



canceropôle
Provence-Alpes-Côte d'Azur

le propulseur régional des recherches
et innovations anticancers

Call for projects « Emergence and Support » Letter of intent

Application for funding in 2023

PROCEDURE

Any letter that does not respect the eligibility criteria will not be accepted.

A principal investigator cannot submit a project if he/she has been granted funding in the previous round of this call.

All details of this call can be found on the text call that we encourage you to consult.

Your submission file must be sent by email to : canceropole-paca@univ-amu.fr

Principal Investigator

Last and first name of the project leader:

E-mail address :

Phone number :

Organization :

Research Unit :

City :

Are you a Young Researcher* Yes No

* Young researcher : post-doctoral researcher, permanent researcher having obtained your position less than 5 years ago or researcher under 40 years of age

Have you already been funded by Canceropôle Provence Alpes Côte d'Azur?

Yes No

If yes, please indicate in which call for projects :

In which year ?

Project

Titre du projet (non confidential, French) :

Project title (non confidential, English) :

Duration :

Keywords :

Organ (if relevant) :

Project collaborators :

Cofunding :

Project cofunding partner(s) :

Indicate the name(s) of the cofounding partner(s) as well as their financial contribution to the project (amount)

Summary of the project (please provide a summary both in French and English, 1 page maximum in each language)

1. Objectifs
2. Originalité du concept
3. Méthodologie
4. Résultats attendus
5. Impact

1. Aims
2. Originality
3. Methodology
4. Expected results
5. Impact

Intellectual Property and Technology Transfer

Have you already filled out an invention declaration on the results associated to this project? Yes No

If yes, is there a patent filing process ongoing? Yes No

Have you already filed patents associated to this project ? Yes No

If yes, please provide their references:

Are there any licensing agreements or codevelopment associated to this project? Yes No

If the project succeeds, have you considered the possibility of creating a spin-off company? Yes No

Technology Transfer Office

Technology transfer office in charge of the project :

Last and first name of the transfer officer:

Email address :

Phone number :

Have you already received support from your technology transfer office? Yes No

If yes, please specify:

If you received funding, please indicate the amount (€) and the funding period :

If not, have you got any support requests whose decision is still pending ? Yes No

If yes, please specify:

Expected project impact (scientific, technological, medical & socio-economical)

> 1 page maximum

Evaluation

Proposed experts **outside Provence Alpes Côte-d'Azur** (name, first name, email)

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Refuted experts (name, first name)

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Please submit this letter of intent together with the engagement letter of your cofunding partner(s) to :
canceropole-paca@univ-amu.fr