For Office use only: MA Application number \_\_\_\_\_

**MCID Project Funding Application Form 2021**

**(Multi-Applicant Submission)**

|  |  |
| --- | --- |
| Lead Project applicant  (Name, First Name) |  |
| Institutional Affiliation |  |
| Project Title |  |

|  |  |
| --- | --- |
| Co-Lead Project applicant  (Name, First Name) |  |
| Institutional Affiliation |  |

Please read the full **Funding Call Text** and **Application Guidelines for Project Funding** documents for the MCID Project Funding Call 2021 before completing the application process.

**Deadline for submission: Tuesday, 14th September 17.00 (CEST)**

Please submit your complete application document to the MCID via email ([rebecca.limenitakis@unibe.ch](mailto:rebecca.limenitakis@vetsuisse.unibe.ch)). To aid processing of applications, please use the file name “MULTI\_lead applicant surname” and use this also as the subject of your email.

For full proposal submission please provide a single pdf file containing the following documents in this order:

* Completed Application Form
* IF APPLICABLE, completed application form for any embedded CDG applicant
* Project Description
* Applicants’ CVs
* Applicants’ lists of publications

For synopsis submission (optional), please see details on penultimate page.

All MCID communication regarding this application will be sent via email to both Lead and Co-Lead Applicants.

**Applicant Information**

**General information**

**Lead Project Applicant:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **First name** | | | **Title** |
|  | |  | | |  |
| **Institute / clinic** | | | | **Faculty** | |
|  | | | |  | |
| **Function / position within the institute / clinic** | | | | | |
|  | | | | | |
| **Correspondence address (professional)** | | | |  | |
| **Street, number** | | | | **Postcode, town** | |
|  | | | |  | |
| **Email address** | | | | **Telephone number** | |
|  | | | |  | |
| **MCID member? Yes or No.** | **If yes, which cluster? (name)** | | | | |
|  |  | | | | |
| **Have you submitted or do you plan a single-applicant project submission? Yes or No** | | | **If yes, please provide a summary of this project (100 words)** | | |
|  | | |  | | |
| **Are you part of another multi-applicant submission? Yes or No** | | | **If yes, please provide a summary of your contribution to this project (100 words)** | | |
|  | | |  | | |

**Co-Lead project Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **First name** | | | **Title** |
|  | |  | | |  |
| **Institute / clinic** | | | | **Faculty** | |
|  | | | |  | |
| **Function / position within the institute / clinic** | | | | | |
|  | | | | | |
| **Email address** | | | | **Telephone number** | |
|  | | | |  | |
| **MCID member? Yes or No.** | **If yes, which cluster? (name)** | | | | |
|  |  | | | | |
| **Have you submitted or do you plan a single-disciplinary project submission? Yes or No** | | | **If yes, please provide a summary of this project (100 words)** | | |
|  | | |  | | |
| **Are you part of another multi-applicant submission? Yes or No** | | | **If yes, please provide a summary of your contribution to this project (100 words)** | | |
|  | | |  | | |

**Co-Applicant** (only required if project has three or more applicants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **First name** | | | **Title** |
|  | |  | | |  |
| **Institute / clinic** | | | | **Faculty** | |
|  | | | |  | |
| **Function / position within the institute / clinic** | | | | | |
|  | | | | | |
| **Email address** | | | | **Telephone number** | |
|  | | | |  | |
| **MCID member? Yes or No.** | **If yes, which cluster? (name)** | | | | |
|  |  | | | | |
| **Have you submitted or do you plan a single-applicant project submission? Yes or No** | | | **If yes, please provide a summary of this project (100 words)** | | |
|  | | |  | | |
| **Are you part of another multi-applicant submission? Yes or No** | | | **If yes, please provide a summary of your contribution to this project (100 words)** | | |
|  | | |  | | |

**Co-Applicant** (only required if project has four or more applicants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **First name** | | | **Title** |
|  | |  | | |  |
| **Institute / clinic** | | | | **Faculty** | |
|  | | | |  | |
| **Function / position within the institute / clinic** | | | | | |
|  | | | | | |
| **Email address** | | | | **Telephone number** | |
|  | | | |  | |
| **MCID member? Yes or No.** | **If yes, which cluster? (name)** | | | | |
|  |  | | | | |
| **Have you submitted or do you plan a single-applicant project submission? Yes or No** | | | **If yes, please provide a summary of this project (100 words)** | | |
|  | | |  | | |
| **Are you part of another multi-applicant submission? Yes or No** | | | **If yes, please provide a summary of your contribution to this project (100 words)** | | |
|  | | |  | | |

**If this project has more than four applicants, please copy and paste the table above here to allow details for additional applicants to be provided.**

**Employment status:**

|  |
| --- |
| **Do all applicants have guaranteed employment at the University of Bern / Bern University Hospital (or affiliated institutes) for the planned duration of this project?**  **(Yes/No, if No please provide details below)** |
|  |
| **Do any applicants have clinical duties for the planned duration of this project? (Yes/No, if Yes please indicate names and percentage workload below).** |
|  |
| **Have any applicants experienced career breaks ? (Yes/No, if Yes please indicate names and periods MM.YYYY below).** |
|  |

**Research profile**

|  |
| --- |
| **If one or more applicants are not already a Member of the MCID, please provide the applicant name(s) and indicate which of the seven research clusters match most closely to their research interests:** |
|  |
| **Please explain how MCID funding will allow the applicants to pursue new research interests (that would not otherwise be possible by applying to other funding schemes) (150 words)** |
|  |

**Project Description**

|  |
| --- |
| **Please indicate which MCID Research Themes this project most closely links to and why (100 words)** |
|  |
| **Please provide a brief summary of the proposed project, including key project goals, suitable for a lay audience (250 words maximum)** |
|  |
| **Please indicate the total sum requested from the MCID, by each applicant, to fund this project.** |
|  |
| **Please disclose any other funding for this project (Applicant, Source, Amount). If none, indicate N/A.** |
|  |
| **Is a CDG application embedded within this project? Yes or No. If yes, please indicate the name(s) of the CDG applicant(s)** |
|  |

**Additional Information**

|  |
| --- |
| **Please provide here any additional information that you think is relevant to this application (not required)** |
|  |

**Signatures of all applicants**

|  |  |
| --- | --- |
| **Place and date** | **Signatures of all Applicants** |
|  |  |

**Document checklist for submission of the Synopsis** **(OPTIONAL)**

* Completed Application Form
* Short project synopsis, 3 pages max excluding references, structured in the following way:
  + Proposed research aims and approaches.
  + Multi/interdisciplinary character of the research project and the added value of the collaboration
  + Proposal’s breakthrough character

**Document checklist for submission of the Full Proposal**

Please note, all items below must form part of the Full Proposal submission even if identical copies of these documents were submitted as part of a synopsis submission.

* Completed Application Form (this must be submitted even if an identical copy was submitted for a project synopsis assessment).
* IF APPLICABLE, completed application forms for any CDG co-applicants.
* Project Description 10 pages max, excluding references, structured in the following way:

1. Summary (200 words maximum)
2. Background
3. Current status of own research (for all applicants)
4. Hypothesis and aims
5. Project plan including methods
6. Individual contribution of each applicant to the project
7. Multi/interdisciplinary character of the research project and the added value of the collaboration
8. **If applicable**, role for Core Activities in the proposed research plan
9. Proposal’s breakthrough character
10. Significance of the proposed research with respect to the MCID mission statement (see funding call text document)
11. A timeline with yearly milestones in funding period 01.2022-12.2024.
12. Budget (itemized list for each applicant)
13. Relevant references

* CV for each applicant, limited to 3 pages
* List of publications for each applicant (last 5 years)