

# Call for Proposals for the submission of innovative projects on **Healthy and Active Ageing**

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## Key dates & budget

- **Deadline for submission of applications:** 28 February 2019
- **Notification of outcomes:** May-June 2019
- **Expected award of contract:** July-September 2019
- **Budget:** Euro 250.000,00



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## Introduction

1. CORIS (Healthcare Research Consortium) is a consortium of public entities operating directly or indirectly in the health, scientific research and social care field and entirely funded by the Veneto Region. The Consortium operates in the public interest, is not-for-profit and aims to:
  - a. Promote and sustain scientific research in the broadest sense, including basic, translational and clinical research in the healthcare and social-healthcare sector.
  - b. Support research project management in the healthcare and social-healthcare fields through the direct management of allocated funds.
  - c. Evaluate, design, co-ordinate and form partnerships including in the private sector, with regard to priority research topics.
2. CORIS invites proposals for innovative projects on **Healthy and Active Ageing** in the following areas:
  - a. **Frailty** - including prevention, needs assessment and management, rehabilitation.
  - b. **Optimal care** - including management of multi-morbidities and improved medicines management (such as adherence and drug interactions).
  - c. **Healthy ageing** - including risks factors, healthy lifestyles and self-care.

## Background

3. The Veneto Region has a total population of approximately 5m people. 22% of the population is over 65. From the age of 65, older people can spend several years in low dependency (care less than daily), with peaks of high dependency (24h care). As the average age of the population increases, the care needs for older people will continue to increase. Many will have frailty, multi-morbidity and/or disability. Care professionals and systems must be equipped to manage this complexity, and need to move beyond a focus on single disease care. The Veneto Region is committed to help people live better for longer, and identifies research as a key instrument to tackle the opportunities and challenges of an ageing society. Proposals will need to align with the Veneto Region's ambitions and model for the management of chronic diseases<sup>1</sup>.
4. This is a significant opportunity to inform care practice, policy and implementation in an area of major interest for the Veneto Region and, more broadly, for Health Systems across Europe and beyond.

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<sup>1</sup> For more detailed information, please refer to the Relazione Socio Sanitaria della Regione del Veneto, Anno 2017, to relevant publications available at the Servizio Epidemiologico Regionale e Registri website ([www.ser-veneto.it/it](http://www.ser-veneto.it/it)), and the presentation available at the following web address: [www.motoresanita.it/wordpress/wp-content/uploads/2018/01/Maria-Cristina-Ghiotto.pdf](http://www.motoresanita.it/wordpress/wp-content/uploads/2018/01/Maria-Cristina-Ghiotto.pdf)

## Research Priorities

5. **Frailty** - Frailty can be viewed as a long term condition, characterised by reduced biological reserves and increased vulnerability to adverse outcomes including falls, disability, hospitalisation and care home admission. It develops as a consequence of an age-related decline in several physiological systems, which collectively results in a vulnerability to sudden health status changes triggered by relatively minor stressor events. The majority of older people (>65 years) in hospital have frailty and are at increased risk of readmission or death following discharge home. As resilience is lost, care and support planning assumes greater importance through to the end of life. Research in this area should enable:
  - a. Routine frailty identification and population stratification, for example through optimal or integrated use of available datasets.
  - b. Assessment and management of frailty and complex or intense health and care needs. These are often connected with co-morbidities.
  - c. Targeted, person centred interventions for optimal outcomes and improved recovery after frailty related incidents (e.g. falls prevention, rehabilitation, multi-drug therapies and compliance).
  - d. Prevention of frailty and complex health needs in older people.
  - e. Improved independence and reduced readmission after discharge from hospital.
  
6. **Optimal care** - Health and care services are often delivered on the basis of individual conditions. The majority of over-65s, however, live with two or more conditions, and the majority of over-75s have 3 or more conditions. There are more people with 2 or more conditions than people with only 1 condition in this population group. Increased life expectancy means people will spend longer living with multi-morbidity. An ageing population, therefore, requires services capable of handling multiple, often co-existing conditions. Multi-morbidity, defined as co-occurrence of more than one chronic disease in an individual, is a major challenge for many health systems in developed societies. Research is needed to inform action in the following areas:
  - a. Improving transition across care services to handle multiple conditions and/or disease phases.
  - b. Supporting both formal and informal carers, including through optimisation of IT systems and available datasets.
  - c. Optimising medicines management/polypharmacy, prescribing and de-prescribing, including management of drug interactions, therapy switching and compliance to clinical recommendations.
  - d. Focusing end of life care towards enabling the person to have the best life they can and delivering services with respect and dignity.
  
7. **Healthy ageing** - Increasing life expectancy is likely to lead to unprecedented pressures in health systems budgets. Projections suggest that the over-65s population in the Veneto Region will rise significantly by 2040<sup>2</sup>. To cope with demand for care and medical services, health systems need to progressively refocus their activities from treatment to prevention of ill health, promotion of healthy

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<sup>2</sup> See:

[www.ser-veneto.it/public/2017\\_10\\_06%20CORTI\\_%20Multimorbidit%C3%A0\\_Universit%C3%A0.pdf](http://www.ser-veneto.it/public/2017_10_06%20CORTI_%20Multimorbidit%C3%A0_Universit%C3%A0.pdf)

lifestyles and creation of supporting environments and system preparedness. Research will therefore contribute to:

- a. Identifying risk factors for frailty and multi-morbidities (for example through effective use and integration of existing databases and monitoring systems).
- b. Keeping people fit and healthy through population level interventions which take into account whole systems.
- c. Assessing how older people can self-care and assessing alternative pathways to accessing healthcare, including the role of pharmacists.
- d. Exploring the potential of assistive technologies and interventions for self-management and safe, independent living, and for reducing exposure to seasonal pressures (winter and summer crisis).

## Scope

8. CORIS acknowledges that care of older people and frailty is a complex area that is heavily affected by contextual factors, including policy interventions, technological developments and environmental factors. It is also acknowledged that the funding available will only allow researchers to start addressing the challenges posed by an ageing society. An important requirement for the proposals is therefore the **articulation of a coherent, cohesive research strategy**, driven by regional excellence, for targeting key areas of uncertainty (both in terms of policy and care interventions) and implementing evidence into policy and practice.
9. It is expected that such a strategy will be delivered by a **multidisciplinary team** capable of linking up and collaborating with relevant groups and initiatives nationally and internationally, including, for example, the [European Innovation Partnership on Active and Healthy Ageing](#)<sup>3</sup>. A key target for the Veneto Region is to position regional excellence at the forefront of the health and ageing debate internationally, and to develop a research and evidence ecosystem to inform wider European priorities in this area and capable of leveraging additional European funding through key European investment initiatives, including the Horizon Programme. In light of this, a proportion of the resources available should be allocated to the **development of networks and platforms** needed to support other projects, including for example integration of different datasets for data pooling (big data) and optimal clinical decision-making. Proposals should articulate approaches to achieve this target, and demonstrate with concrete examples, ability to deliver.
10. Through this call, CORIS wishes to **promote the career development of young researchers (<40 year old as of the date of the deadline of the submission)**, recognise their achievements and retain their skills and talents for the benefit of the regional health and research system. Proposals are required to describe detailed approaches for achieving these objectives, with particular attention towards technical and leadership training and networking opportunities. Reviewers will be explicitly asked to evaluate the proposed strategies for the development of young researchers.

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<sup>3</sup> See

- [https://ec.europa.eu/eip/ageing/about-the-partnership\\_en](https://ec.europa.eu/eip/ageing/about-the-partnership_en) and
- [http://www.promisalute.it/servizi/notizie/notizie\\_fase02.aspx?ID=5747](http://www.promisalute.it/servizi/notizie/notizie_fase02.aspx?ID=5747)

11. Given the desire for effective translation of evidence into policy and care intervention, inclusion of **knowledge mobilisation and health economic expertise** will be seen as advantageous.
12. Proposals that include the **development of apps or other advanced IT solutions** as one of their components are encouraged, as long as fit with current models of care is outlined and clear benefits and implementation strategy is proposed.
13. Projects shall be **translational** and hence shall:
  - a. meet the knowledge and operational needs of the Regional Health Service with reference to the identified thematic areas.
  - b. provide scientific results in terms of both biomedical and healthcare research, such results being rapidly transferable to the Regional Healthcare Service in order to improve the effectiveness and quality of its services.
14. Any research funded by the Veneto Region should contribute to **reducing health inequalities**, referred to in this document as the systematic differences in health which exist between different population groups (e.g. different social classes or ethnic groups). Health inequalities can manifest at multiple levels. For example, self-management or technological interventions can contribute to health inequalities if their efficacy depends on specific levels of literacy and/or access to and familiarity with technologies (e.g. smartphones). Research funded under this call should strive towards promoting equal access to care and equality in health outcomes.
15. In line with European requirements for Horizon 2020, the Veneto region requires that applicants pay **attention to gender equality** and strive to promote gender balance at all levels in the research teams and management structures. Applicants should seek a balanced participation, as close as possible to 50/50, of both men and women in the teams and among the leading roles. All other things being equal, proposals that demonstrate greater gender balance will be given precedence<sup>4</sup>.
16. Applicants should also describe, where relevant, how the **gender dimension** i.e. sex and/or gender analysis is taken into account in the project's content. Please note that this requirement does not refer to gender balance within the team as described above but to the content of the planned research activities. Sex and gender analysis refers to biological characteristics and social/cultural factors respectively.<sup>5</sup>
17. Applicants should consider the full range of potential audiences and describe how the research findings could be **disseminated** most effectively to ensure that the lessons from this research impact on policy and practice.

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<sup>4</sup> Applicants are encouraged to refer to the Horizon 2020 Gender Equality guidelines available at: [http://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/gender\\_en.htm](http://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/gender_en.htm)

<sup>5</sup> Applicants are encouraged to refer to the Horizon 2020 guidelines available at: [http://ec.europa.eu/research/swafs/gendered-innovations/index\\_en.cfm?pg=home](http://ec.europa.eu/research/swafs/gendered-innovations/index_en.cfm?pg=home)

## Management

18. Day-to-day management of this research will be provided by the Principal Investigator. They and their employers should ensure that they identify, and are able to discharge effectively, their respective responsibilities in compliance with the principles of good research practice and relevant guidance and legislation.
19. All successful research involving the Regional Health Service and social care users, carers, staff, data and/or premises must be approved by the appropriate research ethics committee.
20. The Institution leading the proposal should confirm that it has the capacity and is prepared to take on responsibilities for clinical trials undertaken as part of the programme. Where the proposal includes multi-site clinical trial activities, the research unit should demonstrate that they have the experience of governance and management of clinical trials across multiple clinical trial sites.
21. Applicants should submit, as part of their proposal, a summary explaining what they believe will be the key risks to delivering their research, and what contingencies they will put in place to deal with them.

## Patient and Public Involvement (PPI)

22. CORIS expects the active involvement of patients and the public (e.g. service users and carers) in the research that it supports, where appropriate. However, the nature and extent of patient and public involvement (PPI) is likely to vary depending on the context of the study. Applicants should describe how the issue of PPI will be addressed throughout the research process. For example, this could include patient and public involvement in refining research questions, designing research instruments, advising on approaches to recruitment, assisting in the collection and analysis of data, participation or chairing advisory and steering groups, and in the dissemination of research findings.
23. Applicants are required to detail what active involvement is planned, how it will benefit the research and the rationale for their approach. PPI needs to be undertaken in a manner that acknowledges that some people may need additional support, or to acquire new knowledge or skills to enable them to become involved effectively (see INVOLVE publications for guides for researchers). Applicants should therefore provide information on arrangements for training and support. **Where no PPI is proposed, a rationale for this decision must be given.**
24. For further information and guidance about PPI, please visit the INVOLVE website: <http://www.invo.org.uk/>.

## Funding available

25. The total cumulative funding amount expected to be allocated to projects submitted and approved in this Call is a maximum of **Euro 250.000,00 over a period of 24 months**.
26. CORIS may reconsider the amount of funding allocated to this research call for proposals on the basis on feedback from reviewers and other informed stakeholders.



27. Projects may be co-funded (monetarily or in kind) exclusively by public/private Healthcare or Research Institutions. Co-financing by pharmaceutical companies is not permitted.

## Implementation

28. The maximum project duration is 24 months.
29. All applications are expected to start within **2 months** of signature of the Funding Agreement, subject to pre-contract negotiations and specific requirements. In all cases, applicants should demonstrate the capacity to initiate the projects no later than **September 2019**.

## Eligibility for the submission of research projects

30. Applications will be considered from Healthcare Authorities, Hospitals, Institutes of Treatment and Research [IRCCS] located in the Veneto Region acting as lead organisations.
31. The Principal Investigator will need to be based in the above mentioned bodies, either on a permanent or temporary basis.

## How to submit projects and deadline

32. The Call for Proposals for the submission of innovative projects on **Healthy and Active Ageing** and related Annexes can be consulted on the CORIS website at <https://www.corisveneto.com/bandi-di-ricerca>, which includes a link<sup>6</sup> to CORIS' online platform for research management purposes.
33. Applicants should complete their proposal **in English**, using the "Application Form" (Annex A)<sup>7</sup>, **by 1pm on 28 February 2019**. Only proposals submitted via the online platform<sup>8</sup> will be considered. Please note that you have the possibility to save your submission and complete it later as long as you complete it before the deadline. Click on the save button and insert your email address. You will receive a link to your work-in-progress. Do not share this link with anyone. If the link is lost, it may take the CORIS' Secretariat up to 48 hours to retrieve it. You may wish to start a new online form instead. You are, in any case, encouraged to work on your application offline prior to completing and submitting your details online.
34. Should you encounter any problem during the submission process, please contact the Grant Office ([grantoffice@corisveneto.it](mailto:grantoffice@corisveneto.it)) prior to the submission deadline. Note that you should receive a confirmation email after submission. If you do not receive it, please check your spam folder prior to contacting CORIS' Grant Office. Please note, **the system will not allow more than one submission per Principal Investigator**.

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<sup>6</sup> <https://sites.google.com/corisveneto.it/ageing/>

<sup>7</sup> Always refer to this document for the completion of Annex A, as it provides complete guidance on what to include in the application form.

<sup>8</sup> You will be asked to provide a summary of your research in plain English, as well as other administrative information in the first few questions. All other sections of the online submission process will require you to upload specific documentation.

35. The Application Form must be signed by the Principal Investigator of the project and the legal representatives of the Lead Organisation and collaborating operational units.
36. We strongly recommend that you submit your application on the day before the deadline. Once the deadline passes, the system shuts down automatically and CORIS is unable to re-open it. If you are experiencing any technical difficulties submitting your application, please contact the Grant Office [grantoffice@corisveneto.it](mailto:grantoffice@corisveneto.it) in good time, before the deadline on the closing date.

## Contents of the submission

37. Each proposal should complete all fields in the Application Form:
- Project title (including chosen thematic area) and summary details (page 1);
  - Consent to participation of the Lead Organisation (Healthcare Authorities, Hospitals, Institutes of Treatment and Research [IRCCS] located in the Veneto Region acting as lead organisations) with stamp(s) and signature(s) of legal representatives (page 1);
  - Principal Investigator details (section A);
  - List of participating operational units (Healthcare /Authority/Hospital/Institutes of Treatment and Research [IRCCS] / University/Other ) taking part/locations where the project will be carried out/ consent to participating in the project with stamp(s) and signature(s) of legal representatives (section B) ;
  - Details of research collaborators, including professional and academic qualifications and research role in the project (section C);
  - Background and rationale, including an overview of relevant scientific and healthcare literature and of any pertinent previous work and/or preliminary data available to support this research project (section D);
  - Description of the project and its target aims (section E);
  - Proposed approach and methods (adequately referenced) to be used in the research (section F). References are to be listed in an accompanying additional document.
  - Research plan (maximum of 2 years), detailing key activities, milestones and delivery timescales and PPI description (section G). Include here details about how the study will address key regional strategic objectives outlined in Scope heading of this document;
  - Project management structure, detailing quality of the partnership and external and internal risk analysis and contingency planning (Section H);
  - Young researchers' empowerment policy description (Section H);
  - Expected results and benefits for the Regional Healthcare Service, including a proposed route to market (commercial or non-commercial) or implementation plan for the translation of results in the Healthcare system (Section I). Describe the stakeholders that will need to be involved in order to realize expected/desired benefits and the relationship you currently have (or propose to have) with these parties;
  - Curriculum vitae of the Principal Investigator (section J), including experience relevant to the focus areas of this Call, ORCID ID, and a list of up to 8 pertinent scientific publications from the last five years. Please also provide total H-index and H-index for the past 5 years (Web of Science or Scopus data);

- Budget breakdown for each Operational Unit (section K)<sup>9</sup>;
- Description of the costs of each Operational Unit (section L);
- Total budget cost of the project (section M).
- Documentation showing any co-funding and the commitment of the co-funder (section N);

38. Each project proposal shall be accompanied by the following documents in PDF (no default format required):

- References relevant to the application. The Vancouver format (Author(s); Title; Journal; Year; Volume: Start page - End page) should be used. Please avoid referring to work that is not publicly accessible;
- A project Gantt Chart;
- One additional document (maximum 1 page) that the Principal Investigator deems useful for assessing the project and its feasibility (this is not compulsory).

## Exclusion criteria and eligibility

39. Projects that do not meet the above requirements will be excluded. Specifically, these include:

- a. projects submitted after the deadline;
- b. projects submitted using a procedure other than the online platform;
- c. projects outside the specified thematic areas;
- d. projects that are incomplete because the Forms have not been filled in thoroughly and/or the accompanying documentation is missing.

40. CORIS verifies compliance with the requirements for each project submitted and carries out a preliminary assessment (Triage) in preparation for the full review described in following section. The Principal Investigator of the project shall, under penalty of exclusion, provide all the clarifications and additional information requested by CORIS within 5 working days of request.

41. A researcher may submit only one project as Principal Investigator.

## Award Criteria

42. Only proposals that meet the eligibility and exclusion criteria will be assessed according to the award criteria as outlined below.

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<sup>9</sup> Applicants are requested to specify the in-kind resources that will contribute to the execution of the project, as proposals will also be assessed on the basis of the 'value for money' offered. Any additional contribution non explicitly asked for but necessary to the success of the project needs to be listed.

Criteria	Score Range (in Points)
<p><b>RELEVANCE</b> of the proposed research to the research specification</p> <ul style="list-style-type: none"> <li>- How relevant is the proposal in relation to the research brief? Does it address the research priorities (Frailty/Optimal Care/Health Aging) and the call's specific objectives (development of support networks and platforms; inclusion of knowledge mobilisation and health economic expertise; inclusion of apps/other IT solutions; consideration of health inequalities, gender dimension, PPI; focus on young researcher)?</li> <li>- Does the application demonstrate an awareness and understanding of previous relevant research or developments in this area?</li> <li>- To what extent does the proposed research add distinct value or advance existing knowledge?</li> </ul>	1-5
<p><b>QUALITY</b> of the research design</p> <ul style="list-style-type: none"> <li>- How appropriate is the research design in relation to the stated objectives?</li> <li>- To what extent is the proposed design and methodology for all elements of the research well defined, appropriate, valid and feasible within the timeframe and resources requested?</li> <li>- To what extent does the research show originality and innovation?</li> <li>- To what extent does the proposed work add to or complement initiatives at a national/international level?</li> </ul>	1-5
<p><b>QUALITY</b> of the work plan and proposed management arrangements</p> <ul style="list-style-type: none"> <li>- How appropriate are the work plan and project management arrangements? Have clear milestones been proposed? How likely is it that these will be met within the specified timeframe?</li> <li>- Have the applicants identified key risks to delivery (e.g. ethical, technical, and organisational)? Have these been adequately addressed?</li> <li>- Are the necessary clinical, academic, organisational links needed to support the research in place?</li> </ul>	1-5
<p><b>STRENGTH</b> of the research team</p> <ul style="list-style-type: none"> <li>- Are the roles of the team members clearly described?</li> <li>- Does the Principal Investigator appear suitably qualified and experienced to lead the proposed work?</li> <li>- Does the research team provide the necessary breadth and depth of expertise to deliver the proposed work?</li> <li>- Are plans in place to promote and support the career development and aspirations of young researchers? Are these appropriate and suitably justified?</li> </ul>	1-5
<p><b>IMPACT</b> of the proposed work</p> <ul style="list-style-type: none"> <li>- Does the proposal offer demonstrable benefits to patients or the health system or an understanding of and a clear trajectory for how benefits might be achieved?</li> </ul>	1-5

<p><b>VALUE</b> for money</p> <ul style="list-style-type: none"> <li>- Does the proposal sufficiently justify the resources required (both requested and contribution in-kind) to deliver the proposed work?</li> <li>- Do the proposed costs demonstrate value for money?</li> <li>- Is the time committed by the applicants realistic to ensure delivery?</li> </ul>	1-5
<p>Professional development of <b>YOUNG RESEARCHERS</b></p> <ul style="list-style-type: none"> <li>- Are plans in place to promote and support the career development and aspirations of young researchers? Are these appropriate and suitably justified?</li> <li>- Are there specific resources allocated to these plans and activities?</li> <li>- To what extent are young researchers supported by senior staff from a scientific and methodological perspective?</li> <li>- To what extent are the proposed plans likely to improve retention and benefits to the regional health system?</li> </ul>	1-5
Total	7-35

## Assessment of projects

43. The assessment of research proposals shall be overseen by a dedicated Body appointed by CORIS.

44. The assessment and selection process shall have the following phases:

**Phase 1: Triage**

CORIS shall verify compliance with the requirements of the Call for proposals.

**Phase 2: Allocating proposals to reviewers**

Each project deemed to be admissible shall be allocated to at least two independent reviewers in line with CORIS's policy on conflicts of interest.

**Phase 3: Assessment of proposals**

Each project will be assessed in accordance with the criteria described in the previous section.

**Phase 4: Ranking**

CORIS shall rank the proposals based on the scores from the reviewers and will allocate the funding accordingly.

45. Following the funding decision of the CORIS Board of Directors, an Agreement shall be signed by CORIS and the Lead Organisation to whom the funding is allocated, this Agreement detailing project governance and management requirements.

46. CORIS reserves the right to establish an independent assessment committee for an initial short-listing step after triage, should the Call attract a significant number of applications. This may require longer assessment timeframes and cause delays in the announcement of the outcomes, but would guaranteed proportionate use of available administrative resources.

## Allocation of the funding

47. The funding for the individual approved projects is allocated as follows:
- a. 50% of the overall sum following execution of the Agreement and following communication of the approval of the project by the relevant Ethics Committee, where the type of research requires it;
  - b. 30% of the sum after submission of an intermediate report, as set out in Annex B;
  - c. the remaining 20% of the sum after submission within 60 days of termination of the research of a final scientific report (Annex C) and a Financial Report listing, under separate headings the permitted expenses incurred for the project. Both reports need to be approved in writing by the Lead Organisation and signed by the Principal Investigator. The Financial Report must be supported by documents specifying accounting systems and capturing relevant data, which may be accessed in case of audit.
48. If the project is not carried out or is only partially carried out, the Principal Investigator shall justify lack of success and the beneficiary shall return, wholly or in part, the portion of the funding received but unspent. Failure to submit a full scientific and financial report at the end of the research shall be deemed non-compliance with requirements and the remaining 20% of the funding shall be withheld.

## Use of the funding

49. The funding shall be used exclusively for the purposes of research. The expenses involved in carrying out approved projects shall be incurred within the period of the research and justified by invoices and other suitable documents (including invoices for outstanding balances and excluding debit notes) dated within the period of the research.
50. The categories of expenses allowed shall be set out in the budget and description of costs for Operational Units set out in the project proposal and approved by the Board of Directors of CORIS. In the event of funding being allocated which differs from the initial requested amount, the Principal Investigator shall submit a revised budget for eligible costs, to be approved by CORIS and complying with any set limits for individual items.
51. CORIS will fund the following costs:
- a. Personnel costs for staff specifically recruited for the research project, or for the time of core staff diverted to the project and requiring backfilling. Operational Units can contribute to the funding of the project by allocating in kind staff time to the project.
  - b. Expenses for the purchase of inventoried material strictly necessary for carrying out the research, as detailed in the project proposal (excluding furniture, furnishings, air conditioning and the like, but including solely scientific equipment). Pieces of equipment costing more than Euro 5.000,00 to purchase will usually need to be leased. Where applicants are leasing equipment with a purchase price of more than Euro 5.000,00, a comparison of

leasing versus purchasing costs must be provided. If the project includes the development of software, intellectual property should belong to the Lead Organisation and ownership should be supported by appropriate agreements.

- c. Sundry expenses incurred for the research project and consumables used, and assistance for the research (excluding administrative and accounting functions, postal and telephone costs, secretarial services and stamp duty for the Agreement).
  - d. Expenses for publications, within the limit of 2% of total funding for the project. Applicants are strongly encouraged to seek to publish their research outputs in a peer reviewed journal that is compliant with Open Access policy. Where CORIS' funds are used to pay an Article Processing Charge (APC) it is expected that the publication should be published in a journal that makes the output available using the Creative Commons (CC) Attribution License, and allows immediate deposit of the final published version in other document repositories without restriction on re-use.
  - e. Expenses for the organisation and participation in conferences and missions up to a maximum of 5% of the total funding.
52. Expenses shall be incurred for research activities associated with the project and/or the dissemination of the results of the project and incurred by the Principal Investigator or those listed as Research Collaborators in the proposal. CORIS must be notified in writing of any change to this list after approval of the project so that expenses incurred for these collaborators may be signed off. Notification shall be sent before the end of the research, specifying the name of the Collaborator, his/her qualifications and role in the research.
53. CORIS shall have the right to verify the proper use of the funding and the progress of the research at any time. Lead Organisation and Operating Unit accounting systems may also be audited during and post- project.

## Outputs and Reporting Requirements

54. Within 60 days of the completion of the research, the Principal Investigator shall send CORIS a brief summary of the possible consequences and applications of the research results for the Regional Healthcare Service using a form provided by CORIS. A template of the current version of the Final Report is provided in ANNEX C and may be subject to review and change.
55. This summary shall be published on the website of the Consortium and the Veneto Regional Authority, both of which shall notify the Principal Investigator and Lead Organisation of publication.
56. Whenever requested, the Principal Investigator shall cooperate with the Veneto Regional Authority to ensure that the research results are applied in healthcare planning.
57. Publication of scientifically robust research results is encouraged. This could include plans to submit papers to peer reviewed journals, national and regional conferences aimed at service providers, professional bodies and professional leaders. It might also include distribution of executive

summaries and newsletters. Less traditional dissemination routes are also welcomed for consideration.

58. Researchers are required to give at least 28 days' notice before any publication arising from research funded by CORIS. In this instance, 'publication' concerns any presentation, paper, press release, report or other output for public dissemination arising from a research project funded by CORIS. Researchers remain under an obligation to provide notice even after the contract has ended. Consent for publications will not be withheld unreasonably and cannot be withheld for more than three months from the time the publication is submitted.
59. The funding from the Veneto Region must be acknowledged in any publication related to the project and/or its results.

## Data Protection

60. The reply to this call for proposals involves the recording and processing of personal data (such as name, address and CV). Such data will be processed pursuant to Regulation (EC) EU 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

## Contacts

61. General enquiries regarding the application and commissioning process can be directed to the CORIS Help Desk by email to [grantoffice@corisveneto.it](mailto:grantoffice@corisveneto.it).

## Annexes:

- Annex A Application Form for the project
- Annex B Form for the intermediate Scientific Report
- Annex C Form for the final Scientific Report