**BIH Research Platforms**

**Project application form**

Please note that it is your responsibility to submit a complete application and that a formally incorrect application may be excluded from the evaluation procedure. If you have any questions regarding your application, please contact the research coordinators in the BIH head office. Please be sure to elaborate a clearly understandable proposal. The proposal should be self-explanatory and not require the reviewers to read the literature that is either quoted or enclosed.

This document must be submitted at the online application portal as PDF file (max. 4 MB).

In addition, you will have to submit the ethics approval and consent of collaborating core facilities as separate forms.

BIH Research Platform Digital Medicine – Use Case Proposal for the Trusted Third Party of the Charité Berlin

**<Title>**

Coordinator: <Name>

**Applicant information:**

<Academic degree/title, first name, last name>

<Affiliation>

<Work address>

<Phone number>

<E-mail address>

<Scientific background>

**Project partners:**

<Academic degree/title, first name, last name>

<Affiliation>

**Part I: Research Project/Use Case (maximum of 1000 words and 3 figures)**

Please address the following aspects to describe the research program for your application as use case of the Trusted Third Party of the Charité Berlin (TTPoC):

* Overall objectives, highlighting how the application contributes to the TTPoC.
* The potential of the project to be applicable as a blueprint for future research initiatives with the need for the TTPoC services..
* Preliminary work.
* A bibliography of all references cited at the end of the text.

**Part II: Timeline of the Use Case**

Please restrict this list to the chief milestones of the proposal and describe the major tasks required for their achievement. Please indicate how you plan to sequence these tasks to realize the overall goal(s).

|  |  |
| --- | --- |
| **Month/Year** | **Milestone and Description** |
|  |  |
|  |  |
|  |  |

**Part III: Use of BIH Core Facilities**

Please use the table below to provide information on the planned use of BIH Core Facilities (if applicable).

|  |  |  |
| --- | --- | --- |
| **BIH Core Facility** | **Required service and quantity** | **Estimated costs** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part IV: Annex**

## **Conditions and Obligations**

In submitting this proposal to BIH, the applicant confirms that there will be no double funding for the costs requested. In the event of third party funding for this project or parts of it, the applicant will inform the BIH immediately. Please note that proposals submitted to BIH may not be submitted to other funding agencies at the same time.

Furthermore, the applicants agree to:

* Adhere to the rules of good scientific practice.
* Inform BIH immediately of any changes to the information provided in this proposal.
* Observe all relevant laws, regulations and guidelines that pertain to the project and in particular to obtain all necessary approvals, certifications, etc., in a timely manner.
* Use the grant exclusively and in a targeted manner to realize the funded project.
* to participate in the BIH reporting system and to submit timely and acceptable intermittent reports to BIH. Failure to comply with reporting requirements may result in withholding of future payments, or require repayment of grant funds already paid to the grantee per terms of award funding.

**Please tick:**

**[ ]** I accept the foregoing conditions and obligations.

**[ ]** The coordinators of the BIH Core Facilities involved in this research program have confirmed the feasibility of the project and availability of the required resources.

**[ ]** I agree to:

* The BIH’s electronic processing and storage of data provided in conjunction with this proposal. This information may be passed to reviewers and BIH bodies as part of the review and decision-making process.
* Having all address and communication data (e.g., telephone, e-mail, internet website), as well as information on the content of this research project, if approved, published in BIH reports. We understand that the electronic publication of this information may be opposed by contacting BIH.

**I hereby confirm that I accept and will comply with the terms and conditions as stated.**

|  |  |
| --- | --- |
|  | <Signature > |
| Place, date | <Name> (Coordinator) |