Research, Innovation and Technology Call (2026) for

**Test and Demonstration of Multimodal Data Approaches for Personalised Medicine**

**(“MultiPMData2026”)**

(EP PerMed Grant 101137129)

Pre-proposal application form

**Please note:**

* Proposals that do not meet the regional/national eligibility criteria and requirements will be declined without further review. See “Guidelines for Applicants” for more details.
* All fields must be completed using “Segoe UI, size 10” characters, single-spaced. The page margins and page limitations of this form shall be respected.
* Incomplete proposals (proposals missing any sections), proposals using a different format
or exceeding length limitations of any sections may be rejected without further review.
* Sections in “italics” are instructions and should be deleted.
* Joint proposals consist of two parts: 1) This pre-proposal form to present mainly the description of the planned work, and 2) the electronic submission tool to provide particularly individual partner information and financial plans. **Both parts should be completed jointly by all applying consortium partners and need to be started in due time.**
* In case of inconsistency between the information registered in the submission tool ([PT-Outline](https://ptoutline.eu/app/EPPERMEDRITC2026)) and the information included in the pre-proposal form, the information registered in the submission tool ([PT-Outline](https://ptoutline.eu/app/EPPERMEDRITC2026)) shall prevail.
* Refer to the Call Text and the “Guidelines for Applicants” for information about the proposal submission requirements and process.
* Once completed, this pre-proposal form must be converted to a single PDF document before being uploaded to the submission tool ([PT-Outline](https://ptoutline.eu/app/EPPERMEDRITC2026)).

# General Information

**Project title**

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**Project acronym (max. 15 characters)**

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**Project duration (months)**

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**Total project costs (€)\***

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| --- |
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**Total requested budget (€)\***

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*\*Please make sure that the same figures are entered in the sections that need to be completed online (*[*PT-Outline submission tool*](https://ptoutline.eu/app/EPPERMEDRITC2026)*) and in the financial overview in section 7 of this form. Thousand separators and whole numbers should be used only (e.g. 200.000, no decimal places).*

## Keywords (from 5 up to 7)

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## Proposal abstract (max. 2,000 characters, including spaces)

Please give a comprehensive summary of the project. Include **the medical need** being addressed using a Personalised Medicine approach and **the aims of the project.** Also, briefly describe **the test environment** being used, **the** **solution/s** being tested and **expected results**. Please note that if the project is selected for funding this abstract will be used for EP PerMed and involved funders’ public communication activities.

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## Focus of the proposal in relation to the call scope

1. **Please indicate the intervention aspect/s applying to this proposal:**

The proposed project will address the following intervention aspect/s (more than one aspect can be selected and they need to be described in section 3):

|  |  |
| --- | --- |
| Detection or characterisation of co-morbidities in chronically ill patients | [ ]  |
| Diagnosis, follow-up or monitoring of disease progression, including remissions and relapses | [ ]  |
| Promoting a shift from in-patient to out-patient care through remote monitoring or reporting using wearables or other technical solutions | [ ]  |
| Decision support for disease intervention strategies (e.g., medication type and dosage) | [ ]  |
| Tracking and managing multiple treatments (including drug combinations) to improve effectiveness or reduce adverse effects and potential harmful drug interactions | [ ]  |
| Adherence to long-term treatment regimens | [ ]  |

Please specify which chronic diseases will be addressed in the project. The project must involve a combination of **at least two conditions**, as outlined in the Call Text (max. 1/3 page).

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1. **Which of the following test environment/s is/are included in this application?**

Please indicate the controlled real-world environment/s in which the proposed personalised medicine solutions will be tested (tick the appropriate boxes):

|  |  |
| --- | --- |
| Hospital-based test environment | [ ]  |
| Out-patient care environment | [ ]  |
| Simulated clinical environment | [ ]  |
| Virtual test environment | [ ]  |
| Other | [ ]  |

The use of an appropriate test environment will be part of the proposal evaluation. Please further describe the controlled real-world environment/s involved and explain how they are suitable for testing the proposed solutions (max. ½ page).

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1. **Has the primary solution proposed for testing in the project achieved a minimum of Technology Readiness Level (TRL) 3?**

*Please note: It is required that TRL3 has been reached already at the start of the project, see the Call Text including the TRL guide in Annex III.*

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |

1. **Strategy for handling the multi-modal health data**

*Please note: Proposals must include a robust and well-integrated strategy for all three stages of multimodal health data handling – collection, processing, and use. This strategy will be evaluated as part of the proposal review and should be tailored to the proposed activities and expected outcomes.*

*Importantly, the strategy should demonstrate how the data will be used to support improved health outcomes for patients. This includes ensuring that data is not only technically well-managed but also meaningfully applied to enhance diagnosis, treatment, monitoring, or patient engagement.*

*This requirement is distinct from the Data Management Plan described in Section 12 of the Call Text.*

Please describe the strategy considered (max. ½ page).

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1. **Integration of the enabling elements in the proposal**

*Please note: The adequate inclusion of the six enabling elements in proposals submitted to this call is part of the evaluation and should be appropriate to the proposed research and innovation and the expected results. The six elements are listed below, see the Call Text and “Guidelines for Applicants” for further information.*

*1.* *Knowledge integration*

*2.* *Technologies, products, methods and processes*

*3. Infrastructures utilisation*

*4. Business/value model*

*5. Policies and regulations*

*6. Organisation, behaviour and values*

Please describe how each enabling element is considered and integrated in the proposal (max. 1 page).

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1. **Which of the following actor types are represented in your consortium?**

*Please note: Projects funded under this call are required to be intersectoral and interdisciplinary and clearly demonstrate how* *these aspects contribute to improved disease management using personalised medicine approach.*

Please tick the appropriate boxes:

|  |  |
| --- | --- |
| **\* Enterprise (for-profit) of all sizes,** e.g. SME(small and medium-sized enterprises) and industry | [ ]  |
| **\* Clinical partner,** public or private health sectorrepresented by research teams or clinicians (e.g. medical doctors, nurses or pharmacists) working in hospitals/public health or other healthcare settings and health organisations). | [ ]  |
| **Academia,** research teams working in universities, other higher education institutions or public or private research institutes. | [ ]  |
| **Private non-profit partners**, e.g. foundations, associations or non-governmental organisations. | [ ]  |

*\* It is* ***mandatory*** *to include at least one enterprise and one clinical partner*

Describe the intersectoral and interdisciplinary aspects, and the added value of the transnational collaboration including the sharing of resources (registries, diagnosis, biobanks, models, databases, diagnostic and informatics tools, etc.), platforms/infrastructures, harmonisation of data and sharing of specific know-how. If European infrastructures, e.g. BBMRI, ECRIN, EATRIS or ELIXIR (see also Guidelines for Applicants), are involved in the proposal please outline (max. ½ page).

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# Project consortium

***For the project coordinator (indicated as “partner 0” in this form and as “coordinator” in the online submission forms) and each scientific partner (other than the coordinator, including partners participating on own funds),*** *please fill in the following table. For patient organisations participating in the consortium as partners, lines can be added, if needed.*

*Reminder (eligibility criteria and consortium composition in the pre-proposal stage): 1)* ***Maximum number of partners is 7****, including the coordinator (no more than 3 partners from the same country), organisations representing patients or citizens are not included in this calculation (for more details, please read the Call Text);* 2) C*onsortia must include at least one enterprise, and at least one clinical partner (see the Call Text section 7 B. Funding recipients).*

***Attention: Detailed partner information must be provided in the online submission system (***[*PT-Outline*](https://ptoutline.eu/app/EPPERMEDRITC2026)***).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Surname of the Principal investigator | Institution, Department, full Affiliations | City, Country | Type of entity: Enterprise, University, Hospital, Research Institute, Associations, other |
| Coordinator (= Partner 0) |  |  |  |  |
| Partner 1 |  |  |  |  |
| Partner 2 |  |  |  |  |
| Partner 3 |  |  |  |  |
| Partner 4 |  |  |  |  |
| Partner 5 |  |  |  |  |
| Partner 6 |  |  |  |  |

*Please add more lines, if needed (e.g. if patient/citizen representing organisations are included as partners).*

# Project description (max. 5 pages)

*The following four subsections MUST be included:*

1. ***Background:*** *Describe the unmet medical, patient and societal need that the test and demonstration project addresses. Provide an overview of the current state of the art, including existing solutions relevant to the proposed work. Identify knowledge gaps and bottlenecks that hinder the development and implementation of novel approaches in the targeted health area. Highlight any prior work conducted by consortium members and present preliminary results supporting your approach;*
2. ***Work plan*** *including the objectives, the rationale for the suggested test environment, approaches and methodologies. Highlight the novelty, originality and feasibility of the project including how you will integrate learnings and adaptions throughout the duration of the project. The data strategy, the test environment and the six enabling elements should be briefly integrated here (but be addressed in full in sections 1.3b, 1.3d and 1.3e above);*
3. ***Call scope adherence*** *focussing on**how the proposal fits with the scope of the call particularly in terms of its personalised medicine dimension. Describe how the proposed personalised approach is suited for the management of multimorbidity, is efficiently utilising health data, the relevance of the test environment and the added value of the proposed solution compared to existing alternatives**;*
4. ***Outcomes and impact*** *explaining both short and long-term benefits of the proposed test and demonstration project. Describe the benefits for the actors involved in the project as well as other potential end-users including patients. Describe the relevance of the test environment, the innovation potential of the combination of solutions being tested. Include reflections on how the integration of the enabling elements promotes further development. Also describe the potential future impact of the solution being tested, and the likeliness of the innovation to reach broader implementation.*

# Diagram of the work plan and timeline (max. 1 page)

*The diagram should clearly illustrate the overall work plan and timeline including sequencing of work packages, deliverables and check points, contribution of the partners to the respective work package and their interdependencies (a visual representation i.e. time plan, Gantt and/or PERT or similar format).*

# Responsible Research and Innovation (RRI), science and technology (page limits as indicated below)

Responsible research and innovation (RRI) is an approach to “orientate research and innovation towards societal needs, and to achieve ethical acceptability” [REF: EC report 2013 on RRI “Options for strengthening responsible research and innovation”]. The aim of implementing RRI is to foster the design of **inclusive and sustainable research and innovation to ensure a true societal impact**.

## General RRI aspects (max. ½ page)

In line with the definition of RRI, please explain how the project will demonstrate a commitment to considering and addressing the social, ethical, environmental or cultural dimensions of the proposed research.

For support, see the Responsible Research and Innovation site of the European Commission: <https://rri-tools.eu/> and The Societal Readiness Thinking Tool – Guide for the steps of including RRI in a project: <https://thinkingtool.eu/>**;** as well as the RRI site from ERA4Health: <https://era4health.eu/publications/rri.php>**.**

*Include the following points:*

1. *Reflect on who will benefit from the outcome of the project;*
2. *Anticipate future risks associated with the solution in the proposal;*
3. *Reflect on the underlying assumptions and values driving a scientific research project; and*
4. *Describe how the three points above are considered by incorporating their outcomes into the design of projects and funding programmes.*

##  Stakeholder involvement (max. ½ page)

To better align research and innovation development and outcomes with the values, needs and expectations of society, RRI implies close collaboration and interaction between societal actors including enterprises, clinical/healthcare actors, researchers, patients and citizens, opinion leaders and policy makers.

* ***Please outline the role and contribution of operational stakeholders*** *concerned by the proposal and potential outcomes of the project. These can include patient organisations, citizens or citizen representatives, local communities, schools, municipalities, local/regional/national NGOs, consumer organisations.*
* *Describe the level of involvement for each stage of the project.*
* *Explain reasoning behind involving/not involving certain stakeholders.*

***Please note:*** *To support the involvement of citizen/patient organisations, these organisations can act as full consortium partners and apply for funding directly from EP PerMed (see Call Text and guidelines for applicants).*

## 5.3 Market potential in the short to medium term (max. ½ page)

In line with the mentioned principles of RRI, and to achieve meaningful and efficient resource utilisation, it is essential to assess how project results can be translated into practical use – through both dissemination of outcomes and product development.

Describe the anticipated timeframe for bringing the proposed solutions to market and making it accessible to patients, whether through clinical or public health applications, pharmaceutical or medical device pathways, or other industrial uses.

Include an overview of the target market and end-user landscape, and outline the strategy for dissemination and exploitation of results. Emphasise how the project will support market readiness and facilitate the translation of innovation into practical use.

## 5.4 Ethical considerations

*Please tick the respective box below to confirm both:*

1. *If project activities are undertaken in a non-European country, the applicants should verify that the activities comply with Ethical requirements of the country/-ies concerned as well as the* [*EU Ethical recommendations*](https://allea.org/code-of-conduct/)*. Full proposals will be checked by an independent ethics board.*
2. *The proposal complies with regulations and ethical principles including the highest standards of research integrity, as set out, for instance, in the* [*European Code of Conduct for Research Integrity*](https://allea.org/code-of-conduct/)*, and including, in particular, avoiding fabrication, falsification, plagiarism or other research misconduct.*

Yes [ ]  No [ ]

# In addition, two more pages can be added to the pre-proposal (page limits per optional section as indicated below)

* *List of references (max. 1 page)*
* *Page with diagrams, figures, etc. to support the work plan description (max. 1 page)*

# Financial plan of project budget (in €1): Please make sure that the same figures are entered in this section and the online form ([PT-Outline submission tool](https://ptoutline.eu/app/EPPERMEDRITC2026))

*Please note that not all types of expenditure are fundable by all funding organisations (see the “Guidelines for Applicants” for details on the eligibility criteria and contact the relevant EP PerMed regional/national funding organisation). Thousand separators and whole numbers should be used only (e.g. 200.000, no decimal).*

*Please adapt the table and add new columns in this section if patient organisations are included as partners.*

***Please ensure that all fields in the table are completed. Submissions with incomplete tables may be rejected.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Coordinator(Partner 0) | Partner 1 | Partner 2 | Partner 3 | Partner 4 | Partner 5 | Partner 6 |
| PI (group lead) |  |  |  |  |  |  |  |
| Institution |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |
| Funding organisation |  |  |  |  |  |  |  |
| PROJECT COSTS (€)1 | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested | Total *=**requested + in-kind* | Requested |
| Person Months  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personnel € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Consumables € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment € |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Travel €2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other direct costs €3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Overheads €4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subcontracting3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1 Those countries whose currency is different than € shall include their national currency in brackets.

2 Travel expenses should include the participation of the coordinator and regional/national partner leads for at least two status seminars to present the project results.

3 e.g. subcontracting, provisions, licensing fees; may not be eligible costs in all countries (will be handled according legal framework and funding body regulations).

4 Overhead costs: funding according to regional/national legal framework and funding body regulations. Check the respective funding organisation Annex III “Guidelines for Applicants”.

\**Maximum number of* consortium members is *7 (including the coordinator). Organisations representing patients or citizens are not included in this calculation but should be integrated in this table if included as project partners (for more details, please read the Call Text).*

# Brief CVs of each Principal Investigator (max. 1 page per PI)

*Please provide a brief CV of the Project Coordinator (to be indicated as partner 0) and each Project Partner’s Principal Investigator (PI). Please complete the table below and replicate the table as required.* ***Please be reminded that partners participating on own funds and patient organisations/representatives participating as consortium partners should also be presented. Subcontractors or collaboration partners that are not part of the consortium must not be listed.***

*Each partner should be represented by a single Principal Investigator (co-PI’s are not accepted). Proposals with additional-CVs or with CVs not following the page limit per partner will be rejected (****max. 1 page per PI****, Segoe UI 10, single-spaced, the margins of the page are not allowed to be adapted).*

|  |  |
| --- | --- |
| Partner | Please indicate what applies: coordinator (partner 0), partner 1, partner 2, etc. |
| Personal information | First name, last name, academic title (if applicable)Institution and department (complete name) |
| Expertise | Max: 200 words |
| Role within the consortium | Please indicate the work package the PI will be working in. |
| Publications | Please list around five of your most relevant publications of the last ten years |
| Additional information | Patents, entrepreneurial achievements, honours, awards, memberships or references; up to 5 relevant third-party funded projects conducted in the area in the past 5 years |

# Signature

***The following Data Privacy Notice applies:***

*By applying to the call, applicants consent to the use, processing and retention of their data, in line with the above notice and for the purposes of:*

* *processing and evaluating the application where processing shall be lawful - only if and to the extent that - processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;*
* *administering any subsequent funding award;*
* *managing the funding organisation’s relationship with them;*
* *analysing and evaluating the call;*
* *reporting to the European Commission/ European Health and Digital Executive Agency (HaDEA) on the call;*
* *providing aggregate data to regional/national and European surveys and analyses;*
* *complying with audits that may be initiated by the funding organisations.*

*The members of the EP PerMed consortium may share an applicant’s data with third parties (some of which may be based outside the European Economic Area) in relation to the above activities including evaluators, auditors and the European Commission (or its agencies).*

*The members of the EP PerMed consortium may link the data that applicants provide in the application with regional/national, bibliographic or external research funding data which is available through public subscription-based databases (e.g. Scopus, Web of Science, etc.) or other regional, national or open datasets. The members of the EP PerMed consortium may also link the data that applicants provide in their application with future data that applicants provide as part of the ongoing management and reporting.*

*Data on funding organisations including contact details of Call Steering Committee[[1]](#footnote-1) (CSC) members are kept for the purpose of the call communication. The information will be published with prior consent of the respective management bodies.*

***In addition, the applicants declare their willingness to cooperate with the project consortium and they did not receive other public funds to accomplish any tasks described in the project proposal.***

*Digital signatures or scanned signatures are accepted. These signatures should be from the principal investigators (PI) listed in section 2. An official signature of the respective institutions is not necessary. Please add signature lines, if needed.*

**Signature Coordinator (Partner 0) (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 1 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 2 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 3 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 4 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 5 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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**Signature Partner 6 (place, date, signature of PI):**

☐ I declare my willingness to cooperate with the project consortium

☐ I declare to not receive other public funds to perform the described tasks in this application

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# Annex (template provided in this pre-proposal application form)

* Annex 6 – The patient/citizen involvement plan, describing the activities and methodologies for the involvement and providing information about the organisation. Annex 6 is highly recommended for all applicants, and **mandatory if funding for a patient/citizen representing organisation is requested directly from EP PerMed.**

Please submit the annex as separate document via the online submission tool.

# Annex 6 – The patient/citizen involvement plan

*The development of a patient/citizen involvement plan (to be uploaded electronically as Annex 6 of the application form) is requested to describe the activities and methodologies for the involvement. Annex 6 is* ***mandatory*** *if funding is requested from EP PerMed (see also Annex II of the “Guidelines for Applicants document”).*

# Description of activities and methodologies for patient/citizen involvement (max. ½ page)

*Please describe the activity/ies and methodologies for patient/citizen involvement performed by the consortium. Explain the allocation of tasks to and the role/s of project partners. Especially contributions by the Patient or Citizen organisations applying for EP PerMed funding have to be described in detail.*

*If patient/citizen involvement is not deemed appropriate within a project, this should be explained and justified.*

# Information concerning the organisation representing patients or citizens and requesting funding from EP PerMed in this call, if applicable.

*It is mandatory to provide information about the patient or citizen organisation and indicate if funding is requested from EP PerMed (DLR), see also Guidelines for Applicants, Annex II. If the consortium is containing more than one of such an organisation, this table can be duplicated.*

*Please note: Max. 50.000 € per project. If more than one organisation representing patients or citizens is participating in one consortium the amount should be shared. If no organisation representing patients or citizens is included, consortia are invited to only fill-in section 1.*

|  |  |
| --- | --- |
| **Name of the organisation representing patients or citizens** |  |
| **The organisation is requesting funding from DLR on behalf of EP PerMed as outlined in Annex II of the Guidelines for Applicants***Please select what applies* | Yes/No |
| **Name of the contact person** *Please provide name, surname, Email, address and phone number* |  |
| **Legitimacy***Please provide the following information: Proof that the organisation is formally established and registered as a not-for-profit organisation in one of the EU Member States or Associated Countries (registration number and website of the register).* |  |
| **Mission/objectives***Please outline shortly the mission/objectives of the organisation requesting funding of EP PerMed.* |  |
| **Structure***Please describe the governing structure and provide information about the designated representative legally authorised eligible to sign a contract with DLR on behalf of EP PerMed.* |  |
| **Accountability**1. *For the patient organisation or citizen organisation requesting funding from EP PerMed in this call, please describe activities, such as patient/patient family/citizens support and/or advocacy activities and/or health research.*
2. *Please describe the account system*
3. *Please confirm the ability to trace costs related to the project and archive these costs for a duration of 5 years after the end of EP PerMed).*
 | 1) Description2) Description3) Yes/No |
| **Transparency**1. *The organisation is financially independent, particularly from the private sector (max. 50% of funding from several companies in total).*
2. *The organisation agrees to disclose on request (e.g. for contract negotiations) to EP PerMed its sources of funding, both public and private, by providing the name of the bodies and their individual financial contribution, both in absolute terms and in terms of overall percentage of the organisation budget. Any relationship with corporate sponsorship will be made clear and transparent.*
3. *The organisation agrees to communicate to EP PerMed on a regular basis and/or to publish on its website the registered statutes, sources of funding, and information on their activities.*
 | 1) Yes/No2) Yes/No3) Yes/No |

1. Call Steering Committee: comprises a single representative from each country’s/region’s funding organisation [↑](#footnote-ref-1)