Proposals can be submitted on a continuous basis. **Please note that if your proposal is approved, its content may be shared with HBP Flagship stakeholders (HBP Core Project, Partnering Projects, FLAG-ERA funding organisations, European Commission).**

**Proposal for becoming a Partnering Project (PP) of the Human Brain Project (HBP) Flagship.**

The following information needs to be completed by the Project Coordinator and submitted to [partnering@humanbrainproject.eu](mailto:partnering@humanbrainproject.eu)*.* All fields are mandatory. The document has to be submitted in word format.

The Project Coordinator will be asked to sign a [Memorandum of Understanding](file:///C:\Users\presser\Desktop\MoU%20template_HBP%20PP.pdf) and become an Associated Member if not already a HBP Core Project partner.

The other partnering organisations will need to sign an [Accession Form](file:///C:\Users\presser\Desktop\Draft_Accessionform_MoU.pdf) to the MoU either as an HBP Core Project partner or as an [Associated Member](https://www.humanbrainproject.eu/en/open-ethical-engaged/contributors/partnering-projects/). An Associated Member is a partnering organisation from the Partnering Project which is not a HBP Core Project partner and which decides to become an Associated Member. HBP Associated Members need to sign [Confidentiality Terms and Conditions](file:///C:\Users\presser\Desktop\DRAFT_Confidentiality%20Terms%20and%20Conditions.pdf).

|  |  |
| --- | --- |
| **Project identification** | |
| Title |  |
| Acronym |  |
| Start date (DD/MM/YYYY) |  |
| End date (DD/MM/YYYY) |  |
| Website link (if applicable) |  |
| **Project coordinator** | |
| First and last name |  |
| Email |  |
| Full official name of the organisation |  |
| Legal address of the organisation |  |
| Country |  |
| **Ethics Rapporteur**  Note: Activities conducted in a Partnering Project need to comply with the Ethics Compliance and other Ethics Management processes of the HBP as described in the [Ethics Resource Hub](https://www.humanbrainproject.eu/en/social-ethical-reflective/ethics-support/ethics-resources/).This includes the nomination of an Ethics Rapporteur per Partnering Project (can also be the project coordinator), responding to the ethics compliance survey and, where applicable, the submission of any ethics approvals and related documents. | |
| First and last name |  |
| Email |  |
| Name of organisation |  |
| Country |  |
| **Project summary (publishable on the HBP website)** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interactions with the HBP Flagship Core Project** | | | |
| **Expected added value for the project to join the HBP Flagship as a Partnering Project (max. 100 words)**  *Please describe what is the expected added value the HBP Flagship would bring to your project, both from a scientific and technological standpoint (e.g. which HBP platform facilities the partners of your project would like to use, and what usage they would like to make of such platform facilities).* | | | |
|  | | | |
| **Contribution to the HBP Flagship objectives, complementarity with the HBP Flagship Core Project (max 100 words)**  Please describe what the partners of your project will bring to the HBP Flagship, including for example what extension the partners of your project may bring to the HBP platform facilities. | | | |
|  | | | |
| **Foreseen interactions and organisation to facilitate alignment and information flow between the Partnering Project and the HBP Flagship Core Project (max 100 words)**  Such interaction could be for example through in person meetings with the relevant Subproject Leader(s), organisation of joint workshops, participation of the Partnering Projects members at quarterly Subproject meetings, participation at the HBP summit, attendance at platform demos, etc. | | | |
|  | | | |
| **HBP Flagship Core Project Subproject(s) with which interactions are foreseen (max 100 words)** | | | |
| **HBP contact names**  *Example: John Smith* | **Subproject, workpackage or task(s) in HBP**  *Please provide at least the subproject/platform name* | **Please describe shortly the content of the planned collaboration ; in case you do not have contacts yet with HBP, please explore the** [**HBP Subprojects and Co-Design Projects**](https://www.humanbrainproject.eu/en/collaborate/open-calls/subprojects-ceols/) **and get in touch with the relevant leaders to discuss the feasibiliy of a collaboration.** | **Please confirm the status of the collaboration**  **(1) Already collaborating**  **(2) Plan for collaboration discussed**  **(3) Contact done, plan will be discussed** |
|  |  |  |  |
| **HBP Partnering Projects are listed on our** [**website**](https://www.humanbrainproject.eu/en/open-ethical-engaged/contributors/partnering-projects/)**. Should your proposal be approved, do you agree that your project be part of the list?** | | | |
| Yes ☐ No ☐  If “No”, please explain why: | | | |

|  |  |
| --- | --- |
| **Funding information**  Note: The partners of the project are responsible for checking that their funding body has no objection with the project applying to become a HBP Partnering Project, nor with the partners (that are not HBP Core Project partners) applying to become HBP Associated Members.  The information below may be shared with HBP Flagship stakeholders (HBP Core Project, Partnering Projects, FLAG-ERA funding organisations, European Commission). | |
| Total budget of the project (in € and/or local currency) covered by the following funding sources and amounts |  |
| **Funding source and amount** | |
| Funding organisation |  |
| Country / region |  |
| Funding amount (in € and/or local currency) |  |
| **Funding source and amount** | |
| Funding organisation |  |
| Country / region |  |
| Funding amount (in € and/or local currency) |  |
| **Funding source and amount** | |
| Funding organisation |  |
| Country / region |  |
| Funding amount (in € and/or local currency) |  |
| **Funding source and amount** | |
| Funding organisation |  |
| Country / region |  |
| Funding amount (in € and/or local currency) |  |

**Annex 1 to the Partnering Project proposal: Information on the partner organisations of the project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List of all organisations involved in the project. Please tick the appropriate box:**   1. **Existing HBP Core Project partner (Check if your institution is a HBP Core Project Member** [**here**](https://www.humanbrainproject.eu/en/open-ethical-engaged/contributors/partners/)**).** 2. **Existing Associated Member (Check if your institution is an existing Associated Member** [**here**](https://www.humanbrainproject.eu/en/open-ethical-engaged/contributors/partnering-projects/)**)** 3. **Applies to become new Associated Member (i.e. a Member that is not an HBP Core Project partner)** 4. **Does not apply to become an Associated Member**   *Please select only one option. Note that, if one organisation is already partner of the HBP Core Project or an Associated Member, then it cannot become a new Associated Member. Associated Members will be listed* [*here*](https://www.humanbrainproject.eu/en/open-ethical-engaged/contributors/partnering-projects/)*.* | | | | |
| **Organisation 1** | | | | |
| Full official name |  | | | |
| Acronym (if applicable) |  | | | |
| Legal address of the organisation |  | | | |
| Type *(Large enterprise, SME, Private/Public Research Organisation, Other-please specify)* |  | | | |
| Country |  | | | |
| Status within the HBP Flagship (see above) | A | B | C | D |
| **X** | **X** | **X** | **X** |
| Principal Investigator for the project | | | | |
| Name |  | | | |
| Email |  | | | |
| Position/function |  | | | |
| Affiliation (Institute, laboratory, department, group, team, etc. within the organisation) |  | | | |
| Involvement in the HBP Core Project | Yes ☐ No ☐ | | | |
| Involvement in another HBP Partnering Project | Yes ☐ No ☐  If “Yes”, please indicate which one: | | | |
| Co-investigators (team members) | | | | |
| Name/ position/email |  | | | |
| Name/ position/email |  | | | |
| Admin contact point (if applicable) | | | | |
| Name |  | | | |
| Position |  | | | |
| Email |  | | | |
| Phone |  | | | |
| Description of the Organisation’s work and contribution in the Partnering Project (max. 100 words) | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation 2** | | | | |
| Full official name |  | | | |
| Acronym (if applicable) |  | | | |
| Legal address of the organisation |  | | | |
| Type *(Large enterprise, SME, Private/Public Research Organisation, Other-please specify)* |  | | | |
| Country |  | | | |
| Status within the HBP Flagship (see above) | A | B | C | D |
| **X** | **X** | **X** | **X** |
| Principal Investigator for the project | | | | |
| Name |  | | | |
| Email |  | | | |
| Position/function |  | | | |
| Affiliation (Institute, laboratory, department, group, team, etc. within the organisation) |  | | | |
| Involvement in the HBP Core Project | Yes ☐ No ☐ | | | |
| Involvement in another HBP Partnering Project | Yes ☐ No ☐  If “Yes”, please indicate which one: | | | |
| Co-investigators (team members) | | | | |
| Name/ position/email |  | | | |
| Name/ position/email |  | | | |
| Admin contact point (if applicable) | | | | |
| Name |  | | | |
| Position |  | | | |
| Email |  | | | |
| Phone |  | | | |
| Description of the Organisation’s work and contribution in the Partnering Project (max. 100 words) | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation 3** | | | | |
| Full official name |  | | | |
| Acronym (if applicable) |  | | | |
| Legal address of the organisation |  | | | |
| Type *(Large enterprise, SME, Private/Public Research Organisation, Other-please specify)* |  | | | |
| Country |  | | | |
| Status within the HBP Flagship (see above) | A | B | C | D |
| **X** | **X** | **X** | **X** |
| Principal Investigator for the project | | | | |
| Name |  | | | |
| Email |  | | | |
| Position/function |  | | | |
| Affiliation (Institute, laboratory, department, group, team, etc. within the organisation) |  | | | |
| Involvement in the HBP Core Project | Yes ☐ No ☐ | | | |
| Involvement in another HBP Partnering Project | Yes ☐ No ☐  If “Yes”, please indicate which one: | | | |
| Co-investigators (team members) | | | | |
| Name/ position/email |  | | | |
| Name/ position/email |  | | | |
| Admin contact point (if applicable) | | | | |
| Name |  | | | |
| Position |  | | | |
| Email |  | | | |
| Phone |  | | | |
| Description of the Organisation’s work and contribution in the Partnering Project (max. 100 words) | | | | |
|  | | | | |

**Additional comments, if any, from the candidate Partnering Project/candidate Associated Members:**