en France de 2000 à 2015”, Bull. Epidémiol. Hebd. No. 15, p. 278-84 [http://beh.santepubliquefrance.fr/beh/2019/15/pdf/2019\\_15\\_2.pdf](http://beh.santepubliquefrance.fr/beh/2019/15/pdf/2019_15_2.pdf)

6 The term “drug” refers to “Any psychotropic or psychoactive substance that disrupts central nervous system function (sensations, perceptions, moods, feelings, motor function) or modifies states of consciousness.” <https://www.drogues.gouv.fr/quest-ce-que-une-drogue>

7 Brisacier A-C, Palle C, Maallaret M, (2019), “Décès directement liés aux drogues. Evaluation de leur nombre en France et évolutions récentes”, Tendances, OFDT, July, No. 133. <http://www.ofdt.fr/BDD/publications/docs/efxabz7.pdf>

new synthetic substances (3% of deaths).<sup>8</sup> It has also been demonstrated that long-term cannabis use increases the risks of cancer, vascular disease, chronic respiratory disease, reproductive disorders, as well as cognitive and mental health disorders.<sup>9</sup>

Non-substance, or behavioural, addictions, such as practices associated with gambling (sports betting and lotteries) and video gaming have recently been recognised as disorders.<sup>10</sup> Questions remain, especially as to the addictive potential of other behaviours (screen use, compulsive buying, behavioural disorders in relation to eating, sex, exercise, work, etc.) with very little investigation to date in respect of qualification, prevalence, associated comorbidities and therapeutic avenues.

Therefore, the different addictive behaviours are a major public health problem. In consequence, it thus seems necessary to boost and support multidisciplinary research in order to describe the mechanisms of addiction, prevent, identify and support those at risk and their support network in their use, as well as develop intervention programmes aimed at these cohorts.

## 2 Objectives and general scope of the call for proposals

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In this context, and in conjunction in particular with the 2023-2027 Interministerial Addictive Behaviour Action Strategy, INCa and IReSP are renewing their call for research proposals (CFP) on **addictive behaviours, including legal or illegal drug use and polysubstance use and behaviours with addictive potential**, whether they are the subject of scientific consensus (gambling, gaming), or have been poorly documented to date (screen use, compulsive buying, sex, exercise, work, etc.).

The objective of this call for proposals is to develop ambitious and innovative excellence-based research open to all research disciplines in order to improve knowledge on addictive behaviours and ultimately guide political decision-making in public health.

Proposals from the fields of Human and Social Sciences (HSS), public health, Population Health Intervention Research (PHIR), and/or proposing multidisciplinary approaches are particularly welcome. Proposals incorporating participatory and community approaches are also strongly encouraged. The use of existing databases, epidemiological data and cohorts, and data from research infrastructures especially with open-source data is also welcome. A particular focus will be placed on proposals relating to:

- social, regional and health inequalities (including overseas territories);
- the role of the support network (including peer support workers, peer helpers and expert patients);
- prevention and Risk and Harm Reduction (RHR) strategies and interventions, especially innovative practices (AI) and/or their evaluation;
- mental health, declared a Major National Cause 2025 by the French government.

These priorities may be, where applicable, taken into account in the selection process by the scientific evaluation committee (see Evaluation section).

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<sup>8</sup> Ibid.

<sup>9</sup> Beck F, (2016), "Quels usagers ? Quelles substances ?", ADSP, June, No. 95, p. 12-19, in Ben Lakhdar X, Couteron J-P dir, "Les drogues illicites en question" ADSP, June, No. 95.

<sup>10</sup> Gaming and gambling have been included in DSM-5 since 2013 and gaming was included in the 11th Revision of the WHO International Classification Diseases (ICD-11) in 2019.

## 3 Overview of the sections of the call for applications

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Expected proposals should fall under one of the following 4 sections structuring this call for proposals:

- **section 1: Addictive behaviours, drugs and general population**
- **section 2: Addictive behaviours, drugs and cancers**
- **section 3: Addictive behaviours, drugs and forms of harm other than cancer**
- **section 4: Behaviours with addictive potential**

### 3.1 Section 1: Addictive behaviours, drugs and general population

Section 1 is dedicated to proposals relating to (legal or illegal) drug use among people with no comorbidities. It is also open to research relating to use among people identified with specific vulnerabilities (people with disabilities, older people, young people in care, migrants, homeless people, people in judicial custody, pregnant women, etc.).

The aim of section 1 is to improve knowledge on:

- addiction mechanisms: drug use initiation mechanisms and addiction cessation or relapse prevention mechanisms; substance use and polysubstance use practices and pathways;
- at-risk profiles and behaviours, as well as risk factors and protective factors;
- strategies and interventions aimed at preventing and delaying introduction to drug use (including the evaluation of the prevention and RHR programme);
- detection, treatment, support and cessation aid strategies and interventions for people with problem use of one or more drugs including within the scope of RHR;
- the impact on a population level of public interventions in terms of legislative and economic drug regulation (trafficking, market, social cost, etc.);
- the health impact: quantification of impact of addiction on a population scale, and comparison with the impact of other components of the exposome (physical, chemical, psychosocial, behavioural factors, etc.);
- the impact at a population level of social marketing interventions;
- the effects of new synthetic substances and new consumption methods.

### 3.2 Section 2: Addictive behaviours, drugs and cancers

Section 2 is dedicated to proposals essentially relating to the use of tobacco, alcohol and cannabis, which have an established link with cancer. These proposals relate to people affected by cancer (patients, cancer survivors, support network) and their care as a whole: socioeconomic environment, support measures, social perceptions, specific cohorts, quality of life, social inequalities, accessibility to care, screening for cancers associated with these substances, etc.

It supports proposals relating to:

- identification, treatment, support and cessation care strategies and interventions, on one hand, in respect of cancer patients with an addiction to one or more drugs; on the other, in respect of people attending screening for cancers associated with drug use, especially lung cancer. These interventions may fall within the scope of risk and harm reduction. Finally, intervention research proposals are particularly welcome;
- interventions for improving quality of life and support for patients (and their support network) affected by cancers associated with drug use:

- psychosocial interventions for improving the quality of life of patients and their support network (programme of therapeutic education for the patient, guidance, learning, nudging, disease management, supportive care, measures to reduce complications and risks of recurrence, etc.);
  - palliative care support (quaternary prevention);
  - post-cancer support measures including employment retention and return to work.
- descriptive and comprehensive approach based on human and social sciences to cancers linked with tobacco, alcohol and/or other drugs: perceptions, pathways of users, experiences of cancer, impact of new treatments (e.g. immunotherapy) and screening programmes, sociology of cancer, stigmatisation process, psycho-oncology, quality-of-life scale linked with environment and use, role of carers;
  - screening for cancers attributable to tobacco and alcohol, and innovative research concerning new screening methods linked with drug use. Intervention research proposals are particularly welcome, especially in respect of vulnerable cohorts or those isolated from healthcare systems;
  - cancers and polysubstance use (tobacco, alcohol, cannabis, cocaine, heroin, etc.);
  - finally, proposals relating to the biology of cancers associated with drug use, early diagnosis and clinico-biological impacts may be submitted.

N.B. Proposals relating to lung cancer screening will need to be linked to the RIPH2 (human subject research) pilot project funded in the context of the DEPKPOUMON24 call for applications.<sup>11</sup>

### **3.3 Section 3: Addictive behaviours, drugs and forms of harm other than cancer**

Section 3 relates to proposals focusing on harm and conditions (other than cancer) associated with drug use (legal or illegal). The aim of section 3 is to improve knowledge on:

- people with comorbidities and other drug-related effects on their health apart from cancer (e.g. COPD, emphysema, heart problem, coronary disease, psychiatric and mental health disorder, infectious disease, etc.);
- people with conditions other than cancer (including conditions associated with drug use during pregnancy);
- prevention, identification, support and care requiring interventions for people with comorbidities;
- effects of a somatic (transmission of infectious diseases, accidents, etc.), psychiatric (anxiety disorders, depressive disorders, suicidal behaviours, etc.), neurological (cognitive disorders, mental confusion, etc.) and social (isolation, violence, stigmatisation, difficulties at school, work, etc.) nature.<sup>12</sup>

### **3.4 Section 4: Behaviours with addictive potential**

The objective of section 4 is to promote proposals relating to behavioural disorders with confirmed addictive potential (gambling, gaming), as well as exploratory research on behaviours not yet recognised as having addictive potential in international classification systems (screen use, compulsive buying, sex, exercise, work, etc.).

<sup>11</sup> <https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Appels-a-projets-en-cours/DEPKPOUMON24>

<sup>12</sup> [https://www.has-sante.fr/jcms/p\\_3218478/fr/prevention-des-addictions-et-reduction-des-risques-et-des-dommages-rdrd-dans-les-etablissements-et-services-sociaux-et-medico-sociaux-essms](https://www.has-sante.fr/jcms/p_3218478/fr/prevention-des-addictions-et-reduction-des-risques-et-des-dommages-rdrd-dans-les-etablissements-et-services-sociaux-et-medico-sociaux-essms)

Proposals relating to people identified with specific vulnerabilities (people with disabilities, older people, young people in care, migrants, homeless people, people in judicial custody, pregnant women, etc.) are included in this section.

The aim of section 4 is to improve knowledge on:

- the definition, qualification and prevalence of disorders, accounting for the continuum of severity and the substantial diversity of behaviours;
- peoples' pathways, before and after seeking care, with a view to observing changes in behaviours, and thus gaining a clearer view of the prevention work required;
- at-risk characteristics, profiles and behaviours, as well as risk and protective factors;
- prevention strategies and interventions;
- identification, diagnosis, support in accessing care, as well as care pathways and therapies;
- relationships between comorbidities (other substance- or non-substance-related addictive behaviour, mental illness, pre-existing conditions potentially leading to at-risk behaviour);
- all forms of harm (somatic, psychiatric, neurological, social);
- impact of social marketing.

## 4 Application procedure

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**Note that the funding allocated in this call for proposals does not cover theses, due to the publication of a call for PhD grant applications with the same scientific scope as this call for applications.**

**For more details, you can find this information in the INCa regulations<sup>13</sup> and in the IReSP guide for applicants.**

### 4.1 Types of proposals

For this round of the CFP, the types of expected proposals are as follows:

#### 4.1.1 Full proposals (sections 1, 2 only)

Terms	Duration: 36 or 48 months	Projected budget: Minimum €100,000
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The objective of this funding is to support research proposals capable of associating several teams. These research proposals are advanced in their design and based on a controlled methodological approach and fully developed cooperation agreements based, in particular, on data from pilot studies, emerging proposals or feasibility assessments. In particular, intervention research proposals may be funded under this category.

#### 4.1.2 Pilot proposals (all sections)

Terms	Duration: 18 or 24 months	Projected budget: Maximum €150,000
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A feasibility assessment phase is required to prepare some full research proposals. Therefore, this procedure consists of funding a small-scale preliminary study in order to determine feasibility, time, cost and risks before conducting a similar project on a larger scale. These pilot proposals may also be intended to accompany interdisciplinary and inter-establishment collaborations between researchers and field practitioners with a view to structuring common research proposals.

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<sup>13</sup> <https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions>



#### 4.1.3 Emerging proposals (all sections)

Terms	Duration: 18 or 24 months	Projected budget: Maximum €60,000
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An emerging research proposal is aimed, for example, at structuring a partnership between research teams and field players/practitioners/targeted cohorts, with a view to developing research questions and the design of the intervention. The funding should enable the researchers and their partners to build a proposal intended to be ramped up for submission for subsequent CFP rounds (as a pilot or full research proposal). This procedure is particularly encouraged for intervention research proposals.

## 4.2 Beneficiaries of the grant

The grants allocated within the scope of this call for proposals are intended for the following legal entities based in France (hereinafter referred to as “Structures”), some of which may be the proposal applicant:

- public research institutions (public scientific and technical research establishment [EPST], industrial and commercial undertaking [EPIC], etc.);
- higher education institutions (universities, colleges, etc.);
- non-profit organisations involved in health research or promotion, prevention, screening or working in the health and social sector;
- public or private healthcare facilities, either for profit or not (CHU [university hospitals], CRLCC [regional cancer centres], CH [hospitals], etc.).

Legal entities that are part of the tobacco industry (article 5.3 of FCTC),<sup>14</sup> businesses in the alcohol or cannabis supply sector, betting or gaming operators (gambling, gaming) and pharmaceutical industries may not be the beneficiaries of the grant. Any connection with commercial or for-profit companies must be specified in the application file. INCa and IReSP will reserve the right to refer to an ethics committee if required.

For each proposal, the grant will be paid to a single structure, which will be responsible for distributing the funds to the other structures, for the teams participating in the project. This coordinating structure and recipient of the grant must have a public accountant. The recipient structure will also be responsible for keeping records of expenses for the body allocating the grant.

## 4.3 Project coordination

The project coordinator is the primary investigator of the project. Only one coordinator is referenced for the submitted proposal.

The coordinator must be affiliated with one of the structures cited in point 4.2, should hold a PhD or practitioner doctorate (medicine or pharmacy) and be:

- a permanent employee (public servant status or under permanent private or public contract) or;
- a private or public employee on a fixed-term contract only if the contract covers the entire duration of the proposal in one of the eligible structures for coordinating the project. The coordinator will be responsible for checking whether their status is compatible with the completion of the project and obtaining any authorisations required from their employer.

The coordinator must devote at least 30% of their time to the research project. They must not be a member of the CFP scientific evaluation committee.

In addition to their scientific and technical role, the coordinator is responsible for the overall running of the project and for establishing the terms of the collaboration between the participating teams, producing

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<sup>14</sup> FCTC: WHO Framework Convention on Tobacco Control. Guidelines for the implementation of Article 5.3 on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry: [https://www.who.int/fctc/guidelines/article\\_5\\_3\\_fr.pdf?ua=1](https://www.who.int/fctc/guidelines/article_5_3_fr.pdf?ua=1)

the necessary documents (scientific and financial reports), organising meetings, and the progression and communication of results.

#### 4.4 Eligible teams

Teams must belong to one of the structures cited in point 4.2.

The number of teams participating in the project is not limited; the same applies for the number of people involved. However, no more than five teams per proposal will be able to request funding for full or pilot proposals, and no more than two teams for emerging proposals.

Participation by industrial partners (excluding the tobacco industries, businesses involved in alcohol or cannabis supply, gambling, gaming sectors, and pharmaceutical industries), local authorities and regional health agencies (ARS) is possible on condition that they provide their own funding in the project. As such, they will be associates in the project (hereinafter referred to as “Associates”) and receive no funding within the scope of the CFP.

Private institutions with no research mission or that are not recognised as being of public utility cannot apply for funding.

For associations, documents will be requested to demonstrate their status and sound financial health (profit and loss accounts).

**Important:** Foreign teams may participate in the project, but they may not receive funding. Projects conducted entirely abroad and/or without any benefit for public health in France will not be eligible.

#### 4.5 Independence of coordinator and teams

The coordinator and the lead of each participating team declare in the application that they have no potential conflicts of interest within the scope of the conduct of the project and that there is no event or fact, in the past, present or liable to arise in the foreseeable future, liable to compromise their independence, particularly in relation to the tobacco industry, businesses from the alcohol or cannabis supply sectors, betting or gaming operators (gambling, gaming), and industrial pharmaceutical firms.

## 5 Proposal evaluation and selection procedures

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### 5.1 Selection process

In order to complete its evaluation, IReSP and INCa rely on four specific international scientific evaluation committees (SECs) for each of the four sections, made up of individuals known for their expertise, who review the eligible proposals. One committee will be set up for each section.<sup>15</sup>

In its selection, the scientific evaluation committee will place particular emphasis on and be mindful of proposals linked with the research priorities mentioned in section 2. Where applicable, it may include them in its selection criteria.

In addition, the scientific evaluation committee will recommend funding for research projects in the basic sciences in accordance with a predefined FLCA budget.

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<sup>15</sup> The SEC for section 1 is led by IReSP in liaison with INCa; the SEC for section 2 is led by INCa; the SECs for sections 3 et 4 are led by IReSP

## 5.2 Declaration of interests of SEC members

Both Institutes have put in place a mechanism for ethics and transparency regarding potential conflicts of interest. The reviewers and external evaluators agree to comply with the ethics provisions of both institutes.<sup>16</sup>

Reviewers may not be in a project coordinator or team member role. Reviewers and external evaluators must declare direct or indirect interests, with each proposal submitted to the scientific evaluation committee, with the coordinator of a proposal or a member of the team of a proposal.

The membership of the SECs will be published on the IReSP and INCa websites at the end of the call for proposals evaluation process.

## 5.3 Main stages of the evaluation

The main steps in the procedure for selecting project applications are as follows:

- online submission of application (scientific file and financial appendix) according to the date of closure of the call for proposals;
- checking of admissibility and eligibility criteria;
- evaluation:
  - external evaluators (international and French) are requested to provide an evaluation report for the proposals (for full research proposals only);
  - the reviewers (specific to each SEC) provide an evaluation report for the proposals;
- scientific evaluation committee meetings for each section: based on the external evaluations and the reviewers' evaluations, the members of the SEC collectively discuss the quality of the proposals, and propose a list of proposals to be funded. Note that the following are envisaged:
  - for full proposals: two external evaluations and two reviewers per proposal;
  - for pilot proposals: two to three reviewers per proposal;
  - for emerging proposals: two reviewers per proposal;
- meeting on the final decision on the projects selected for funding by INCa and IReSP;
- publication of the results by INCa and IReSP.

## 5.4 Admissibility criteria for proposals

Applications must be submitted:

- **within the deadlines** (see section 7);
- **in the required format** (see section 8);
- in their **entirety** (including **signed undertaking documents**).

The application submitted (scientific document in Word format and financial document in Excel format) must be **complete and filled out in full** (the **signatures of the undertakings** and the **bank details** are included in the Word file).

The budget appendix must be **signed** before submission.

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<sup>16</sup> For sections 1, 3 and 4, refer to IReSP's rules of procedure: <https://iresp.net/iresp/institut/>

For section 2, refer to the terms set forth by INCa: <http://www.e-cancer.fr/Institut-national-du-cancer/Deontologie-et-transparence-DPI>.

## 5.5 Eligibility criteria for proposals

In order to be eligible, the proposals and the coordinators must meet the following conditions:

- the project must meet the objectives and scope of the present call for proposals;
- the project must have a duration consistent with the chosen procedure;
- the same proposal may not be submitted in response to more than one call for proposals from INCa or IReSP;
- the project must not have been awarded a grant still in progress from INCa, or IReSP, or any other public body (in accordance with the principle of no double financing of the same project);
- the project coordinator may not be a member of a scientific evaluation committee (SEC) of the CFP, or a contributor in the drafting of this CFP;
- the recipient teams must belong to structures eligible for this call for proposals (see section 4.2);
- the execution of the project is not limited in terms of the number of partner teams, from different research units and/or different institutions;
- because evaluation is international, the application must be written in English;
- the application must include all information needed to carry out an overall assessment of the quality of the project, including statistical analyses, logistic aspects where these are important for the proper performance of analyses, justification of the requested budget (to include at the very least the main items of expenditure anticipated), etc.;
- the project coordinator and the heads of the teams should have no conflicts or potential conflicts of interest within the scope of the conduct of the project and provide undertakings in the application.

## 5.6 Evaluation criteria for proposals

Applications that meet the eligibility criteria will be evaluated on the basis of the following general criteria:

### **Scientific quality of the proposal:**

- excellence in relation to current scientific knowledge;
- positioning of the project in the national and international context;
- relevance and originality of the proposal;
- clarity of the objectives;

### **Coordinator and partner teams:**

- quality of the partnership between researchers and field practitioners;
- quality of the teams involved (expertise, experience, complementary interests, etc.),

### **Methodology and feasibility:**

- methodological quality and relevance of the technologies envisaged;
- appropriateness and justification of the time schedule proposed in relation to the project objectives;
- research feasibility (access to data and to cohorts, project task completion schedule, detailed plan, deliverables, compliance with ethical rules and regulatory aspects, status of authorisation applications, declaration of access to databases or to cohorts, etc.);
- technical, financial and legal/administrative feasibility (budget in line with the application, accounting of funding received within the scope of the CFP with other funding received by the structure);

### Impact of the project:

- scientific, technical, and medical impacts;
- potential public health impacts (repercussions for public health, contribution to guidance of public health policies and implementation of tailored strategies);
- innovative characteristics.

In addition, for emerging proposals, evaluators shall be particularly mindful of the following points:

- Underlying scientific concept of the proposal and its prospects for implementation;
- Presentation of the co-building steps in respect of the proposal: definition of the research questions, methodology, schedule, etc.;
- Partnership development in progress;
- Scientific relevance of the associated researchers and structures.

## 6 Administrative management and funding procedures of selected proposals

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The provisions relating to the administrative management of the call for proposals and the funding allocation procedures in respect of selected proposals are appended, in the INCa regulations and in the IReSP guide for applicants.

### The leads of selected proposals have an obligation to:

- consult the INCa regulations<sup>17</sup> and the IReSP guide for applicants;
- comply with the grant allocation document;
- forward scientific and financial reports to INCa/IReSP.

## 7 Schedule

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Publication of call for proposals	January 2025
<b>Deadline for online submission of applications (scientific, financial and administrative files)</b>	<b>20 March 2025 at 4.00 p.m.</b>
Scientific evaluation committee meetings (1 SEC per section)	June 2025
Estimated date of publication of results	July 2025

Applicants access their account via the PROJECTS portal:

- They enter the data requested online (supplementary sections);
- They submit the documents required for submission:
  - project description in the "Project overview" section;
  - Team undertaking in the "team undertaking" section.

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<sup>17</sup> <https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions>

## 8 Publication of results

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The evaluation results will be sent by email to the project coordinators.

The list of selected projects will be published on the INCa and IReSP websites.

Moreover, IReSP and INCa reserve the right to disseminate information regarding proposals submitted, whether funded or not, on their websites.

## 9 Contacts

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	<b>INCa</b>	<b>IReSP</b>
<b>For all scientific matters</b>	Anne-Fleur Guillemin: <a href="mailto:afguillemin@institutcancer.fr">afguillemin@institutcancer.fr</a>	IReSP Addiction Centre <a href="mailto:addictions.iresp@inserm.fr">addictions.iresp@inserm.fr</a>
<b>For administrative and financial matters</b>	<a href="mailto:assistanceprojets@institutcancer.fr">assistanceprojets@institutcancer.fr</a>	<a href="mailto:suiviprojets.iresp@inserm.fr">suiviprojets.iresp@inserm.fr</a>
<b>For technical matters</b>	PROJECTS portal: <a href="mailto:assistanceprojets@institutcancer.fr">assistanceprojets@institutcancer.fr</a>	EVA3: <a href="mailto:eva@inserm.fr">eva@inserm.fr</a>

# Appendix

## Additional administrative, organisational and financial information relating to the call for proposals

### 1 Terms of management of the call for proposals

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Proposals will be funded and assessed by either or both of the institutes, according to the section under which the proposal was submitted.

IReSP is responsible for the evaluation process in respect of sections 1, 3 and 4.

INCa is responsible for the evaluation process in respect of section 2.

#### 1.1 Limits of responsibilities

The structures, partners, coordinators and team leads, and as a general rule the legal entities or individuals involved in a proposal acknowledge and accept, by responding to the CFP, with no possible recourse or request for compensation from Inserm or INCa, that:

- **Inserm, in its capacity as manager of IReSP, or INCa reserves the right to terminate the call for proposals at any time, insofar as Inserm or INCa is unable or no longer able to be awarded funding from the Addiction Fund;**
- **Inserm, in its capacity as manager of IReSP, or INCa reserves the right to suspend or terminate the funding of the projects selected in the event of non-payment of funding from the Addiction Fund or insufficient funding from the Addiction Fund or should Inserm or INCa become ineligible for this fund.**

#### 1.2 Terms of funding by the partners

The funding will be allocated by INCa or by Inserm, in its capacity as managing body of IReSP, and in accordance with the financial terms of each funder, some of which have been set out in this Appendix.

Selected coordinators will be contacted by IReSP or INCa to update or complete the documents required for grant allocation:

- detailed budget;
- undertakings of the legal representative of the coordinating and recipient structure of the grant;
- the supplementary documents required for funding non-profit private institutions (signed copy of up-to-date memorandum and articles, copy of publication in the *Journal Officiel* of the declaration of formation of the institution, activity report, list of members of the Board of Directors and the Executive Committee, and excerpt of the Report approving the last financial year's accounts).

The procedures for grant payment and use will be specified in the funding allocation agreement between INCa or Inserm and the grant recipient institution and supplemented by the "supplementary financial terms" described in the Appendix hereinafter.

**For section 1:** grants will be allocated by INCa or by Inserm, in its capacity as managing body of IReSP (in particular, INCa funding for proposals on psychoactive substance use as known risk factors of cancers (tobacco, alcohol, cannabis);<sup>18</sup> IReSP funding for proposals on all substance types.

**For section 2:** grants will be allocated by INCa.

**For section 3:** grants will be allocated by Inserm, in its capacity as managing body of IReSP.

**For section 4:** grants will be allocated by Inserm, in its capacity as managing body of IReSP.

- **Specific funding terms for INCa (sections 1 and 2):**

Funding will be allocated according to the provisions of the grant regulations in force, that the coordinator and the grant recipient institution must undertake to adhere to (<https://www.e-cancer.fr/Institut-national-du-cancer/Appels-a-projets/Reglement-des-subventions>).

- **Specific funding terms for IReSP (sections 1, 3 and 4):**

Funding will be allocated according to the provisions of the guide for applicants in force, that the coordinator and the grant recipient institution must undertake to adhere to.

## 2 General provisions and funding

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The funding granted within the scope of the CFP may cover all or part of the budget of the proposal.

This funding is not intended to contribute to the structural running of the institution. INCa/IReSP reserves the option not to fund the submitted proposal in its entirety.

### 2.1 Eligible expenditure

**Expenditure must be directly linked with the Project**, strictly necessary for the execution of the Project, in compliance with the applicable regulations particularly in terms of public procurement or human resources, and for preventing conflicts of interest, and must be duly receipted.

The following expenditure is eligible:

- **non-permanent staff payroll expenditure**, excluding PhD contracts. For private establishments, permanent staff payroll expenditure is eligible if the staff in question is allocated to the Project strictly within the scope of its execution;
- **overheads** (consumables, travel or business expenses within the scope and for the needs of project execution in respect of permanent or temporary staff assigned to the project, services provided and expenses receipted using an internal invoicing procedure, intellectual property costs in respect of patents or licences arising from the execution of the Project, costs related to publication of the results as well as any additional costs applied for open-access article publication, costs of drafting a consortium agreement if needed);
- equipment, excluding office equipment or furnishings, up to €150,000 including taxes. This €150,000 threshold is applied per unit purchase of equipment and not to the total amount spent on equipment. Moreover, the total amount spent on equipment may not exceed 30% of the amount of the grant awarded by INCa and IReSP; Computer hardware and software purchases are only allowed if necessary for the execution of the project, and the use thereof is specifically justified in the scientific description of the project highlighting their specific properties. The grant allocated is not intended to be used to provide the personnel assigned to the project with

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<sup>18</sup> Research on opioids may be considered, in view of the studies showing an increased cancer risk in opium users (Sheikh M. Opium use and subsequent incidence of cancer: results from the Golestan Cohort Study. The Lancet Global Health, vol 8, May 2020)



standard office equipment. IReSP/INCa reserves the right not to proceed with the request if it is not sufficiently justified.

- **management costs capped at 8%** of the grant amount covering eligible expenditure actually paid (payroll, operating costs, equipment). The management costs are flat-rate.

Budgetary items are interchangeable for the duration of the project.

## 2.2 Undertakings

The participants in the project must agree to adhere to the allocation rules by signing the undertakings included in the file (“undertakings” section of the proposal file).

These undertakings concern:

- the legal representative or the (duly authorised) person responsible for financial management in the project coordinator’s managing institution;
- the project coordinator;
- the director of the laboratory with which the coordinator is affiliated, if applicable;
- the legal representative or the (duly authorised) person responsible for financial management in each institution receiving a share of the funding as a participating team (only if the funds are shared);
- the head of each participating team in all cases.

## 2.3 Grant allocation agreement

The funding by INCa/IReSP is conditional on drawing up a grant allocation agreement whereby INCa or Inserm, on behalf of IReSP, notifies the Managing Institution of its rights and obligations within the scope of the execution of the selected Project. The grant allocation agreement may take the form of an agreement, a grant allocation decision, or if the grant managing institution is Inserm, a notification letter.

The grant allocation agreement is produced on the basis of the contents of the application file and the corresponding call for proposals document. It contains the following information:

- title of the Project;
- duration of the Project;
- duration of the grant allocation agreement;
- teams participating in the project and the Coordinator;
- grant sum and its payment terms;
- requirement to forward scientific and financial reports to INCa/IReSP;
- the appendices to the Grant allocation agreement;
  - Appendix 1: abstract of proposal as written in the application file;
  - Appendix 2: budget for the proposal.

Any amendments to the Grant allocation agreement will require drafting and signature of a supplementary clause or amending decision.

## 2.4 Allocated grant

The grant sum allocated, if it is identical to that requested in the application file, takes into account the budget appendix completed by the Coordinator on submission of the application.

If the sum allocated by INCa/IReSP differs from that requested in the application file, INCa/IReSP notifies the Coordinator by e-mail of the overall grant sum that it plans to allocate for the execution of

the Project. A new financial appendix is then drafted, dated and signed by the Managing Institution. In this scenario, the Coordinator should conduct the research project according to the terms notified by INCa/IReSP. In the event of refusal to complete a new financial appendix or failing a response within one month from the e-mail sent by INCa/IReSP, no grant will be allocated.

Due to the lack of return on the financial support from INCa/IReSP, and pursuant to the provisions of tax instruction 3A-4-08 of 13 June 2008 from the Directorate General of public finance, the grant allocated by INCa/IReSP is not subject to VAT.

## **2.5 Grant payment and use**

The sum of the grant payments is dependent on the duration of the funded project.

The number and sum of the grant payments will be specified in the grant allocation agreement.

The grant awarded by INCa/IReSP must be used by the Managing Institution solely for the purposes of the project identified in the grant allocation agreement.

The Coordinator is required to notify INCa/IReSP of any substantial change to the Research Project in relation to the content of the application file or the Grant allocation agreement or of problems impeding the execution of the Research Project.

The Managing Institution must be able to provide records of the allocation of the funded staff to the project and of any expenditure incurred under the grant at any stage of the project.

The Managing Institution must be able to provide all administrative, accounting and legal documents and records in relation to use of the grant.

INCa/IReSP reserves the option to suspend or withdraw the funding granted or to request reimbursement of the sums paid, without prejudice to any other proceedings that INCa/IReSP may resort to in the event of failure to comply with the applicable regulations particularly in terms of public procurement or human resources management.

After the validation of the final reports, unspent sums are reimbursed to Inserm/INCa within 30 days following receipt of the collection document issued by the latter.

## **2.6 Financial management and checks**

IReSP or INCa reserve the option to organise, in the course of the Project, an on-site inspection in consultation with the Managing Institution and the Project Coordinator. The use of the grant paid under the Grant allocation agreement may be the subject of a documentary and/or on-site check or audit under the terms set out by Article 9 of INCa's grant regulation if the project is funded by INCa, and in the course of the Project and in the 5 years following its term if the project is funded by IReSP.

It should be noted that, given that public funds are involved, these funding arrangements may be the subject of checks by various State supervisory bodies.

## 2.7 Scientific and financial reports

The Coordinator will send reports based on a template and terms to be set out in the Grant allocation agreement. Failure to produce these reports may incur the payback of all or some of the sums paid by INCa/IReSP.

## 3 Intellectual property and contractual organisation

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INCa and IReSP are not entitled to any intellectual property rights solely in their capacity as a funding body of calls for proposals and grants.

The structures, and if applicable the associates of the project, take care of the management of the intellectual property arising from the project.

It is strongly recommended to draw up a consortium agreement in the following cases:

- the total amount of the grant is greater than €250,000;
- more than three structures are involved in the project.

In principle, the structure in charge of project coordination is responsible for drawing up the consortium agreement.

## 4 Publication and communication

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Within the scope of the rollout of the national open-access science plan, the grant recipient institution and the project coordinator shall take care to:

- complete the “General abstract” and “Scientific abstract” sections of the application. The abstracts (scientific and general) of the funded projects may be published on the INCa and/or IReSP websites;
- prioritise publications in open-access journals or publications. Failing that, the recipient and the teams involved in the project undertake to file scientific publications resulting from the funded research projects in an open archive;
- enter and update a data management plan on the DMP OPIDoR portal: <https://dmp.opidor.fr/>. The grant allocation agreement will recall the schedule and the procedure for updating this data management plan;
- all written or oral communications regarding project work in receipt of funding must mention support from INCa and IReSP. A reference including the number to be cited will be provided once the project has been selected for funding. These publications will be forwarded to INCa and to IReSP for information purposes without delay.