**Projects to Promote Health Research 2025 - 5th Edition (PIRS25)**

Application Form

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| **Proposal Title** |  |
| **Principal Investigator 1**  *(indicate the IRBLleida research group in which you are associated)* |  |
| **Principal Investigator 2**  *(indicate the IRBLleida research group in which you are associated)* |  |

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| **1.- Proposal summary in both English and Spanish/Catalan (maximum 1,200 characters each language)** |
| (English) |
| (Spanish)/(Catalan) |

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| **2.- State of the art (maximum 20,000 characters)** |
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| **3.- Relevant bibliography (maximum 1,500 characters)** |
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| **4.- Hypothesis and Objectives (maximum 1,500 characters)** |
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| **5.- Methodology – Study design, items and subjects; data extraction and analysis; data management plan, study limitations, contingency plan, gender perspective (maximum 16,000 characters)** |
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| **6.- Collaboration purpose justification between groups (maximum 1,000 characters; in case of collaborative projects)** |
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| **7.- Work Plan – Including a Gantt’s Chart where the associated costs, personnel involved and responsible PI are properly included for each work package (maximum 2,000 characters)** |
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| **8.- Previous experience and results (maximum 2,000 characters)** |
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| **9.- Adequation to the RRI principles (maximum 2,000 characters)** |
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| **10.- Transfer possibilities to the Sistema Nacional de Salud (SNS) (2,000 characters)** |
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| **11.- Alignment with strategic lines of Diputació de Lleida and IRBLleida (1,200 characters)** |
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| **12.- Previous funding, if exists, for the proposed project** |
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| **13.- Detailed Budget** |
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| **14.- Is the CEIm or CEEA approval necessary?** |
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| **15.- Are the PI or co-PI under 45 years old?** |
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| **16.- Are the PI or co-PI leaders of an emerging group?** |
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| **17.- For collaborative projects, indicate which PI must undergo scientific production evaluation** |
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| **18.- Responsible Declaration Form PI:** |
| I, Mr./Ms. ............................................................ of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call and that all the information provided in the same is true.  And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature) |

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| **19.- Responsible Declaration Form co-PI:** |
| I, Mr./Ms. ............................................................ of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call and that all the information provided in the same is true.  And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature) |