Imagine for Margo, Fondatioun Kriibskrank Kanner, Kick Cancer, KIKA and Cris

Guidelines for Applicants to the Fight Kids Cancer Competitive Call

Fight Kids Cancer 2025-2026 Competitive Call

Paediatric sarcomas exclusive call

Deadlines:

Expression of Interest (EoI) submission 17 October 2025

Invited Full Proposal submission 6 March 2026

Information about your application, including the personal information provided on the forms, will be processed and stored electronically by the European Science Foundation (ESF) Secretariat. In accordance with the call process, the Information contained in your application may be passed on to the funders and external reviewers in confidence.

Your application and personal information will be stored by the ESF electronic system for programme management purposes but will not be shared with other organisations outside the FKC partnership. We will use details provided in the application for correspondence about the call and may also use this information for future analyses of the performance of the programme.

By submitting your application to the FKC Programme you have indicated your acceptance of these data protection terms and conditions.

The FKC Programme is operated by the European Science Foundation

Last update: 12 January 2026

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1. Background

Despite the advances made, cancer remains a leading cause of death by disease in children and adolescents, and acute and long-term effects of treatment are unacceptable. In recent years, there have been revolutionary advances in research for certain adult cancers, which are not mirrored in children.

Paediatric cancers and their treatments differ from adult cancers. Hence, **there is an urgent need for research projects developed specifically for children with cancer.** In the field of oncology, childhood cancer research has been lagging, with stagnating cure rates over the last 15 years. Some types of paediatric malignancies still have a low cure rate, or no cure and yet affected children hardly benefit from innovative therapeutic approaches. Research on those malignancies remain largely insufficient.

The range of oncology treatments and targeted therapies have been rapidly expanding over the last years. Children should not be left behind innovative and more efficient treatments.

To address these issues, five **European philanthropic organisations that actively support research on paediatric cancers have decided to join forces and establish the FIGHT KIDS CANCER (FKC) research programme**. These organisations are:

- KickCancer (Belgium)
- Imagine for Margo (France)
- Fondatioun Kriibskrank Kanner (Luxembourg)
- CRIS Cancer Foundation (Spain & UK)
- KiKa (the Netherlands)

The FKC programme secretariat is managed by the European Science Foundation (ESF).

FKC aims to address the lack of research dedicated to paediatric cancers by sustainably providing support to the best European research through annual competitive calls for projects. The funds will support the best **early phase clinical trial projects** and **translational research projects** aimed at accelerating therapeutic innovation for children and adolescents with cancer.

2. Focus on paediatric sarcomas

Sarcomas are among the leading causes of cancer-related death in children — typically ranking second or third. Despite this burden, treatments for most sarcomas have seen little to no significant improvement over the past 40 years. To address these urgent unmet needs, the FIGHT KIDS CANCER Programme Committee has dedicated the **2025–2026 Call exclusively to paediatric bone or soft tissue sarcomas**.

The **2026-2027 Call** will again be **open to all types of paediatric cancers**.

3. Objectives

The core drivers underpinning the FKC programme are the following:

- The FKC call originates from parents' and patients' non-government organisations (NGOs) that are keen to steer research towards areas that will **effectively benefit** young patients by focusing on:
    - improving their survival rate
    - improving their quality of life during and after the treatment
    - improving our knowledge on cancer causes and resistance to treatment
- In this context, each project supported by the programme is **expected to show a strong potential impact** on the lives of childhood cancer patients.
- The FKC programme and call aim at promoting trans-European collaborations. FKC provides an efficient 'one stop shop' for funding that allows to:
    - **Accelerate**: research teams can start working faster without waiting for the fragmented funding approval from several national funding organisations
    - **Streamline**: the administrative workload for research teams will be simplified due to a single application and follow-up process
- The stability of the FKC programme over the years and the recurring nature of its annual calls will nurture greater productivity in the paediatric oncology scientific community.

The FIGHT KIDS CANCER programme aims to deliver innovative and impactful research relevant to paediatric cancer, as well as to strengthen the development of pan-European research initiatives. In this, the programme ambitions to foster closer working ties between basic translational and clinical researchers. Specifically, this should encourage collaboration among the leading academic laboratories and practitioners, and lead to novel innovative projects.

FKC has four main objectives:

1. To realise real impact on young patients: Improve their survival rate and reduce toxicity to restore young patients to full health after treatment.
2. To advance cutting-edge science to further the knowledge of paediatric malignancies.
3. To support improved interdisciplinary research, methods, and collaborations for tackling the issues of today.
4. To strengthen collaboration and the development of scientific capacity across Europe.

The FKC call for projects aims towards overcoming the structural lack of research dedicated to paediatric cancers by ensuring a recurring endowment that will be granted to the best

European research projects every year. An additional ambition is to foster closer working ties between clinicians and translational researchers.

Philanthropy integration

FKC aims at being a strongly integrated programme with positive and constructive relations between the research community and the funders. Funded project teams are expected to collaborate and interact with the funding organisations. This includes participating in selected organisations' activities, supporting their communication endeavours towards donors, sharing their expertise in research for example through conferences.

4. Types of Projects

Proposals will be considered in the form of **Clinical Trials**, including the possibility of funding to prepare for a future clinical trial (Clinical Trial Preparation Grant), or **Translational Research Projects.** Applications are encouraged to address innovative interventions or approaches towards novel treatment (such as innovative therapies including immuno-oncology, platform trials, artificial intelligence, imaging, radiotherapy, surgical approaches).

The three types of projects are:

1. **Clinical Trials**

These projects aim to evaluate innovative therapies for children and adolescents with cancer. Applications will be most favourably considered if they:

- Have confirmed availability of investigational agent(s).
- Are early phase clinical trials that rapidly and efficiently assess the investigational agent(s).
- Can initiate the proposed trial within 12 months of the start of funding.
- Improve patient access by being conducted and financed in at least 2 European countries.

2. **Clinical Trial Preparation Grant**

These grants support researchers in undertaking essential preparatory work that strengthens the scientific, clinical, or logistical foundation for a future clinical trial(s) in paediatric oncology.
Proposal should include:

- Identification and contracting of participating clinical trial sites.
- Development of a clinical trial protocol that clearly defines the timeline and pathway toward a trial eligible for FKC funding (as described above):
  - The clinical trial hypothesis must be supported by robust scientific evidence.
  - Trial specifications will be developed with the support from the grant.

Funded activities may include project management, organisation of meetings, compensation (fees or salaries) for specialists' advice (statisticians, regulatory specialists…) and negotiations with the industry partners to secure access to the investigational drug(s).

3. **Translational research** projects

These projects aim to address childhood and adolescent cancers through preclinical and translational approaches.

Proposals are encouraged in the following areas:

- Identification of novel therapeutic targets or mechanisms of action.
- Development of innovative new therapies or improved models of disease.
- Ancillary studies linked to ongoing or completed clinical trials.
- Projects that leverage and advance paediatric tumour models.
- Multi-disciplinary or multi-institutional collaborations are strongly encouraged.
- A clear pathway to a future clinical trial should be included.

High-risk / high return proposals will be considered. The Funders will favour projects that provide access to novel technologies for the paediatric population with cancer.

It is expected that each proposal might address multiple criteria listed above.

5. Funding & Project Duration

For this call, the following limits on funding and project duration apply:

- **Up to 5 million euros for clinical trials (up to 5 years)**
- **Up to 2 million euros for translational research projects (up to 4 years)**
- **Up to 0.25 million euros for trial preparation grants (up to 2 years, non-extendable and non-renewable)**

The level of the call envelope may be revised at the discretion of the Programme Committee.

5.1. Project Funding Parameters and Budget Expectations

The grant amounts and durations indicated represent the maximum that FIGHT KIDS CANCER will fund per project. **Applicants should only request funding amounts that accurately reflect their project's actual needs**. Applications will also be assessed on their efficient use of funds and time: both shorter, less expensive projects and longer, more costly ones are equally welcome, provided they demonstrate a clear impact for patients and make judicious use of resources.

All applicants should refer to the project finances information and guidelines (see Annex B) for detailed instruction on how to present presentation and justification of the budget requested.

As flexibility is the key motivation for the modification of the grant's duration and amount, the FKC Funders want to emphasise the fact that applicants **should apply for what they need** and not refrain from applying for smaller amounts or shorter projects such as pilot or preliminary studies.

Each project will be evaluated on its merit alone. Shorter, high-risk high-gain projects are as welcome as biology companion projects. Translational projects applying for longer duration or higher amounts are expected to foster collaboration across institutions and borders within Europe to meet the FKC selection criteria.

If the project will benefit from complementary funding, this should be properly described and demonstrated.

It is expected that projects will start in January 2027 or later.

Requested funding will be considered during the evaluation and selection processes, budgets may be reduced if considered excessive.

5.2. Sequential Funding for Multi-Phase Projects

In a risk-sharing spirit, when a project can be structured in two or more phases[1] - in which the success of an initial phase determines the feasibility of subsequent ones - the Programme Committee may choose to award sequential shorter-duration funding with a reduced budget. This decision would be taken if the Committee considers it in FIGHT KIDS CANCER's best interest not to commit the full requested amount in advance. Applicants will have the option to indicate, via a checkbox in the Expression of Interest (EOI) and full application forms, whether their project may fall into this category. If a project is funded for its initial phase only, the applicants will have the right to apply for the follow-up phase(s) at the Full Application stage, once the first phase has been completed, bypassing the Expression of Interest (EOI) pre-selection phase.

In a similar manner, the Clinical Trial Preparation Grants, when selected, allow the selected project's team to apply for a follow-up grant for the whole clinical trial at the Full Application stage directly, thereby bypassing the Expression of Interests pre-selection phase.

6. FKC call boundary conditions

6.1 Call process and timeline

The FKC call follows a two-stage process involving (i) the submission and shortlisting of "Expressions of Interest" (EoIs) and, (ii) submission and selection of Full Proposals. After assessment by two

[1] For instance, the development of an ATMP or other product, or the set-up of a platform or database prior to the start of a clinical trial.

independent external reviewers, applicants will have the opportunity to address reviewers' concerns by submitting a rebuttal.

The call, evaluation and selection process follow the structure and the provisional timeline below:

01/09/2025	Launch of the call, opening of the Expression of Interest (EoI) phase
17/10/2025 - 12:00 (CEST, UTC+2)	Deadline for EoI submissions
Mid-October - Mid-December 2025	Independent assessment of EoIs
07/01/2026 **12/01/2026**	Programme Committee EoIs shortlisting meeting Invitation to submit Full Proposal
6/03/2026 - 12:00 (CET, UTC+1)	Deadline submission Full Proposals
March - April 2026	Assessment of Full Proposals by the review panel
28/04/2026 – 05/05/2026 2026	Rebuttal period
20/05/2026 – 21/05/2026	Review panel meeting and recommendation to the Programme Committee
22/05/2026	Programme Committee selection meeting
June 2026	Information to applicants
November 2026	Earliest possible start of funded projects

Both the Expressions of Interest (EoIs) and Full Proposals must be submitted electronically using the ESF on-line submission system. Closure of the online platform is time sensitive; it will not be possible to submit EoIs/Full Proposals after the call deadline times.

Strict confidentiality will be ensured during the entire process regarding the identities of applicants and the content of the proposals.

6.2 Eligibility of projects and partners

The **lead institution** must be an eligible research organisation located in an eligible country (see Annex A for details).

Other project partners can be from related fields of expertise, providing they operate as not-for-profit.

Partners from countries not listed as eligible may participate to projects, provided they are not delivering a core component of the project upon which major activities are dependent. Such partners should commit to cover the costs associated to their participation in the project.

Funding is aimed at supporting new research projects.

An individual cannot be named as the lead investigator on more than one competing proposal (whether early phase clinical trial or translational research); however, it is allowed for an individual to lead one proposal and be named as a partner on a separate proposal.

For translational research projects, although this is not a formal requirement, multi-disciplinary or multi-institutions collaborations are strongly encouraged.

6.3 Eligibility Criteria

The following eligibility criteria apply for both early phase clinical trials and translational research:

- The proposal is submitted through the dedicated on-line submission system before the deadline (17/10/2025 for EOI and 06/03/2026 for Full Proposal – both at 12:00 Brussels time).
- The proposal is written in English.
- Proposal is written in single-spaced typescript in Arial 11, on A4 sized paper with margins of at least 15mm. References, Gantt chart and tables should be no less than Arial 9.
- The proposal is submitted by an eligible participant (or a consortium of eligible participants). Eligible participants are listed in Annex A. If one participant requesting FKC funding is not eligible, the whole proposal will be rejected.
- The proposal is complete and follows the template, i.e. all elements forming the application (on-line form and proposal) have been provided; Page limits are absolute. Any pages exceeding the limits will be removed from the application submitted to reviewers.
- The content of the proposal relates to the call objectives and expected types of projects (see sections 2 and 3 above).
- Requested contribution is within the funding limits specified in section 4.
- Commitment from the applicant (if selected) that they will collaborate with the funding organisations to assist in the dissemination of the project's ambition, paediatric cancers awareness raising and fundraising activities of the funders (for example provision of written quotes, videos explaining project goals, and when

possible, attendance of the annual fundraising. Racing events are held during the last weekend of September.

The following eligibility criteria are specific to early phase clinical trials:

- Documentation for provision of investigational drug(s) must be provided (can be named in the Expression of Interest, but a support letter is required for the Full Proposal).
- Demonstration that the trial is conducted in at least two European countries that will benefit from FKC funding (as listed in Annex A)
- The investigating organisations are clearly identified.

7. Expression of Interest and Full proposal Structure

The evaluators and the Programme Committee members will base their assessments and decisions exclusively on the information provided in the EoIs and Full Proposals.

Therefore, it is of utmost importance that these documents:

- clearly indicate how the proposed research will contribute to the FKC programme objectives and,
- properly and efficiently address the evaluation criteria detailed in section 8.

7.1 Expression of Interest Format (EOI)

The EoI contains two parts:

- The first part gathers basic proposal information (project name, contact details). This part is to be filled online using a dedicated form.
- The second part provides the core of the EoI, it summarises the project proposed and gives details on the team involved. This part will be uploaded as a single pdf file.

Annex C provides the template to be used and uploaded on the application platform.

7.2 Full proposal Format

This section is only relevant for applicants who have been invited to submit a Full Proposal.

As for the EoI, basic information will be provided using an online form and the core of the Full Proposal will be uploaded as a single pdf document.

At this stage, **filling a mandatory ethics questionnaire will also be required**, it is strongly advised to review this questionnaire (see Annex E) in advance.

To complete submission, applicants will also be asked to confirm they will be willing to support the dissemination activities of FKC funders in order to promote the programme and demonstrate its impact.

Full Proposal layout

Below is a summary of the elements to be included in a Full Proposal. **Annex D provides Full Proposal template and guidelines.**

Part A:

Section	Pages limit	Content
A1. Scientific excellence and implementation *(evaluated according to Criteria 1&2)*	7 pages maximum	• Quality and reliability of the research project • Quality of the team/institution • Implementation
A2. Impact *(evaluated according to Criteria 3)*	1 page maximum for clinical trial project - 2 pages maximum for TR projects	• Pathways to impact for children and adolescents with cancer • Quality of the proposed measures to exploit and disseminate the project results to targeted peers (e.g. scientific, industry) • Quality of the proposed measures to communicate the project activities and results to the public

Part B:

Section	Pages limit	Content
B1. Budget & justification *(essential but non-scored element)*	2	• Budget Table • Text justifying the cost items
B2. Annexes		• Gantt chart (1-page maximum) • Risk management (1-2 pages max) • Lay language summary of the project (1/2 page) • CV (maximum 2 pages per person, list of up to 10 most relevant publications) • References (maximum 2 pages) • Letters of support (no limitation)

8. Project evaluation and selection process

8.1 Evaluation process

Early phase clinical trial proposals and translational research proposals will be evaluated separately, and two different review panels will be set-up to assess Full Proposals.

EoIs and Full proposal will be assessed against three evaluation criteria (detailed in section 8):

- **Scientific excellence**
- **Quality and efficiency of the implementation and the management**
- **Potential Impact**

All experts involved in the assessments (external referees and review panel members) will be identified and appointed based on their expertise of the topics covered by the applications. Special attention will be given to conflicts of interest in their identification and appointment.

The following evaluation process will be implemented:

1) Stage 1a: Evaluation of the EoI

After eligibility check, all eligible EoIs will be assessed by at least two independent experts. Experts will provide their comments to the FKC Programme Committee.

2) Stage 1b: Shortlisting of EoIs

The FKC Programme Committee will review the EoIs together with the experts' assessments. Based on these, it will shortlist the most promising EoIs that will be invited to submit a Full Proposal.

Applicants not shortlisted will also be informed of the outcome of the shortlisting phase.

3) Stage 2: Evaluation of Full proposals

The ESF will perform the eligibility check of full application submitted, any application that is not compliant will be rejected and informed shortly after the closing of the call.

The evaluation of eligible Full Proposals will involve review panel assessment.

The evaluation of Full Proposals will be implemented as follows:

- Evaluation by review panels member.
- Rebuttal phase: applicants will have the opportunity to comment on review panel member's assessment.
- Review panel meeting. Their recommendations are provided to the Programme Committee.

8.2 Selection process

Review panel reports will be used by the FKC Programme Committee in their decisions regarding projects to be selected for funding. It must be noted that the Programme Committee may diverge slightly from the review panels recommendations for programme portfolio management reasons.

Some projects may be put on a reserve list and be funded in case a selected project does not complete the grant agreement and/or additional funding is made available.

Following the Programme Committee decisions, all applicants will receive their assessment report. The selected successful applicant(s) will be invited to accede to the project's grant agreement preparation.

FKC funders are actively involved in raising awareness and disseminating information on paediatric cancers and funded activities. Therefore – and to support this effort- when requested to do so, investigators of funded project will be expected to provide project information (e.g. progress, key achievement; interesting news) in a timely manner.

9. Evaluation Criteria

Proposals submitted will be assessed against three evaluation criteria. The content of the application documents (for EoIs and Full Proposals) should properly address these criteria.

Criterion 1: Scientific excellence *is demonstrated through*

- The Importance of the scientific question
- The distinction of the proposed work from existing activities in the field
- Applicants must be able to articulate the overall landscape as well as the state of the art in their field and how the work is differentiated from the state of the art
- Scientific and intellectual merit of the research objectives and hypotheses
- Thoroughness in defining the problem(s) and proposed solutions (inc. availability and quality of background information).
- The level of novelty and originality in the proposed research including use of novel technologies, or innovative application of existing methods and technologies).
- Appropriate integration of gender sensitive aspects (if relevant).
- Rigor in applying the scientific method in the design of the proposed work
  For example:
  - Consideration of statistical power calculations where appropriate,
  - Design to identify and test the null hypothesis,
  - Positive and negative controls
- **The appropriate integration of gender sensitive aspects (when relevant).**

Criterion 2: Quality and efficiency of the project implementation and project management

- Overall feasibility of the project with regards to its objectives (e.g. timeline, expertise and capacity mobilised, availability of technologies, access to infrastructure)
- Appropriateness of the research methodology, including use of infrastructures and equipment
- Level of novelty and originality in the research methodology (e.g. use of novel and innovative of application of existing technologies/methodologies)

- Quality and relevance of the team management structure, project management plan (inc. resources) and associated deliverables
- Quality and relevance of the research team and the research environment
- Quality and relevance of collaborations and partnerships (including co-funding)
- Clear deliverables and realistic milestones
- Organisation of team towards these deliverables
- Go/no go gateways and articulations of how go/no go decisions will be made at each gateway
- Risk register and mitigation strategies (and how they link with above)
  Clear explanation on the utilisation of funds
- Robustness of the risk mitigation plan
- Training and career development opportunities
- Quality and relevance of the Data Management Plan

Criterion 3: Impact

- Relevance to the FKC programme aims and objectives:
  - To achieve real impact on young patients by improving their survival rate and reducing toxicity in order to restore young patients' full health after treatment (demonstration of clinical impact)
  - To quantify the expected benefits, where possible
  - To advance cutting-edge science to further the knowledge of paediatric malignancies
  - To support improved interdisciplinary research, methods and collaborations for tackling the issues of today
  - To strengthen collaboration and the development of scientific capacity across Europe
- Potential to deliver strong potential impact:
  - Early-stage projects must demonstrate an articulated pathway to impact
- Potential contribution to the advancement of the state of the art:
  - Clear articulation of the project's significance and relevance ("so what")
- Adequacy of the level of risk against potential gain (FKC is willing to support high risk/high gain projects)
- Applicants must be able to articulate the overall landscape as well as the state of the art in their field and how their work:
  - Will substantially add to the knowledge of capabilities of the field
  - Will change current approaches
- Applicants must demonstrate the quality of the exploitation and the dissemination plan:
  - Effectiveness of the proposed measures to exploit and disseminate project results to targeted peers and key stakeholders (e.g., scientific community, industry)
  - Quality of the proposed communication measures to share project activities and results with the public
  - *If relevant, adequacy of the intellectual property rights management*

10. Programme structure and project reporting

10.1 Programme Secretariat

The FKC programme partners have entrusted the European Science Foundation (ESF – www.esf.org) to implement the FKC programme. Acting as programme secretariat, ESF interacts with applicants and reviewers on behalf of – and under mandate from – the FKC programme partners.

In this framework, the ESF is:

- Operating the competitive call
- Implementing the scientific assessment
- Facilitating the work of the FKC Programme Committee
- Centralising the joint programme funding
- Representing the FKC partners when collecting deliverables and monitoring project progresses.
- Representing the FKC partners on all other FKC-related activities and requests.

The FKC Programme Committee is composed of FKC partner representatives and scientific experts in the fields of paediatric cancer. While ESF facilitates the FKC Programme Committee work and regularly interacts with its members, it is set up and supervised by the FKC partners independently from ESF.

For questions regarding any element of the proposal preparation and submission, please contact the Fight Kids Cancer Secretariat[1] : fightkidscancer@esf.org

10.2 Project reporting

Funded projects will be required to submit an annual report that will support project monitoring. These reports will detail: the progress of the work plan, use of resources and identify any challenges, they will be externally reviewed. In addition, and in accordance with each project's workplan, deliverables and milestones are to be submitted upon completion to the ESF acting as the Programme Secretariat for FKC. These reports will be shared with the FKC funders.

[1] The European Science Foundation is the Secretariat Office for the Fight Kids Cancer programme

ANNEX A: List of countries and entities eligible for funding

Countries:

Legal entities established in the following countries will be eligible to receive funding through the FKC call:

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom.

Legal entities:

For the purposes of this call a legal entity must be established in a country named as eligible in the list above. A legal entity will be eligible to receive funding if they are defined as a non-profit company or organisation that has legal rights and obligations. This includes institutions of higher learning, research centres, and non- profit organisations. It is anticipated that any legal entity taking part is under the direct or indirect control of a participant or under the same direct or indirect control of the participant.

Though described as a legal entity, an exclusion is extended to private for-profit organisations seeking to benefit financially from this funding source. Such organisations are not eligible to receive funding; however, participation is not precluded if contributions are provided in kind.

'Non-profit legal entity' means a legal entity which by its legal form is non-profit making or which has a legal or statutory obligation not to distribute profits to its shareholders or individual member.

ANNEX B: Project Finances Information and Guidelines

FKC financial support is targeted **exclusively** towards costs identified in project proposals submitted to the annual call and selected by the Programme Committee. FKC financial support may not be used to meet costs on any other project or activity.

The FKC Funders want to emphasise the fact that applicants should budget for what they need and not refrain from applying for smaller amounts or shorter projects such as primer or preliminary studies.

Any financial commitment or expenditure incurred before a research grant starting date or any commitment in excess of the amount awarded is not eligible for FKC funding. **The maximum grant amount set out in the agreed final budget can NOT be exceeded**.

ESF, on behalf of the funders, reserves the right to examine, in detail, all items of expenditure that will be charged to a grant. Additionally, the funders and other representatives from the FKC Programme Committee may request justification on the use of resources from the project team.

The 'maximum grant amount' of the project is calculated based on the estimated eligible costs submitted by the applicants in their proposal.

Budget requested should be set at be at 2025 price levels and cannot be adjusted to inflation after the selection decision.

Only duly justified eligible costs may be considered to determine the final grant. Payment will be limited to the actual costs within the fixed amount of the grant. All costs associated with the research project must be itemised and fully justified in Section 3: Budget & Justification.

The main categories of costs which can be funded from a research grant are indicated in the section below.

In line with policies on open access publication, each beneficiary must ensure open access (free of charge, online access for any user) to all peer-reviewed scientific publications produced with FKC support. It is expected that publication of the results of a trial is made regardless of their outcome (i.e. negative or positive result). Any delay to open access publication, requires the early agreement of the FKC Programme Committee.

Costs associated with open access will be considered a legitimate research expense and included in the overall research budget as long as:

- The costs are proportionate, reasonable and represent value for money.

- Existing arrangements and resources at the host institution are used first when available and appropriate. Where open access is sought for publications from multiple organisations, it is the responsibility of the corresponding author to lead on any costs.

Funded costs categories

1) Directly Incurred Costs

Directly Incurred Costs are costs that are explicitly identifiable as arising from the execution of a project, are charged as the cash value actually paid and are supported by the normal accounting practices of the organisation. The grant can only reimburse eligible costs (i.e. costs that comply with the general and specific conditions set out in this Annex). In order to be eligible, actual costs must be:

- Actually, incurred and paid by the beneficiary:
    - Only actual expenses paid excluding any estimated, budgeted or imputed cost
    - Fully dedicated to the project
    - Definitively and genuinely borne by the beneficiary (not by any other entity)
- Documented and genuinely recorded in the participant's records according to participant's usual accounting practices
- Incurred during the project's dates

The 'project duration' is the period running from the project starting date to the end date of the project. If costs are invoiced or paid later than the end date, they are eligible only if the debt existed already during the project duration (supported by documentary evidence) and the final cost has been actually paid before the submission of the financial report.

Directly Incurred Costs can include:

Direct Personnel costs

Payroll costs for staff, full or part-time, who will work on the project and whose time can be supported by a full audit trail during the life of the project e.g. research assistants or dedicated technicians. In particular, this includes:

- costs for employees (or equivalent)
- costs for individuals working under a direct contract
- costs for beneficiaries that are individuals without salary

Personnel costs are eligible, if they are related to personnel working for the beneficiary under an employment contract (or equivalent appointing act) and assigned to the action. Their cost is limited to the share of their time spent on the project, reported on timesheets.

Exceptional payroll items such bonus, gift vouchers etc. are not eligible.

Travel and subsistence

Funds for travel and subsistence can be use by staff where travel is required by the nature of the work and dedicated to the project.

Funding will be provided for journeys, visits and trials where these costs are approved at the outset of the grant. Each journey must be itemised, justified and fully costed in the application. Travel should be in economy class or equivalent. Where an overnight stay is required, then the accommodation cost for one night before the meeting and one night after the meeting is possible if the travel/agenda does not allow travel on the first or last day of the meeting.

FKC will consider funding the cost of low-carbon approaches to collaboration (including, where appropriate, the costs of technology or of less economic, but more environmentally friendly means of transport). However, FKC will not pay for the cost of proposed carbon offsetting arising from travel associated with research grants.

Requests for funding to attend conferences will be expected. These must be named, justified and costed in the application. The justification should show how the conference will either directly benefit the research or facilitate future impacts of research. There will also be engagement opportunities (e.g. Cancer races) organised by the funding organisations which the successful applicants are encouraged to participate in, and **it is anticipated that budget should be set aside for travel to (up to 2) such events over the course of the project duration**.

Equipment

The priority for FKC grants is on research. Equipment procurements are eligible under certain circumstances where a clear benefit for the delivery of the project is demonstrated. For all items of equipment costing over €10,000 (including VAT), applicants will need to:

- confirm that the piece of equipment is not readily available for use within the host institution, or any other accessible location (for instance by referring to any asset registers consulted)
- provide evidence that all other reasonable options have been considered
- if the equipment requested will replace existing equipment, explain what will happen to the existing equipment and why the existing equipment needs to be changed.
- state the contribution that the applicant's organisation will make towards the cost of the equipment

- explain the dependence of the project on this capital as well as any contingency plans that would be invoked should it not be possible to fund the capital elements of the proposal

In any case, **the eligible cost is limited to the share of the usage related to the project**. This must be apportioned with the global length of depreciation and the projects usage rate.

Example:

- An equipment is bought for 25.000 € and will be used & depreciated for 5 years (depreciation cost is then 5,000€/years),
- The project funded by FKC will use it for 2 years
- The project funded by FKC will use at 50% of its usage time

The eligible cost to be integrated to the budget will then be 5,000€: 5,000€ (annual depreciation) cost X 2 (number of years for the project) X 50% (project's usage) = 5.000€

Purchase of IT equipment such as computer, laptop, printer is not deemed eligible cost.

Directly Incurred Costs must be identifiable and Verifiable

The applicant must be able to show (with records and supporting documents) the actual costs of the work, i.e., what was actually paid for the work. Costs must be calculated according to the applicable accounting rules of the country in which the applicant is established and according to the beneficiary's usual cost accounting practices.

In addition, for personnel costs (declared as actual costs), the beneficiaries must keep time records for the number of hours declared. The time records must be in writing and approved by the persons working on the action and their supervisors, at least monthly. In the absence of reliable time records of the hours worked on the action, the FKC Programme Committee may accept alternative evidence supporting the number of hours declared, if it considers that it offers an adequate level of assurance.

Moreover, a beneficiary CANNOT transfer budget between cost items listed and justified in the budget table (i.e. personnel cost cannot be used to cover travels).

When the actual grant amount is calculated, the eligible costs cannot include costs under budget categories that did not appear in the proposal, unless the initial estimated budget was amended or if these additional costs were approved in writing.

2) Indirect Costs

Indirect costs are not allowable costs in the FKC programme.

Indirect costs are described as non-specific costs such as overheads. They include the costs of the Research Organisation's administration such as personnel, finance, banking fees, library and some departmental services.

3) Other costs

In-kind contributions free of charge and costs of linked third parties — For in-kind contributions provided by third parties free of charge and costs of linked third parties, the eligibility rules apply *mutatis mutandis*.

Direct costs of subcontracting (including related duties, taxes and charges such as non-deductible value added tax (VAT) paid by the beneficiary) are deemed to be eligible.

Costs related to preparing, submitting and negotiating the proposals — Cannot be declared as eligible for the action (they are incurred before the action starts).

Costs related to drafting the consortium agreement — Are not eligible because the consortium agreement should be signed before the project starts. However, costs related to updating the consortium agreement are eligible if incurred during the action duration.

Travel costs for the kick-off meeting — Even if the first leg of the journey takes place before the action starting date (e.g. the day before the kick-off meeting), the costs may be eligible, if the meeting is held during the action duration.

If you are in any doubt about whether a specific cost should, or should not, be covered within direct costs, please contact the FKC Secretariat at fightkidscancer@esf.org

ANNEX C: Template for the Fights Kids Cancer Competitive Call expression of interest

FKC 2025-2026 Project Proposals

Expression of Interest

Closing date 17th October 2025, 12:00 (CEST, UTC+2)

Some fields must be completed online, please check the guidelines Annex C for more information.

Part 1: Proposal Summary	
Information	**Detail**
Proposed Project Title	Please fill in
Proposed Project Acronym	Please fill in
Proposed Project length (months)	**To be completed online only**

Part 2: Lead PI details	
PI Information	**PI Details**
Last (family) name	Please fill in
First (given) name	Please fill in
Title (Ms, Mr, Dr, etc.)	Please fill in
Institution name	**To be completed online only**
Department	**To be completed online only**
Country	**To be completed online only**
Email address	**To be completed online only**
Phone number	**To be completed online only**
Details of <u>each</u> Co-Investigator collaborating on the project	
Name (s), Institution(s) and country	**To be completed online only**

Part 3: Project summary	
Information	**Detail**
Budgetary information	Total project's budget: **To be completed online only** Maximum grant amount claimed from FKC: **To be completed online only**
Briefly describe your proposed research using clear & concise language (**max. 250 words**)	**To be completed online only**
Keywords (**max. 5**)	**To be completed online only**

This checkbox section is intended for use in clinical trial projects that may be divided into successive phases, where the initial phase determines the feasibility of subsequent ones. By checking this box, applicants indicate their agreement to be considered for funding of the initial phase of the project as first step. Under this scheme, the FKC Programme Committee may choose to award sequential, shorter-duration funding with a reduced budget (see section Sequential Funding for Multi-Phase Projects for further information).

☐ This clinical trial project can be structured in two or more distinct phases — where the success of an initial phase determines the feasibility of subsequent ones and the applicants acknowledge the possibility that the Committee considers it in FIGHT KIDS CANCER's best interest not to commit the full requested amount upfront.

Part 4: Case for Support
This should describe the proposed research (including 1. research objectives, 2. implementation of the science and 3. the way that the research will deliver impact). **Max. 1200 words**
Please fill in

Part 5: Expertise of the Consortium
Biosketch* of the lead PI This section should summarise the expertise of the PI and include the top 3-5 publications to demonstrate track record in both academic excellence and delivering impact.

Max. 200 words (publications not included in this limit)	Please fill in
Biosketch* of each Co-I (collaborating partner) This section should summarise the expertise of each of the Co-Is and include the top 3-5 publications to demonstrate track record in both academic excellence and delivering impact.	
Max. 200 words per person (publications not included in this limit)	Please fill in

* A biosketch is a streamlined version of your CV.

This form should be returned through the submission platform no later than 12:00 local time (CEST, UTC+2) on 17th October 2025.

ANNEX D: TRANSLATION RESEARCH Full Proposal Application

Translational Research Template

Deadline for submission: 6 March 2026 12:00 (12:00) (CET, UTC+1; noon)

This box is only for information and should not appear in the proposal

Proposals must respect the following standards:

- A minimum font size of 11 points, except for references, the Gantt chart, and tables where the minimum font size is 9 points
- Arial font
- **Line spacing set to 1.15 for improved readability.**
- A4 page size
- All margins (top, bottom, left, and right) must be at least 15 mm, excluding any headers or footers.
- The proposal must be completed in English

If tables are used, they should illustrate the core text of the proposal and should not contain the core text itself. The text should not contain any hyperlinks in the core text. Each page should contain a header with the proposal acronym. All pages should be numbered in a single series on the footer of the page using the following numbering format "Page X of Y".

The description of the proposed research project should be completed off-line (consisting of Part A and Part B) and then uploaded as a pdf. **It is the responsibility of the applicant to verify that the submitted PDF documents are readable. Page limits are absolute, and any applications which exceed the limits will be rejected.**

Part A:

The maximum total length for this part is **9 pages**. Excess pages (per section and overall) will not be considered. It is the responsibility of the applicant to verify that the submitted PDF documents are readable and are within the page limit. It should be composed as follows:

- Section 1: Scientific excellence & implementation (7 pages maximum)
- Section 2: Impact (2 pages maximum)

The elements to be included in Part A are described below.

Please refer to the Section 9 of Guidelines for Applicants for further elaboration on FIGHT KIDS CANCER'S expectations and evaluation criteria.

Part A: Section 1: Scientific excellence & implementation – *7 pages maximum*

- **Quality and reliability of the research project**

In this part, you should provide an introduction, a state-of-the-art, specific hypotheses and objectives plus a general overview of the project. The research methodology and the approach should also be described. The originality and the innovative aspects of the research project should be highlighted and explained, especially regarding how the project is expected to make advancements in the field of paediatric oncology. Any novel concepts, approaches and methods that will be implemented should be described.

- **Quality of the team/institution**

You should describe the qualifications and experience of the principal investigator(s), as well as the team in general. You must provide information regarding the level of experience on the research topic proposed and a narrative track record of work (main international collaborations, level of experience in supervision of PhD and postdoctoral researchers, publications, past and on-going projects, and any other relevant results). Finally, the research project should also show that it will be well-integrated within the team/institution. Short and concise CVs will have to be joined in the Annex (see below Part B section 4 for details).

- **Implementation**

In this part, you should describe the work planning (Work Breakdown Structure, including deliverables and milestones) and provide an outline of the project management structure and approach. The proposed schedule (in months) must be detailed from the start of the project. The associated Gantt chart, which includes Work Packages titles, indication of major deliverables and milestones, should be joined as an Annex (see below Part B section 4 for details).

Resources (technical, expertise and skills) required to support the methodology and to reach the project objectives should be described. You should also indicate the planned number of person-months and how they are to be used in the different tasks (note that detailed cost justification should be provided in section 3).

A risk analysis and associated risk management plan should be provided as an annex (see below Part B section 4 for details).

Part A: Section 2: Potential Impact – *2 pages maximum*

- **Clinical relevance and translational potential**
  - Clinical relevance
    Applicants are invited to provide a statement explaining the clinical relevance of the proposed project and its potential for translation into clinical practice. The statement should anticipate the possible clinical development of the project and describe how the expected research outcomes could address clinical challenges (for example, how potential toxicity may be addressed).
  - Justification of the disease model
    Applicants should justify the choice of the disease model regarding its relevance for clinical application.

- **Pathways to impact for children and adolescents with cancer**

This section should summarise how the research activities during and after the project will contribute to the FKC programme objectives:

- To realise real impact on young patients: Improve their survival rate and reduce toxicity to restore young patients to full health after treatment.
- To advance cutting-edge science to further the knowledge of paediatric malignancies.
- To support improved interdisciplinary research, methods, and collaborations for tackling the issues of today.
- To strengthen collaboration and the development of scientific capacity across Europe.

- **Quality of the proposed measures to exploit and disseminate the project results to targeted peers (e.g. scientific, industry)**

In this part, you should describe the dissemination and exploitation of the knowledge that will be generated by the project. Potential impact should also be described. The planning of the dissemination and exploitation activities should appear in the Gantt chart (see Part B section 4).

- **Quality of the proposed measures to communicate the project activities and results to the public**

In this part, you should demonstrate how the public engagement activities will contribute to create awareness around the research and the results, especially in a way that can be understood by the public. The planned activities should also be included in the Gantt chart.

Part B:

- Section 3: Budget & justification
- Section 4: Annexes (Gantt chart, Risk management, CV, References)

Part B: Section 3: Budget and Justification – *2 pages maximum*

The Justification of Resources should state the full cost of the project and explain why the requested resources are needed, including identifying how the proposal presents good value for money.

All costs associated with the project must be itemised (using the table templated below) **and fully justified** (text to be provided in addition to the table)**. Cost items that are not properly justified may be removed from the proposed grant.**

If contingency costs cannot be clearly identified, itemised and justified, they cannot be included in the project budget.

Complementary funding and in-kind support should be mentioned here and supported by letters of support, to be provided in annex 6.

Budget table

(Excel spreadsheet below, to adapt according to the number of partner and number of year).

The completed Excel table must be inserted into the full proposal and uploaded separately as an Excel file in the designated field.

Type of cost	Name of partner	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Direct Personnel Costs		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Name of positio	Partner 1						€ 0.0
Name of positio	Partner 2						€ 0.0
Name of positio	Partner 3						€ 0.0
Name of positio	Partner 4						€ 0.0
Name of positio	Partner 5						€ 0.0
Travel & Subsistence		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Name of positio	Partner 1						€ 0.0
Name of positio	Partner 2						€ 0.0
Name of positio	Partner 3						€ 0.0
Name of positio	Partner 4						€ 0.0
Name of positio	Partner 5						€ 0.0
Equipment/Materials		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Equipment 1	Partner 1						€ 0.0
Equipment 2	Partner 2						€ 0.0
Equipment 3	Partner 3						€ 0.0
Equipment 4	Partner 4						€ 0.0
Equipment 5	Partner 5						€ 0.0
Other Costs (specify if in-kind or subc		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Other costs 1	Partner 1						€ 0.0
Other costs 2	Partner 2						€ 0.0
Other costs 3	Partner 3						€ 0.0
Other costs 4	Partner 4						€ 0.0
Other costs 5	Partner 5						€ 0.0
Total requested budget		€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	**€ 0.0**
	Total per partner						
Please fill out the name of each partner here too	Partner 1	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 2	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 3	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 4	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 5	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
		TRUE	TRUE	TRUE	TRUE	TRUE	TRUE

Part B: Section 4: Supporting Annexes

The following Annexes must be provided with the proposal:

1) **Annex 1: Gantt chart (1 page max)**

The Gantt chart should illustrate the work schedule of the project, it should include:

- **Deliverable:** Distinct output of the research project, important for the research project's overall objectives. It may consist of a report, a document, a publication, etc. The numbering of deliverables should be ordered according to delivery dates. Please use the following numbering convention: "WP *number*. *Number* of the deliverable within that WP". For example, deliverable 1.2 is the second deliverable of the work package 1.
- **Milestones:** Defined control points in the research project that help to structure the progress of the project. They may correspond to the completion of key deliverables, necessary for the next step of the project, or intermediary results or achievements that may operate as a checkpoint to apply corrective measures if necessary.

2) **Annex 2: Risk management (1 pages max)**

This part should present and discuss relevant research/administrative risks that might occur and impact on the project implementation. Associated risk management and mitigation measures should be described.

3) **Annex 3: Lay language summary of the project (1/2 page max)**

This is a description of the project in lay terms **which must be understandable by the general public** and include the following information:

- Indication targeted by the project and general information on the indication:
  - # patients per year in Europe generally
  - # patients in relapse/high risk per year in Europe if relevant
  - Overall chances of survival of target group of patients and / or information about toxicity and long-term side effects
- Purpose of the project's intervention
- Nature of the project's intervention
- Next steps for patients after the conclusion of your project (clinical trial, phase II or III trial, amendment of standard of care…)

4) **Annex 4: Project team CVs**

CVs of the principal investigator(s) and co-investigator(s) should be attached in annexes, with a maximum of 2 pages per CV. CVs should include current and previous positions, a maximum of 10 most relevant publications and obtained research funding. It is recommended that CVs use a consistent template within projects.

5) **Annex 5: References (2 pages max)**

In general, the citations and the bibliography should follow **The Lancet citation style**. References need to be cited in the text sequentially in the Vancouver numbering style, as a superscripted number (Arabic numerals: 1, 2, 3, 4…) after any punctuation mark. Two references are cited separated by a coma without space, three or more consecutive references are given as a range using an en rule (i.e. 1–4). References should be listed on a new page, titled 'References', in the Annexes. It needs to include all the references you have cited in the text. The journal titles should be abbreviate using the style from the NLM.

6) **Annex 6: Letters of Support**

Letters of support should be included to provide evidence of existing engagement with relevant users, partners, researchers, drug availability etc. For example, the types of letters an applicant should include are:

a. Letter of support from complementing project/funding
b. Letter of support from the applicant's organisation

Letters of support are required from any named Project contribution – up to 2 pages:

- For research involving investigational drug(s), applicants should include a letter of support that the drug will be provided (for both pre-clinical and clinical research)
- The letter of support should confirm the organisation's commitment to the proposed project, identify the value, relevance, and possible benefits of the proposed work to the partner, the period of support, the full nature of the collaboration and how the partner will be involved in the project and provide added value
- Applicants should include any in kind and or leveraged support that has been secured for the proposal through the attachment of a letter from the Project Partner or Collaborating Project.

Any letter of support should be written when the proposal is being prepared and related specifically to the project.

ANNEX E: CLINICAL RESEARCH Full Proposal Application

CLINICAL TRIAL TEMPLATE

Deadline for submission: 6 March 2026 12:00 (12:00) (CET, UTC+1; noon)

This box is only for information and should not appear in the proposal

Proposals must respect the following standards:

- A minimum font size of 11 points, except for references, the Gantt chart, and tables where the minimum font size is 9 points
- Arial font
- Line spacing set to **1.15** for improved readability.
- A4 page size
- All margins (top, bottom, left, and right) must be at least 15 mm, excluding any headers or footers.
- The proposal must be completed in English

If tables are used, they should illustrate the core text of the proposal and should not contain the core text itself. The text should not contain any hyperlinks in the core text. Each page should contain a header with the proposal acronym. All pages should be numbered in a single series on the footer of the page using the following numbering format "Page X of Y".

The description of the proposed research project should be completed off-line (consisting of Part A and Part B) and then uploaded as a pdf and. **It is the responsibility of the applicant to verify that the submitted PDF documents are readable. Page limits are absolute, and any applications which exceed the limits will be rejected.**

Part A:

The maximum total length for this part is **8 pages**. Excess pages (per section and overall) will not be considered. It is the responsibility of the applicant to verify that the submitted PDF documents are readable and are within the page limit. It should be composed as follows:

- Section 1: Scientific excellence & implementation (7 pages maximum)
- Section 2: Impact (1 page maximum)

The elements to be included in Part A are described below.

Please refer to the Section 9 of Guidelines for Applicants for further elaboration on FIGHT KIDS CANCER'S expectations and evaluation criteria.

Part A: Section 1: Scientific excellence & implementation – *7 pages maximum*

- **Quality and reliability of the research project**

  In this part, you should provide an introduction, a state-of-the-art, specific hypotheses and objectives plus a general overview of the project. The research methodology and the approach should also be described. The originality and the innovative aspects of the research project should be highlighted and explained, especially regarding how the project is expected to make advancements in the field of paediatric oncology. Any novel concepts, approaches and methods that will be implemented should be described.

- **Quality of the team/institution**

  You should describe the qualifications and experience of the principal investigator(s), as well as the team in general. You must provide information regarding the level of experience on the research topic proposed and a narrative track record of work (main international collaborations, level of experience in supervision of PhD and postdoctoral researchers, publications, past and on-going projects, and any other relevant results). Finally, the research project should also show that it will be well-integrated within the team/institution. Short and concise CVs will have to be joined in the Annex (see below Part B section 4 for details).

- **Implementation**

  In this part, you should describe the work planning (Work Breakdown Structure, including deliverables and milestones) and provide an outline of the project management structure and approach.

  The proposed schedule (in months) must be detailed from the start of the project. The associated Gantt chart, which includes Work Packages titles, indication of major deliverables and milestones, should be joined as an Annex (see below Part B section 4 for details).

  Resources (technical, expertise and skills) required to support the methodology and to reach the project objectives should be described. You should also indicate the planned number of person-months and how they are to be used in the different tasks (note that detailed cost justification should be provided in section 3).

A risk analysis and associated risk management plan should be provided as an annex (see below Part B section 4 for details).

Part A: Section 2: Potential Impact – *1 page maximum*

- **Pathways to impact for children and adolescents with cancer**

This section should summarise how the research activities during and after the project will contribute to the FKC programme objectives:

- To realise real impact on young patients: Improve their survival rate and reduce toxicity to restore young patients to full health after treatment.
- To advance cutting-edge science to further the knowledge of paediatric malignancies.
- To support improved interdisciplinary research, methods, and collaborations for tackling the issues of today.
- To strengthen collaboration and the development of scientific capacity across Europe.

- **Quality of the proposed measures to exploit and disseminate the project results to targeted peers (e.g. scientific, industry)**

In this part, you should describe the dissemination and exploitation of the knowledge that will be generated by the project. Potential impact should also be described. The planning of the dissemination and exploitation activities should appear in the Gantt chart (see Part B section 4).

- **Quality of the proposed measures to communicate the project activities and results to the public**

In this part, you should demonstrate how the public engagement activities will contribute to create awareness around the research and the results, especially in a way that can be understood by the general public. The planned activities should also be included in the Gantt chart.

Part B:

- Section 3: Budget & justification
- Section 4: Annexes (Gantt chart, Risk management, CV, References)

Part B: Section 3: Budget and Justification – *2 pages maximum*

The Justification of Resources should state the full cost of the project and explain why the requested resources are needed, including identifying how the proposal presents good value for money.

All costs associated with the project must be itemised (using the table templated below) **and fully justified** (text to be provided in addition to the table)**. Cost items that are not properly justified may be removed from the proposed grant.**

If contingency costs cannot be clearly identified, itemised and justified, they cannot be included in the project budget.

Complementary funding and in-kind support should be mentioned here and supported by letters of support, to be provided in annex 6.

Budget table

(Excel spreadsheet below, to adapt according to the number of partner and number of year).

The completed Excel table must be inserted into the full proposal and uploaded separately as an Excel file in the designated field.

Type of cost	Name of partner	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Direct Personnel Costs		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Name of positio	Partner 1						€ 0.0
Name of positio	Partner 2						€ 0.0
Name of positio	Partner 3						€ 0.0
Name of positio	Partner 4						€ 0.0
Name of positio	Partner 5						€ 0.0
Travel & Subsistence		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Name of positio	Partner 1						€ 0.0
Name of positio	Partner 2						€ 0.0
Name of positio	Partner 3						€ 0.0
Name of positio	Partner 4						€ 0.0
Name of positio	Partner 5						€ 0.0
Equipment/Materials		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Equipment 1	Partner 1						€ 0.0
Equipment 2	Partner 2						€ 0.0
Equipment 3	Partner 3						€ 0.0
Equipment 4	Partner 4						€ 0.0
Equipment 5	Partner 5						€ 0.0
Other Costs (specify if in-kind or subc		**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**	**€ 0.0**
Other costs 1	Partner 1						€ 0.0
Other costs 2	Partner 2						€ 0.0
Other costs 3	Partner 3						€ 0.0
Other costs 4	Partner 4						€ 0.0
Other costs 5	Partner 5						€ 0.0
Total requested budget		€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	**€ 0.0**
	Total per partner						
Please fill out the name of each partner here too	Partner 1	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 2	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 3	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 4	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
	Partner 5	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0	€ 0.0
		TRUE	TRUE	TRUE	TRUE	TRUE	TRUE

Justification for a Phased Clinical Trial and Sequential Funding

If applicants indicated at the EoI stage that the clinical trial could be structured in two or more distinct phases, with progression to later phases - and the funding of those phases - dependent on the successful completion of the initial phase, they should describe here how this phased approach would be implemented in practice.
The budget should also clearly indicate the funds pertaining to each sequential phase.

Part B: Section 4: Supporting Annexes

The following Annexes must be provided with the proposal:

7) **Annex 1: Gantt chart (1 page max)**

The Gantt chart should illustrate the work schedule of the project, it should include:

- **Deliverable:** Distinct output of the research project, important for the research project's overall objectives. It may consist of a report, a document, a publication, etc. The numbering of deliverables should be ordered according to delivery dates. Please use the following numbering convention: "WP *number*. *Number* of the deliverable within that WP". For example, deliverable 1.2 is the second deliverable of the work package 1.
- **Milestones:** Defined control points in the research project that help to structure the progress of the project. They may correspond to the completion of key deliverables, necessary for the next step of the project, or intermediary results or achievements that may operate as a checkpoint to apply corrective measures if necessary.

8) **Annex 2: Risk management (1 page max)**

This part should present and discuss relevant research/administrative risks that might occur and impact on the project implementation. Associated risk management and mitigation measures should be described.

9) **Annex 3: Lay language summary of the project (1/2 page max)**

This is a description of the project in lay terms **which must be understandable by the general public** and include the following information:

- Indication targeted by the project and general information on the indication:
  - # patients per year in Europe generally
  - # patients in relapse/high risk per year in Europe if relevant

- Overall chances of survival of target group of patients and / or information about toxicity and long-term side effects
- Purpose of the project's intervention
- Nature of the project's intervention
- Next steps for patients after the conclusion of your project (clinical trial, phase II or III trial, amendment of standard of care…)

10) **Annex 4: Project team CVs**

CVs of the principal investigator(s) and co-investigator(s) should be attached in annexes, with a maximum of 2 pages per CV. CVs should include current and previous positions, a maximum of 10 most relevant publications and obtained research funding. It is recommended that CVs use a consistent template within projects.

11) **Annex 5: References (2 pages max)**

In general, the citations and the bibliography should follow **The Lancet citation style**. References need to be cited in the text sequentially in the Vancouver numbering style, as a superscripted number (Arabic numerals: 1, 2, 3, 4…) after any punctuation mark. Two references are cited separated by a coma without space, three or more consecutive references are given as a range using an en rule (i.e. 1–4). References should be listed on a new page, titled 'References', in the Annexes. It needs to include all the references you have cited in the text. The journal titles should be abbreviate using the style from the NLM.

12) **Annex 6: Letters of Support**

Letters of support must be included to demonstrate existing engagement with relevant users, partners, researchers, and, where applicable, providers of investigational drugs. These letters should be directly related to the proposed project and prepared specifically at the time of proposal submission.

Applicants may be required to submit letters of support such as:

a. A letter confirming that investigational drug(s) have been identified and will be made available for the initiation of the trial

b. A letter of support from complementary projects or other funding source(s)

c. A letter of support from the applicant's organisation

Letters of support are required from any named project contributor (up to a maximum of two pages per letter). In particular:

- For research involving investigational drug(s), applicants should include a letter of support that the drug will be provided (for both pre-clinical and clinical research)

- The letter of support should confirm the organisation's commitment to the proposed project, identify the value, relevance, and possible benefits of the proposed work to the partner, the period of support, the full nature of the collaboration and how the partner will be involved in the project and provide added value
- Applicants should include any in kind and or leveraged support that has been secured for the proposal through the attachment of a letter from the Project Partner or Collaborating Project.

Any letter of support should be written when the proposal is being prepared and targeted specifically to the project.

It is reminded that a letter, guaranteeing that investigational drugs will be available for early phase clinical trial projects, is an eligibility criterion.

ANNEX F: Ethics self-assessment to the Fight Kids Cancer Competitive Call

FIGHT KIDS CANCER	*FIGHT KIDS CANCER* SUPPORTING A PROGRAMME FOR INNOVATIVE RESEARCH

Ethics self-assessment to the Fight Kids Cancer Competitive Call

Fight Kids Cancer Competitive Call

Information about your application, including the personal information provided on the forms, will be processed and stored electronically by the European Science Foundation (ESF) Secretariat and representatives of the Call's Funders. In accordance with the selection process, the Information contained in your application may be passed on to external reviewers in confidence. Reviewers will be asked to destroy information after the review and selection process is completed.

Your application and personal information will be stored by the ESF electronic system for programme management purposes but will not be shared with other organisations outside the FKC partnership. We will use details provided in the application for correspondence about the call and may also use this information for future analyses of the performance of the programme.

By submitting your application to the FKC Programme you have indicated your acceptance of these data protection terms and conditions.

Completion of the tables below constitutes part of the proposal submission for the FKC call and must be uploaded at the time of submission.
For details about ethics requirement and information/documents to provide later, please refer to the ethics guideline.

Section 1: Human Embryonic Stem Cells (hESCs)		YES	NO	Page (in the proposal)
Does your research involve Human Embryonic Stem Cells (hESCs)?				
If **YES**:	Will they be directly derived from embryos within this project?			
	Are they derived from established cells line?			
Section 2: Humans				
Does you research involve human participants?				
If **YES**:	Are they persons unable to give informed consent (including children/minors)?			
	Are they patients?			
Does your research involve physical interventions on the study participants?				
If **YES**:	Does it involve invasive techniques (e.g., collection of human cells or tissues, surgical or medical interventions, invasive studies on the brain, etc.)?			
	Does it involve collection of biological samples?			
Section 3: Human Cells/Tissues				
Does you research involve human cells & tissues (other than hESCs, see section 1)?				
If **YES**:	Are they available commercially?			
	Are they obtained within this project?			
	Are they obtained from another project or institution?			
	Are they obtained from a biobank?			
Section 4: Protection of personal data				
Does your research involve processing of personal data?				
If **YES**:	Does It involve the processing of special categories of personal data (e.g. genetic, health, sexual, lifestyle, ethnicity)?			
	Does it involve processing of genetic, biometric or health data?			
Does your research involve further processing of previously collected personal data (including use of pre-existing data sets or sources, merging existing data sets)?				
Does your research involve publicly available data?				
It is planned to export personal data from non-EU countries into the EU?				

It is planned to import personal data from non-EU countries into the EU?				
Section 5: Animals				
Does your research involve animals?				
If **YES**:	Are they vertebrates?			
	Are they genetically modified?			
Section 6: Third countries				
In case that participants from countries that are not designated in Annex A are involved, do the research related activities undertaken in these countries raise potential ethics issues? *Specify the countries involved:*				
Section 7: Health and safety				
Does your research involve the use of elements (chemicals, radioactive material) that may cause harm to humans, including research staff? **For research involving human participants, see section 2.**				
Section 8: Misuse of research results				
Does your research have a potential for misuse of research results?				
Section 9: Other ethics issues				
Are there any other ethics issues that should be taken into consideration? *Please specify:*				