



**2021 call for proposals**

**« Effects of Light on EYE SIGHT»**

**Application file**

The full application file must be emailed at the following address:

[deficience-visuelle.daf@inserm.fr](mailto:deficience-visuelle.daf@inserm.fr)

**Before October 4, 2021, midnight Paris time.**

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# General informations

The Association UNADEV (Union Nationale des Aveugles et Déficients Visuels; National Union of the Blinds and Visually Impaired) signed a partnership agreement with ITMO NNP (Multi-Organism Thematic Institute Neurosciences, cognitive sciences, neurology and psychiatry from the national alliance for life science and health (AVIESAN)) in order to participate in funding of research in the field of vision.

The topic of the 2021 specific call for proposals is “Effect of light on eyesight”

Eligibility and assessment criteria are described in the document Call for proposals:

# Part I

## 1-1 Project coordinator and laboratory

|  |  |
| --- | --- |
| *Last name of the project Coordinator* |  |
| *First name of the project Coordinator* |  |
| *Name of the research laboratory and Institute* |  |
| *Name of the Head of the laboratory* |  |
| *Name of the Team leader* |  |
| *Laboratory postal address* |  |
| *City* |  |

## 1-2 Project ID

|  |  |
| --- | --- |
| *Project title* |  |
| *Titre du projet* |  |
| *Scheduled length of the project (up to 36 months)* |  |
| *Total funding requested (up to 200 k€)* |  |

## 1-3 Abstract; Keywords

Abstract (max 2000 characters space included):

Keywords (5):

|  |
| --- |
| Titre et Résumé grand public (en français), (max 2000 caractères) will be published if the project is funded. |

## 

## 1-4 CV of the coordinator (2 pages max) including five relevant publications within the last five years.

# Part II

## 2-1 Scientific Project (3 pages max)

Description of the working programme including the objectives, the rationale, the methodology highlighting the novelty, originality and feasibility as well as the contribution of the expected results to the research field. A brief description of the milestones and the schedule of the project should be provided.

Explain why your project is in the scope of the call (5 lines)

## 2-2 Other teams informations (total number of teams should not be >3)

**Team 2 (if relevant)**

|  |  |
| --- | --- |
| *Last name* |  |
| *First name* |  |
| *Name of the research laboratory* |  |
| *Name of the Head of the laboratory and Institute* |  |
| *Name of Team leader* |  |
| *Laboratory postal address* |  |
| *City* |  |

**Team 3 (if relevant)**

|  |  |
| --- | --- |
| *Last name* |  |
| *First name* |  |
| *Name of the research laboratory and Institute* |  |
| *Name of the Head of the laboratory* |  |
| *Name of the Team leader* |  |
| *Laboratory postal address* |  |
| *City* |  |

## 2-3 Budget justification

**Maximum total budget requested: 200 k€ HT (up to 3 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of expenditure** | **Year 1** | **Year 2** | **Year 3** |
| Staff (technician, engineer, phD student, post-doctoral researcher) | Euros | Euros | Euros |
| Consumables | Euros | Euros | Euros |
| Equipment | Euros | Euros | Euros |
| Others (Missions and other direct costs of the project). | Euros | Euros | Euros |

|  |  |  |  |
| --- | --- | --- | --- |
| Total budget requested | Euros | Euros | Euros |

A brief description of the milestones and the schedule of the project should be provided.

## 2- 4 Other funding requested, obtained or ongoing on the same project

# Part III

The application will be signed by the scientific coordinator of the project and its laboratory director and joined as a pdf.

## Project Coordinator

|  |
| --- |
| Signature of the project coordinator |
| **I the undersigned, last and first name of the project coordinator:**  **confirm the accuracy of the information provided in the application file.**    Signature : Signed in on |

|  |
| --- |
| Signature of the director of the laboratory that hosts the project coordinator |
| **I the undersigned, last and first name of the director of the laboratory:**  **authorize Dr**  **to develop and coordinate this project and allow this person to carry it out.**  Signature : Signed in on |