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**](mailto:molka.belcadhi@eomed.org) **&** [**catherine.barreau@eomed.org**](mailto: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 :** | |

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| --- | --- | --- | --- |
| **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 :** | |

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| --- | --- | --- | --- |
| **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 :** | |

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| --- | --- | --- | --- |
| **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.