International Association

Open Digital Space for the Mediterranean

 e-Omed

**Call for projects 2020**

**Submission form**

Dead-Line : **15 October 2020**

**To be sent to :**

**molka.belcadhi@eomed.org** **&** **catherine.barreau@eomed.org**

1. **Coordination Institution and Scientific Project leader**

**1.1 Scientific leader’s Institution** *(institution must be e-Omed member)*

|  |  |
| --- | --- |
| **Institution name** :   | **Country :**  |
| **First and Family Name of the legal representative:** **Prénom :**  | **Title :**  | **Position (president, director…) :**   |
| **Faculty, Institut, department, research center, laboratory, etc.** *(precise)***:**  |
| **address :**  | **city :**  |
| **email :**  | **Phone :** | **Website :**  |

* 1. **Scientific leader(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name :**  | **First name:**  | **Title:** | **position :**  |
| **Phone :**   | **email :**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name :**  | **First name:**  | **Title:** | **position :**  |
| **Phone :**   | **email :**  |

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| **Family Name :**  | **First name:**  | **Title:** | **position :**  |
| **Phone :**   | **email :**  |

1. **Partner Institutions**

The project leader and the associated partners who are e-Omed’s members must be from different regions of the Mediterranean basin. Other partners must be from any other region of the world. The total e-Omed funding cannot exceed €15,000 which 50% maximum can be allocated to the non-e-Omed partner(s).

**2.1 e-Omed Partner Institutions**

|  |  |
| --- | --- |
| **e-OMED Institution #1:**  | **Country:**  |
| **Faculty, Institut, department, research center, laboratory, etc.** *(precise)***:**  |
| **Scientific co-leader:** |
| **Family name :**  | **First name :**  | **Title :**  | **Position :**  |
| **Phone :**   | **email :**  |

|  |  |
| --- | --- |
| **e-OMED Institution #2:**  | **Country:**  |
| **Faculty, Institut, department, research center, laboratory, etc.** *(precise)***:**  |
| **Project Investigator:** |
| **Family name :**  | **First name :**  | **Title :**  | **Position :**  |
| **Phone :**   | **email :**  |

**2.2 Non e-Omed Partner Institutions**

|  |  |
| --- | --- |
| **Non e-OMED Institution #1 :**  | **Country:**  |
| **Faculty, Institut, department, research center, laboratory, etc.** *(precise)***:**  |
| **Project Investigator :** |
| **Family name :**  | **First name :**  | **Title :**  | **Position :**  |
| **Phone :**   | **email :**  |

|  |  |
| --- | --- |
| **Non e-OMED Institution #2:**  | **Country:**  |
| **Faculty, Institut, department, research center, laboratory, etc.** *(precise)***:**  |
| **Project Investigator ::** |
| **Family name :**  | **First name :**  | **Title :**  | **Position :**  |
| **Phone :**   | **email :**  |

1. **Project description** (tick the box corresponding to the theme of the submitted project) **:**

**Theme 1 de l’AAP ¨ Theme 2 de l’AAP**

**3.1 Project title and Acronym**

|  |
| --- |
|   |

**3.2 Corresponding thematic e-Omed community (see e-Omed website www.eomed.org for details)**

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|   |

**3.3 Brief description of the project** *(provide a more detailed description in annex)*

|  |
| --- |
| **Objectives:****Context and State of the Art :****Methodology to be used :****Partners tasks :****Evaluation indicators :****Deliverables:****Results publicity :** |

1. **Projet budget**

**4.1 Cost (please detail co-fundings, in particular those from the non e-Omed members)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Total cost :** |   | € | **Requested fundings from e-Omed :** |   | € |
|  |  |  | *(Maximum 15 000 € )* |  |
| **Co-fundings** | **Institution**  |  **Fundings** |  |
|   |   |   | € |
|   |   |   | € |
|  |  |  | € |
|  |  |  | € |
|  |  |  | € |
|  |  |  | € |

**4.2 details of expenditure relating to the fundings requested from e-Omed (specify, in particular, purchases of hardware or software)**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Description** | **Recipients\*** | **Cost** |  |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |
|   |   |   | € |

\* Non-members may not receive more than 50% of the funds.

1. **Project leader signature**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |   |   |   |
|  | day | month | year |

1. **Signature et stamps from the legal representative of the project leader institution**

|  |  |  |
| --- | --- | --- |
| **Family Name**  | **First name** | **Position**  |
| **Signature and Stamp** | **Date** |
|  |   |   |   |

NB : The agreement for the selected projects will only be signed by the e-Omed legal representative once the letters of commitment from all the project partners will have been provided.