****

**BANDO A CASCATA PER IMPRESE E ORGANISMI DI RICERCA**

**Programma di Ricerca e Innovazione**

**“Age-It – Ageing well in an ageing society”**

**Codice progetto PE00000015**

**CUP B83C22004880006**

**BANDO PUBBLICO PER LA SELEZIONE DI PROPOSTE PROGETTUALI DA FINANZIARE NELL’AMBITO DEL PROGRAMMA DI RICERCA PARTENARIATO ESTESO “AGE-IT – AGEING WELL IN AN AGEING SOCIETY”, A VALERE SULLE RISORSE DEL PIANO NAZIONALE PER LA RIPRESA E RESILIENZA (PNRR), MISSIONE 4 “ISTRUZIONE E RICERCA” – COMPONENTE 2 “DALLA RICERCA ALL’IMPRESA” – INVESTIMENTO 1.3 – CREAZIONE DI “PARTENARIATI ESTESI ALLE UNIVERSITÀ, AI CENTRI DI RICERCA, ALLE AZIENDE PER IL FINANZIAMENTO DI PROGETTI DI RICERCA DI BASE”, FINANZIATO DALL’UNIONE EUROPEA – NEXTGENERATIONEU.**

**Annex B – Project PROPOSAL**

Title and ACRONYM:\_\_\_\_

**1) GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Project Title** | *[Maximum 300 characters including spaces]* |
| **Acronym** |  |
| **Reference Topic of the Spoke** *(live only the one which is relevant and delete the rest)* | *1) Novel hallmarks of aging: mechanobiology of aging and its interplay with metabolism, DNA damage and inflammation.*  *2) Animal models to investigate epigenetic, metabolic and cellular mechanisms underlying cell senescence and stem cell ageing.*  *3) Probing Brain Ageing in vitro and in vivo by Chemical Screens*  *4) A longitudinal study of ageing trajectories and of their modulation by the level of physical activity.* |
| **Duration (max 15 months)** |  |
| **Total budget in euros** |  |
| **Main contact person**  (*in case of collaborative project, please indicate a project coordinator;* *Surname, name, affiliation, e-mail, telephone number)* | *Name, Surname:*  *Affiliation:*  *e-mail address:*  *Phone Number:* |
| **Keywords** *(Indicate the main significant keywords of the project separated by commas)* |  |
| **DNSH Principle:** | *Detail how the project is compliant with the Principle Do Not Significant harm*  *[Max 3.000 characters including spaces]* |

* 1. **Objectives and scientific quality**

**A.1** **General objective and specific objectives of the proposal**

*Max. 10.000 characters, including spaces*

* *Clearly outline the general objective and specific objectives of the project, ensuring their alignment with the Spoke Research Program, the chosen Research Topic, and the AGE-IT Research Program*

*In this section following criteria will be evaluated:*

* *alignment and clarity of the objectives and activities of the proposal with AGE-IT research program, Spoke research program and the call*

**A.2** **Participants**

**List of participants**

|  |  |
| --- | --- |
| **Participant No.** | **Participant organization name** |
| 1 *(Coordinator)* |  |
| … |  |
| n |  |

**Description of participants and their expertise**

*(one table for each partner)*

|  |  |
| --- | --- |
| **Participant No.** |  |
| **Legal name** |  |
| **P.IVA/ C.F.** |  |
| **Legal Status** |  |
| **Company size**  *(if relevant):* |  |
| **Ateco Code** *(if relevant):* |  |
| **Where the project activity will take place**/Sede del progetto: |  |
| **Role of the partner:** | *[Max 3.000 characters including spaces]* |
| **Publications, widely used datasets, software, goods, services, or any other achievements relevant to the call content.** | *List of up to 5 relevant publications, widely used datasets, software, goods, services, or any other achievements relevant to the call content.* |
| **Significant infrastructure and/or any major items of technical equipment, relevant to the proposed work** | *Description of any significant infrastructure and/or any major items of technical equipment, relevant to the proposed work* |
| **Relevant previous national and international projects or collaboration with other institutions and research centres, connected to the subject of this proposal** | *List of up to 5 most relevant previous projects or activities, connected to the subject of this proposal* |
| **Team** | *Short bio of the personnel involved in the project:*  *First Name, Last Name, Gender, Age, Carer stage, role in the project.* |

* 1. **Implementation**

**Work Plan and resources**

*Please provide a brief presentation of the overall structure of the work plan.*

*Max. 10.000 characters, including spaces*

**Work package description**

*[Max 1 page per WP]*

*For each workpckage:*

|  |  |  |
| --- | --- | --- |
| **Work Package n.** | **Start month:**  MXX | **End month:** MXX |
| **Title: ….** | | |
| **Work Package Leader: ….** | | |
| **Objectives:** | | |
|
| **Description of work** *(where appropriate, broken down into tasks), lead partner and role of participants*. | | |
|
|

**Timing of the different work packages and their components**

*Insert the GANTT chart or similar*

**Critical risks for implementation**

|  |  |  |
| --- | --- | --- |
| **Description of risk (indicate level of (i) likelihood, and (ii) severity:**  **Low/Medium/High)** | **Work package(s) involved** | **Proposed risk-mitigation measures** |
|  |  |  |
|  |  |  |
|  |  |  |

**List of Deliverables**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Deliverable name** | **Short description** | **Work package number** | **Lead Participant** | **Delivery date**  **(in month)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**List of Milestones**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestone number** | **Milestone name** | **Related work package(s)** | **Due date (in month)** | **Means of verification** |
|  |  |  |  |  |
|  |  |  |  |  |

**Effort Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner** | **PM Wp1** | **PM Wp2** | **PM Wp3** | **PM Wp…** | **Totali** |
| **Capofila** |  |  |  |  |  |
| **Partner 1** |  |  |  |  |  |
| **…** |  |  |  |  |  |

**Detailed costs justification**

*Please complete the table below for each participant*

|  |  |  |
| --- | --- | --- |
|  | **Cost (€)** | **Justification** |
| **Personnel** *(Personale)* |  |  |
| **Goods, equipment and licences**  (*Materiali, attrezzature e licenze)* |  |  |
| **Services**  *(Servizi di consulenza specialistica)* |  |  |
| **Other costs**  *(Altre tipologie di spesa)* |  |  |
| **Indirect costs**  (Costi indiretti) |  |  |
| **Total** |  |

**Capacity of participants and consortium as a whole**

*Describe the consortium and how it matches the project’s objectives and bring together the necessary disciplinary and inter-disciplinary knowledge.* *Describe how the members complement one another (and cover the value chain, where appropriate).  
[Max 10000 characters including spaces]*

* 1. **Expected results and impact**
* *Describe the project’s expected results.*
* *Describe the project’s expected impacts (scientific, economic/technological and societal)*
* *Identify indicators to measure the project impact and results*

*[Max 10000 characters including spaces]*

DATATO E SOTTOSCRITTO CON FIRMA DIGITALE

*N.B:*

* *Il presente modulo deve essere compilato e firmato digitalmente dal Legale Rappresentante/Procuratore munito della relativa procura, con firma digitale PADES o CADES (.p7m).*
* *In caso di partenariato, il presente modulo deve essere compilato e firmato da ogni soggetto proponente.*
* *tutte le sezioni del modulo devono essere obbligatoriamente compilate.*
* *in caso di Procuratore, è necessario allegare copia della relativa procura.*