**Une image contenant texte, clipart, graphiques vectoriels

Description générée automatiquement**

**Call for research projects 2025**

Innovative multicenter research in sleep disorders

*Application form*

**Deadline for submission**

**Friday 28 March 2025 (included)**

**The scientific project must be written in English**

All documents must be sent by email to the following address:

[bourses@sfrms.org](mailto:bourses@sfrms.org)

The appendices must be integrated into this document (part E - Description of the project) and not in separate documents.

**Contact** : [contact@sfrms.org](mailto:contact@sfrms.org)

Check-list

|  |  |  |
| --- | --- | --- |
| **Step** | | OK |
| **Read the text of the call and its regulations** (the application must respect all the rules to be eligible) | |  |
| Submit your application | |  |
|  | **Application file** in Word format, with signed commitments for all teams\* and all necessary additional documents\*\*. |  |
| **Financial appendix** in Excel format approved by the legal representatives of the organizations managing the teams applying for funding (please ensure that all tabs are completed). |  |

\* A delay may be granted for the transmission of certain signatures. Please inform us of this delay before the closing of applications by contacting the following address: contact@sfrms.org

\*\*This may include the following additional documents:

⟶ For the scientific coordinator, if there is no current contract, or if the contract does not cover the entire duration of the project: a promise of employment issued by the managing organization.

⟶ Any regulatory authorizations already obtained.

The SFRMS reserves the right not to award all grants in the 2025 call if the quality of the applications received is deemed insufficient or non-compliant.

Applications for the various research grants are open only to SFRMS members who are up to date with their annual membership fees.

Summary

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A - Project summary sheet

1. Project Identification

|  |  |
| --- | --- |
| **Project title and acronym (in French)** | |
|  | |
| **Project title and acronym** | |
|  | |
| **Project coordinator** |  |
| **Project disciplines** |  |
| **Keywords (5 max)** |  |
| **Thematic focus** |  |
| **Project duration (in months)** |  |
| **Requested grant (€)** |  |
| **Project total cost (€)** |  |

1. Application for funding from other organizations

Indicate if the project has been submitted in other calls for projects and the outcome (or expected date of the evaluation outcome)

Yes

No

☐ Expected date of reply

|  |
| --- |
| **If yes, which ones?** |
|  |

1. Reviewing process

|  |
| --- |
| **Do you wish to exclude any experts for the evaluation of your project? If yes, please provide the names of the experts and your reasons.** |
|  |

|  |
| --- |
| **Do you wish to recommend any experts for the evaluation of your project? If yes, please provide the names of the experts and your reasons.** |
|  |

1. Participating teams

|  | **Funding requested** | **Team manager** | **Team manager position****[[1]](#footnote-1) or title** | **Name of the lab, team or structure** |
| --- | --- | --- | --- | --- |
| **Team 1 (coordinator team)** | Yes  No | **[The scientific coordinator must be mentioned here]** |  |  |
| **Team 2** | Yes  No |  |  |  |
| **Team 3** | Yes  No |  |  |  |
| **Team 4** | Yes  No |  |  |  |
| **Team 5** | Yes  No |  |  |  |
| **...** | Yes  No |  |  |  |
| **Team N** | Yes  No |  |  |  |

|  |
| --- |
| **Collaborative nature of the project**  Present the planned collaboration between academic research teams, involving at least one SFRMS-certified team, and healthcare providers (or at least staff working in a healthcare facility). |

1. Abstract

Notes

Provide a summary of the project **in French and in English**. Each summary should not exceed 1 page and should be structured as follows: context, objectives, methods, perspectives.

**Please note: the scientific eligibility of your project will be verified based on this abstract.**

In addition, abstracts may be published by SFRMS if the project is selected for funding (website, LinkedIn page, etc.).

|  |
| --- |
| Summary in **French** (1 page maximum : title, background, aims, methods, perspectives) : |
|  |

|  |
| --- |
| Summary in **English** (1 page maximum : title, background, aims, methods, perspectives) : |
|  |

B - Participating teams

B.1 - Team #1 information

1. Project coordinator information

|  |  |
| --- | --- |
| **Name** |  |
| **First name** |  |
| **E-mail** |  |
| **Phone** |  |
| **Lab (with number), team or structure name** |  |
| **Beneficiary institution name** |  |
| **Legal status name** |  |

|  |
| --- |
| **Coordinator’s short résumé (max. 1 page)** |
|  |

1. Team n°1 members

Notes

There is no restriction on the number of people making up a team. Mention all the staff planned for the project, permanent or temporary (and specify whether recruitment is envisaged) complete with the level and function of each. Also indicate the scientific coordinator of the project. Do not list administrative assistants.

| **Full name** | **Funding requested for the position** | ***Level, function and status (permanent or***  ***temporary)* [[2]](#footnote-2)** | **ORCID number (if relevant)** | **Discipline (if relevant)** | ***Proportion of working time devoted to the project (full time equivalent %)* [[3]](#footnote-3)** |
| --- | --- | --- | --- | --- | --- |
| **[The scientific coordinator must be mentioned here]** | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
| … |  |  |  |  |  |

1. Team #1 publications

|  |
| --- |
| **Main publications of the members of team #1 over the last five years (max. 15)** |
|  |

1. Team #1 administrative details

|  |  |
| --- | --- |
| **Structure in charge of administration for team n°1 (mandatory)** | |
| **Name of managing institution** |  |
| **Legal status (EPST, EPA, …)** |  |
| **Structure in charge of administration** |  |
| **Full name of the legal representative** |  |
| **Legal representative title or position** |  |
| **Siret number** |  |
| **Address** |  |
| **City** |  |
| **ZIP code** |  |
| **Phone** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **Person in charge of administrative follow-up within the managing organization (only if team #1 is applying for funding)** | |
| **Full name** |  |
| **Position** |  |
| **Phone** |  |
| **E-mail** |  |

1. Team #1 commitments

|  |
| --- |
| **Commitments of the scientific coordinator** |
| I, the undersigned, [Full name] :  - Undertake to be the scientific coordinator of this submitted project, as described in this application file;  - Declare that I have read and understood the SFRMS RECHERCHE call for projects and its regulations;  - Declare that I have read the budgetary appendix;  - Declare that I have no conflicts of interest in the conduct of the project and that there are no facts or elements, past, present or likely to appear in the foreseeable future, that could compromise my independence;  - I undertake to have sufficient resources to ensure the proper management of the funds and to report to SFRMS on their use within the allotted time.  Signed in [City] on [date]    Signature (may be electronic in the form of a jpeg image) :  Insérer ici une signature électronique du coordonnateur scientifique du projet (sous la forme d'image jpeg). |

|  |
| --- |
| **Commitments of the director of the laboratory or structure of the project's scientific coordinator** |
| I, the undersigned, [Surname and first name], director of [Structure name] :  - hereby declare that I have read the call for projects and its regulations;  - hereby declare that I have read the budget for the project submitted, as detailed in the budget appendix;  - declares to have read the present project and certifies the accuracy of the information contained in this application;  - authorizes [Name and surname of project coordinator] to develop and coordinate this project and undertakes to allow him/her to carry it out within my laboratory/structure.  Signed in [City] on [date]  Signature (may be electronic in the form of a jpeg image):  Insérer ici une signature électronique du directeur du laboratoire ou de la structure du coordonnateur scientifique du projet (sous la forme d'image jpeg). |

|  |
| --- |
| **Commitments of the legal representative of the managing organization (mandatory)** |
| I, the undersigned, [Surname and first name], legal representative of the managing organization [Name of organization]:  - hereby declare that I am aware of the call for projects RECHERCHE SFRMS concerned by the application and its regulations;  - hereby declares that I am aware of the project submitted by [Name and surname of project coordinator] ;  - declare that I am aware of the project budget detailed in the budget appendix;  - where applicable, I undertake to use all funds obtained for the above-mentioned project for its implementation;  - I undertake to have sufficient resources to ensure proper management of the funds and to report to SFRMS on their use within the allotted time.  Signed in [City] on [date]  Signature (may be electronic in the form of a jpeg image):  Insérer ici une signature électronique du responsable légal de l'organisme gestionnaire (sous la forme d'image jpeg). |

**Collaborative nature of the project – Involvement of care providers**

If there is no team relevant to the care offer among the partners, the members of the research teams employed by care providers must be clearly identified in the application file and proof of the employer's agreement must be provided by signing the commitment below.

|  |
| --- |
| **Commitments of the person legally responsible for the healthcare establishment in which a member of team n°1 works (mandatory if there is no team involved in the provision of care)** |
| I, the undersigned, [Surname and first name], legally responsible for the [Name of institution] care organization in which [Name of care provider member of team n°1] practices:  - declares to have read and understood the SFRMS call for research projects and its regulations;  - declares that I have taken note of the present project led by [Name and first name of project coordinator].  Signed in [City] on [date]  Signature (may be electronic in the form of a jpeg image):  Insérer ici une signature électronique du responsable légal de l'organisme gestionnaire (sous la forme d'image jpeg). |

B.2 –Team #N information

Notes

This section must be multiplied for each partner team, replacing N with the team number.

**All partner teams must complete this section, whether or not they are applying for funding.**

1. Team #N manager information

|  |  |
| --- | --- |
| **Name** |  |
| **First name** |  |
| **E-mail** |  |
| **Phone** |  |
| **Name of laboratory (with number) and team (if applicable) / Name of organization** |  |
| **Name of structure / organization receiving grant** |  |
| **Legal status** |  |

|  |
| --- |
| **Team manager’s summarized resume (max. 1 page)** |
|  |

1. Team #N members implied in this project

Notes:

*There is no restriction on the number of people making up a team. Mention all the staff planned for the project, permanent or temporary (and specify whether recruitment is envisaged) complete with the level and function of each. Also indicate the scientific coordinator of the project. Do not list administrative assistants.*

| **Full name** | **Funding requested for the position** | **Level, function and status (permanent or temporary)[[4]](#footnote-4)** | **ORCID number (if relevant)** | **Discipline (if relevant)** | ***Proportion of working time devoted to the project (full time equivalent %)* [[5]](#footnote-5)** |
| --- | --- | --- | --- | --- | --- |
| **[The scientific coordinator must be mentioned here]** | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
|  | Yes  No |  |  |  |  |
| … |  |  |  |  |  |

1. Team n°N publications

|  |
| --- |
| **Main publications of team #N members during the last five years (max. 15) or missions and activities of the structure and members of the team** |
|  |

1. Team #N administrative details

|  |  |
| --- | --- |
| **Organisme gestionnaire de l'équipe n°N** (**que l’équipe n°N demande ou non un financement**)  **Structure in charge of administration for team n°N (whether team #N is asking for a funding or not)** | |
| **Name of managing organization** |  |
| **Legal status (EPST, EPA, …)** |  |
| **Structure in charge of administration** |  |
| **Full name of the legal representative** |  |
| **Legal representative title or position** |  |
| **SIRET number** |  |
| **Address** |  |
| **City** |  |
| **ZIP code** |  |
| **Phone** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **Person in charge of administrative follow-up within the managing organization****(only if team #N applies for funding)** | |
| **Full name** |  |
| **Position** |  |
| **Phone** |  |
| **E-mail** |  |

1. Team #N commitments

|  |
| --- |
| **Commitments of the #N team project manager** |
| I, the undersigned, [Surname and first name] :  - declare that I have read and understood the SFRMS RECHERCHE call for projects and its regulations;  - declare that I am aware of the information that may be published by SFRMS if the project is funded;  - declare that they have read the budgetary appendix;  - declare that I have no conflict of interest in the conduct of the project, and that there are no facts or circumstances, past, present or likely to arise in the foreseeable future, which could compromise my independence;  - confirm my participation in the project coordinated by [Name and surname of project coordinator] ;  - undertake to have sufficient resources to ensure the proper management of the funds and to report to SFRMS on their use within the allotted time.  Signed in [City] on [date].  Signature (may be electronic in the form of a jpeg image) : |

|  |
| --- |
| **Commitments of the legal representative of the managing organization (only if team #N is applying for funding)** |
| I, the undersigned, [Surname and first name], legal representative of the managing organization [Name of organization] or responsible (duly authorized) for financial management :   * hereby declare that I am aware of the call for projects concerned by the application and its regulations; * hereby declares that that I am aware of the project submitted by [Name and surname of project coordinator] ; * declare that I have read the budget for the project submitted, as detailed in the budget appendix; * where applicable, I undertake to use all funds obtained for the above-mentioned project for its implementation; * undertake to have sufficient resources to ensure the proper management of the funds and to report to SFRMS on their use within the allotted time.   Signed in [City] on [date].  Signature (may be electronic in the form of a jpeg image) :  Insérer ici une signature électronique du responsable légal de l'organisme gestionnaire (sous la forme d'image jpeg). |

**Collaborative nature of the project – involvement of care providers**

If there is no team relevant to the care offer among the partners, the members of the research teams employed by care providers must be clearly identified in the application file and proof of the employer's agreement must be provided by signing the commitment below.

|  |
| --- |
| **Commitments of the person legally responsible for the healthcare establishment in which a member of the #N team works (compulsory if there is no team involved in the provision of care)** |
| I, the undersigned, [Surname and first name], legally responsible for the [Name of institution] care organization in which [Name of care provider member of team n°N] practices :  - declare being aware of the SFRMS call for research projects and its regulations;  - declare being aware of the project submitted by [Name and surname of project coordinator].  Signed in [City] on [date].  Signature (may be electronic in the form of a jpeg image):  Insérer ici une signature électronique du responsable légal de l'organisme gestionnaire (sous la forme d'image jpeg). |

C - Ethical rules and regulatory aspects

1. Project type

**Ethical rules and regulations**

Indicate if the project is a research involving human subjects[[6]](#footnote-6)

Yes

No

|  |
| --- |
| **In all cases, specify the type of project and the study plan** |
|  |

1. Regulatory and ethical clearances

Indicate which regulatory and/or ethical authorizations are necessary to carry out the project

CPP[[7]](#footnote-7)

CCTIRS/CESREES[[8]](#footnote-8)

CNIL[[9]](#footnote-9)

Others, please precise :

|  |
| --- |
| **Specify the progress of the steps taken (expected date of submission of the file, return of these organizations, etc.) and the standards to be respected in order to carry out the project [[10]](#footnote-10)** |
| In the case of the implementation of projects based on research/devices already in place, we invite candidates to take into account any delays necessary for updating authorizations, even pre-existing ones. |

1. Databases

Indicate whether the project plans to use existing databases

Yes

No

|  |
| --- |
| **If so, specify the terms of access to the databases, as well as the terms of use of this data within the framework of the project** |
|  |

D - Scientific proposal

This section must be written in English, detailed, complete and precise. It should not exceed 10 pages (excluding appendices and references).

The scientific description of the project must include :

* Project **name**
* **The context of the project** and **its relevance** to the state of research and to public policies and actions (national and international);
* **The research question, objectives and hypotheses**, which must be clearly stated. The formulation of the research question should reflect a mastery of the state of the art and a good knowledge of recent data in the literature;
* **The precise description of the methodology**, which must be in line with the objectives and highlight any identified limitations;
* **The collaborative dimension of the project**, the ways in which the teams are involved in the various stages of the research, the identification of the respective roles of each of the players and the complementarity of their actions;
* **Guarantees of the project's feasibility**, i.e. access to data and land, compliance with ethical and regulatory rules, and a detailed presentation of the project timetable;
* **The expected results and their exploitation** (in terms of social utility and added value to research), and present the concrete methods for valorizing and exploiting the results;
* **Justification for the composition of the teams** in relation to the project's objectives: concrete working arrangements between the teams and their coordination, as well as the articulation of the different disciplines involved in the project;
* **The project budget**, which must be justified and in line with the application and the funding rules of the call for projects. [[11]](#footnote-11)

E - Appendices

Additional documents can be found here.

As a reminder, these are :

* **For the scientific coordinator**, if there is no current contract or if the contract does not cover the entire duration of the project: **a promise of employment from the managing organization**.
* Any regulatory authorizations already obtained.

1. CR, DR, MCU, MCA, PU, PA, Post-doc, etc. [↑](#footnote-ref-1)
2. CR, DR, MCU, MCA, PU, PA, Post-doc, doctorant/PhD Student, ITA, etc. [↑](#footnote-ref-2)
3. The scientific coordinator must be involved in the project for **at least 10% of their research time**. Specify if the working time devoted to the project is not over the total duration of the project. [↑](#footnote-ref-3)
4. CR, DR, MCU, MCA, PU, PA, Post-doc, PhD student, ITA, etc. [↑](#footnote-ref-4)
5. The scientific coordinator must be involved in the project **for at least 10% of their research time**. Specify if the working time devoted to the project is not over the total duration of the project. [↑](#footnote-ref-5)
6. As defined by the Jardé law. If in doubt, indicate yes and specify. [↑](#footnote-ref-6)
7. Ethical Research Comittee [↑](#footnote-ref-7)
8. Advisory Committee on the processing of information in the field of health research / Expert Committee for Research, Studies and Evaluations in the field of health research [↑](#footnote-ref-8)
9. Commission for Data Protection and Liberties (CNIL-France) [↑](#footnote-ref-9)
10. All the steps involved must be presented in terms of their impact on the project's provisional timetable. [↑](#footnote-ref-10)
11. In addition, the project budget must be carefully detailed in the budget appendix. [↑](#footnote-ref-11)