FIGHT KIDS CANCER 2026-2027 Competitive Call Guidelines for Applicants

General Paediatric Cancer Call

Deadlines:

Expression of Interest (EoI) submission: 13 October 2026

Invited Full Proposal submission: 26 February 2027

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 shared confidentially with the funders and external reviewers.

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 regarding the call and may also use this information for future analyses of the programme's performance.

The FKC Programme is operated by the European Science Foundation

Last update: 20 August 2026

Contents

1. Background

Despite significant advances in cancer treatment, **cancer remains the leading cause of disease-related death in children and adolescents worldwide**. Moreover, the **acute and long-term side effects of current treatments remain unacceptably severe**.

While recent years have seen revolutionary advances in adult oncology, paediatric cancer research has not benefited to the same extent. This disparity reflects a fundamental reality: the biology, progression, and treatment responses of paediatric cancers differ fundamentally from those of adult cancers. Yet childhood cancer research has been chronically underfunded and understudied. As a result, childhood cancer cure rates have stagnated over the past 15 years. Some paediatric malignancies still have no effective treatment, and research into these malignancies remains insufficient. Moreover, many children do not have access to innovative therapeutic approaches. Hence, there is an urgent need for research projects specifically designed to address the needs of children with cancer

Children deserve the same momentum in treatment innovation as adults. As targeted therapies and novel oncology approaches expand rapidly, paediatric patients must not be excluded from these advances.

To address this critical gap, five European philanthropic organisations committed to paediatric cancer research have joined forces to 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)
- 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 **clinical trial projects** and **translational research projects** aimed at accelerating therapeutic innovation for children and adolescents with cancer.

2. Objectives

FKC originated from parents' and patients' organisations committed to advancing paediatric cancer research. The programme is guided by three **patient-centred priorities**:

- improving survival rates
- improving quality of life during and after treatment
- advancing knowledge of cancer causes and treatment resistance

The FKC programme has four **core objectives**:

1. Patient Impact

Improve survival rates and reduce treatment toxicity, enabling young patients to achieve full health and quality of life during and after treatment.

2. Scientific Advancement

Advance cutting-edge science to deepen knowledge of paediatric malignancies, including understanding of cancer causes and treatment resistance.

3. Collaborative Research

Support interdisciplinary research, innovative methods, and collaborations that bring together basic, translational, and clinical researchers and foster closer working ties between clinicians and translational researchers.

4. European Capacity Building

Strengthen scientific collaboration and research capacity across Europe through recurring, predictable funding.

Paediatric cancer research has historically suffered from fragmented funding across national systems, administrative burden of multiple applications, unpredictable, sporadic funding cycles, and limited trans-European collaboration.

FKC provides an efficient 'one stop shop' for funding that allows researchers 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.

To summarise, the FKC call for projects aims to overcome 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.

Funder-researcher partnership

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:

- Collaborating with FKC organisations on project results dissemination
- Supporting paediatric cancer awareness initiatives
- Assisting with funder fundraising activities, for example, provision of written quotes, videos explaining project goals, and when possible, attend the annual fundraising races held during the last weekend of September.

This partnership ensures research benefits patients, the scientific community, and the broader public.

3. Eligible Project Types

FKC funds the following types of proposals:

Clinical Trials

Clinical trial projects test innovative therapeutic approaches for children and adolescents with cancer, with the goal of advancing treatment options and improving patient outcomes.

FKC will prioritise applications of clinical trials that:

- Can demonstrate confirmed availability of investigational agent(s).
- Rapidly and efficiently assess the investigational agent(s).
- Are able to initiate the proposed trial within 12 months of the start of funding.
- Have the potential to improve access to innovative treatments for paediatric cancer patients across multiple participating European countries through multi-country implementation and shared financing.

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.

Proposals 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).

Translational Research Projects

These projects advance understanding of paediatric and adolescent cancers through preclinical and translational approaches, with the ultimate goal of developing novel clinical treatments.

FKC encourages proposals 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.

Across all project types, FKC particularly welcomes:

- Multidisciplinary and multi-institutional collaborations.
- Development of innovative interventions or approaches towards novel treatment (such as innovative therapies including immuno-oncology, platform trials, artificial intelligence, imaging, radiotherapy, surgical approaches).
- High-risk / high-gain research with the potential for significant impact.
- Projects providing access to innovative technologies for children and adolescents with cancer.
- Projects with strong potential to improve patient outcomes and accelerate translation into clinical practice.

4. Funding & Project Duration

FKC offers the following maximum funding and duration limits:

- Clinical Trials
  - Maximum funding: €5 000 000
  - Maximum duration: 5 years

- Clinical Trial Preparation Grant
  - Maximum funding: €250 000
  - Maximum duration: 2 years (non-extendable, non-renewable)

- Translational Research Projects
  - Maximum funding: €2 000 000
  - Maximum duration: 4 years

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

4.1. Project Funding Parameters and Budget Expectations

Funding amounts

The maximum grant amounts listed above represent the ceiling FKC will fund per project. These are not target amounts. **Applicants should only request funding amounts that accurately reflect their project's actual needs**.

Projects will be evaluated on:

- Realistic, justified budget requests
- Efficient use of funds
- Efficient use of project timeline

FKC welcomes projects of all sizes and durations, provided they demonstrate clear potential patient impact, including:

- Small, focused projects (pilot studies, preliminary research)
- High-risk, high-gain projects with strong potential impact
- Longer-duration projects requiring sustained funding

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 merits 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.

Complementary funding

If your project benefits from additional funding sources (institutional support, industry partnerships, other grants), clearly describe and document these arrangements in your proposal. This demonstrates realistic resource planning.

Budget guidelines and review

For detailed instructions on budget presentation and justification, refer to Annex B (Project Finances Information and Guidelines). During the evaluation and selection process, budgets may be reduced if deemed excessive or not adequately justified.

Project start date

Projects are expected to start in January 2028 or later.

4.2. 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 Proposal (FP) 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 FP stage, once the first phase has been completed, bypassing the EoI pre-selection phase.

In a similar manner, the Clinical Trial Preparation Grant, when granted, allow the selected project's team to apply for a follow-up grant for the whole clinical trial at the FP stage directly, thereby bypassing the EoI pre-selection phase.

5. Eligibility requirements

5.1. Lead institution

The lead institution must be:

- An eligible research organisation
- Located in an eligible country

For a complete list of eligible countries and organisations, see Annex A.

5.2. Project partners

Project partners may be from related fields of expertise, provided they operate as not-for-profit organisations.

Partners from countries not listed as eligible may participate in the project, with the following restrictions:

- They cannot deliver core project components or manage major project activities
- They must cover their own participation costs

5.3. Principal Investigator

An individual may be the Principal Investigator (PI) of only ONE competing proposal in this call (either clinical trial or translational research project).

[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.

However, an individual may:

- Be the PI of one proposal AND serve as a co-PI on a separate proposal
- Serve as a co-PI on multiple proposals

5.4. Collaboration expectations

For Translational Research Projects, although not a formal requirement, multi-disciplinary and/or multi-institutional collaborations are strongly encouraged.

Each partner in funded projects will be required to formally acknowledge their selection for funding, acceptance of participation, and commitment to implementing the project as planned.

5.5. Project activities

FKC funding supports new research projects only. Retrospective funding of activities already completed or underway is not possible.

5.6. Proposal eligibility requirements

The following **requirements apply for Clinical Trials, Clinical Trial Preparation grant and Translational Research projects**:

Submission requirements

- Submission deadline:
  - Expressions of Interest: 13 October 2026 at 16:00 CEST (UTC+2)
  - Full Proposal: 26 February 2027 at 16:00 CET (UTC+1)
- Late submissions will NOT be accepted
- Submitted through the dedicated online submission system
- Language: proposal written entirely in English
- Formatting:
  - Single-spaced text in Arial font
  - Main text: 11 point minimum
  - References, tables, Gantt charts: 9 point minimum
  - A4 page size with minimum 15 mm margins (all sides)
  - Page limits are absolute - pages exceeding limits will be removed before peer review
- Complete application:
  - Completed online form
  - Full Proposal document
  - All annexes (Gantt chart, Risk management, Lay language summary, CVs, Patient involvement (for Clinical trials only), QoL assessment (for Clinical trials only), Letters of support (if applicable))
  - Detailed budget breakdown per partner and per year

- 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.
- Proposal alignment with:
    - FKC call objectives (see Section 2)
    - Expected project types (see Section 3)
    - Funding and project duration (see Section 4)

The following requirements apply **specifically to Clinical Trials:**

- Investigational agent documentation:
    - Expression of Interest stage: name of investigational agent(s)
    - Full Proposal stage: support letter confirming availability of investigational agent(s)
- Multi-country implementation: trial must be conducted in at least two eligible European countries (as listed in Annex A), with FKC funding supporting activities in at least two countries.
- Clearly identified partner organisations:
    - Explicitly named in the proposal
    - Clearly identified by country and role
    - Clearly identified as partner receiving funds versus in-kind contribution
    - Confirmed as eligible (see Annex A)

6. Expression of Interest and Full Proposal Structure

The independent reviewers and 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 9.

6.1 Expression of Interest Structure

The EoI submission consists of two parts:

- **Part I:** basic proposal information (project title, contact details). Complete all fields directly in the dedicated online submission form. This information is required for administrative purposes.
- **Part II:** detailed project proposal and information about the team involved. The mandatory EoI template is provided in Annex C. This template must be used for all submissions. The filled-out template should be uploaded on the application platform as a single pdf file.

6.2 Full Proposal Format Structure

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

Like the Expression of Interest, the Full Proposal submission consists of multiple components that must be submitted together:

- **Part I:** basic proposal information (project title, contact details). Please complete all fields directly in the dedicated online submission form. This information is required for administrative purposes.
- **Part II:** detailed project proposal and information about the team involved. The mandatory FP template is provided in Annex C. This template must be used for all submissions. The filled-out template should be uploaded on the application platform as a single pdf file.
- **Part III:** mandatory application annexes:
    - Ethics assessment questionnaire designed to identify potential ethical issues related to your research. The questionnaire should be uploaded on the application platform as a separate pdf file. It is strongly advised to review this questionnaire (see Annex E) in advance.
    - Gantt chart, Risk management, Patient involvement (for Clinical Trials only), Quality of Life assessment (for Clinical trial only), Lay language summary, CV, References, Letters of support (if applicable)

Please note that to complete the Full Proposal submission, applicants will also be asked to confirm they will be willing to support the dissemination activities of FKC to promote the programme and demonstrate its impact.

7. Call process and timeline

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

Expressions of Interest (EoIs) Phase	
01/09/2026	Call launch and EoI submission portal opens
13/10/2026 - 16:00 (CEST, UTC+2)	EoI submission deadline
Mid-October - mid-December 2026	EoIs assessment by independent reviewers

07/01/2027	Programme Committee EoIs shortlisting meeting
14/01/2027	Invitation to submit Full Proposal sent to shortlisted applicants
Full Proposal (FP) Phase	
26/02/2027 - 16:00 (CET, UTC+1)	FP submission deadline
March – mid-April 2027	Independent panel assessment of FP
19/04/2027 – 29/04/2027	Rebuttal period
30/04/2027 – 10/05/2027	Panel review and post-rebuttal score adjustment
26/05/2027 – 27/05/2027	Review panel meeting and recommendation to Programme Committee
28/05/2027	Applicant interviews (if needed) and Programme Committee selection meeting
June 2027	Notification to applicants
January 2028	Earliest possible start of funded projects

Both Expressions of Interest and Full Proposals must be submitted electronically using the ESF online submission system. The online submission platform closes at the specified deadline time. No submissions will be accepted after this time.

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

8. Project evaluation and selection process

Clinical trial proposals and translational research proposals are evaluated separately by independent review panels specifically selected for their expertise in each research area.

EoIs and Full Proposals will be evaluated against three evaluation criteria (detailed in section 9):

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

All evaluation experts are selected based on their specific expertise relevant to each proposal. They are carefully screened for potential conflicts of interest and required to declare any competing interests before evaluation.

The full evaluation process is outlined below.

8.1. Expression of Interest evaluation

Stage 1a: Evaluation of the EoIs

After eligibility check, all eligible EoIs are evaluated by at least two independent experts. Experts provide detailed comments and scores which are submitted to the FKC Programme Committee.

Stage 1b: Shortlisting of EoIs

The FKC Programme Committee reviews all eligible EoIs and considers expert assessments. Most promising EoIs are shortlisted, and shortlisted applicants are invited to submit Full Proposals. Non-shortlisted applicants are also informed of outcome.

8.2. Full Proposal evaluation

Stage 2a: Eligibility check

Following a detailed eligibility check of all Full Proposals, non-compliant applications are desk-rejected. Rejected applicants are notified promptly.

Technical Note: pages exceeding page limits will be removed from applications before review.

Stage 2b: Expert panels and patient advocates assessment

Eligible Full Proposals are assigned to two expert panel members and one patient advocate. Panel members independently evaluate proposals based on the three core criteria (see Section 9). Panel members and patient advocates provide scores, comments, and recommendations.

Stage 2c: Applicant rebuttal

Applicants receive feedback from review panel members and have opportunity to submit written responses and provide clarifications.

Stage 2d: Score adjustment and post-rebuttal review

Panel members review applicant rebuttals. They may revise scores based on new information and finalise their evaluations.

Stage 2e: Review panel meeting and recommendations

Full review panel convenes to discuss all proposals. Panel members discuss assessments and scores and develop consensus recommendations. These recommendations are forwarded to the FKC Programme Committee.

8.3. Programme Committee selection

The FKC Programme Committee carefully reviews panel recommendations. Programme Committee may diverge slightly from the review panels recommendations for programme portfolio management considerations.
Please note that, during the Selection Meeting (28 May 2027), targeted discussions may be held between Programme Committee members and the Principal Investigator to clarify specific aspects of the proposal or address any outstanding concerns identified during the evaluation. Please also note that confirmation of whether such a discussion will take place will be provided approximately one week before the Selection Meeting, following the score adjustment phase.
Following the Programme Committee's final decision, all applicants will receive a comprehensive assessment report including evaluation feedback from expert reviewers and scores on each evaluation criterion.
Some projects may be placed on a reserve list and funded if a selected project fails to finalise its grant agreement, or additional funding becomes available during the funding cycle.

9. Evaluation Criteria

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

Criterion 1: Scientific excellence is evaluated across the following dimensions:

- Significance of research question:
  - Is the question important and timely?
  - Does it address a clinical/scientific gap?
  - What is the potential impact?
- Novelty and differentiation:
  - Current state-of-the-art review
  - Specific gap your work addresses
  - How your work advances beyond existing research
  - Novel methods or technologies used
  - Feasibility of innovation approach
- Problem definition and solutions
  - Thoroughly defined scientific problem
  - Strong background evidence

- Well-justified, feasible proposed solutions
- Preliminary data supporting feasibility

- Scientific rigour
  - Clear, specific research objectives and testable hypotheses
  - Appropriate study design
  - Statistical power calculations
  - Adequate controls (positive and negative)
  - Methods ensuring reproducibility
- Gender-sensitive research (if applicable)
  - Consideration of sex/gender differences
  - Sex-disaggregated analysis

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

- Feasibility and capacity:
  - Realistic timeline aligned with objectives
  - Adequate team expertise for proposed work
  - Access to necessary infrastructure, equipment, and technologies
  - Sufficient resources and capacity to execute plan
- Research methodology:
  - Appropriate methodology for objectives
  - Suitable use of infrastructure and equipment
  - Novel or innovative methodological approaches (where applicable),
- Team and research environment
  - Qualified team with relevant expertise
  - Quality research environment and institutional support
  - Clear roles and responsibilities
- Management structure and plan
  - Effective project management structure
  - Clear deliverables and realistic milestones
  - Well-defined go/no-go decision points and criteria
  - Resource allocation plan with clear budget justification
- Collaborations and partnerships
  - Relevant and complementary partnerships
  - Evidence of co-funding or institutional support where applicable
  - Clear roles and responsibilities of partners
- Risk management:
  - Comprehensive risk register identifying key risks
  - Robust mitigation strategies for each identified risk
  - Links between risks and management plan
- Data management and training:
  - Quality and relevance of the Data Management Plan
  - Training and career development opportunities for team members

Criterion 3: Impact

- Alignment with FKC objectives:
  - Relevance to FKC programme aims and mission
  - Contribution to improving paediatric cancer outcomes
  - Advancement of paediatric oncology knowledge
  - Strengthening European research collaboration and capacity
  - Supporting interdisciplinary research approaches
- Patient and clinical impact
  - Clear pathway to patient benefit
  - Potential to improve survival rates
  - Potential to reduce treatment toxicity
  - Quantified expected benefits where possible
  - Realistic timeline to clinical application
- Scientific field impact
  - Clear significance and relevance to the field ("so what")
  - Substantial advancement of knowledge of paediatric malignancies
  - Potential to change current approaches or practice
  - Contribution beyond current state-of-the-art
- Risk-benefit profile
  - Adequate balance of risk vs. potential gain
  - FKC welcomes high-risk/high-gain projects with strong rationale
  - Clear articulation of innovation potential
- Pathway to impact (for early-stage projects)
  - Clear, realistic pathway from research to impact
  - Identified steps toward implementation or clinical translation
  - Defined milestones toward impact realisation
- Exploitation and dissemination
  - Effective plan to disseminate results to scientific community
  - Strategy to reach relevant stakeholders (clinicians, industry, etc.)
  - Plans for publication and presentation of findings
  - Intellectual property rights management (if relevant)
- Public communication
  - Quality plan to communicate results to public and patients
  - Clear, accessible messaging about project and findings
  - Support for FKC dissemination and awareness activities

10. Programme structure and project reporting

10.1. Programme Secretariat

The European Science Foundation (ESF – www.esf.org) has been appointed by the FKC Programme partners to coordinate and implement the FKC Programme. ESF serves as the official administrator and primary contact for all applicants, reviewers, and programme-related communications.

In this framework, the ESF is:

- Managing the competitive call and application process
- Coordinating the scientific review and evaluation
- Supporting the FKC Programme Committee
- Monitoring project progress and collecting deliverables

The FKC Programme Committee is composed of representatives of FKC funding organisations 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 must submit annual reports that include progress against the project workplan, use of resources and budget, and, if applicable, identification of challenges and solutions.

These reports will be externally reviewed and shared with FKC funders and the Programme Committee.

[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:

Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, 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 education, research centres, and other 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 2027 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). 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

Patient navigator positions can be funded for clinical trials. FKC encourages their inclusion in trials where foreign patients are likely to be recruited.

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 used 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.

Budget reallocations are permitted up to 5% per category, based on the smallest value between budget categories or partners, in the case of inter-partner reallocations and are always subject to prior FKC approval.

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.

Indirect Costs

Indirect costs are not eligible for FKC funding.

Indirect costs are 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.

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: Expression of Interest - Clinical Trials

2026-2027 FIGHT KIDS CANCER Call for Proposals

Template for the FIGHT KIDS CANCER Competitive Call EoI

Clinical Trial Template

Applications deadline:
13th October 2026 16:00 (CEST, UTC+2)

IMPORTANT NOTES:
• Complete all shaded fields marked as "online only" directly in the portal

Part 1: Proposal Summary	
Information	**Requirement**
Project Title	please fill in
Project Acronym	please fill in
Project duration (months)	online only

Part 2: Lead PI details	
Information	**Requirement**
Last (family) name	please fill in
First (given) name	please fill in
Title (Ms, Mr, Dr, etc.)	please fill in
Institution name	online only
Department	online only
Country	online only

Email address	online only
Phone number	online only
Details of <u>each</u> Co-Investigator collaborating on the project	
Name(s), Institution(s) and country(ies)	online only

Part 3: Budget details	
Information	**Requirement**
Total project budget	online only
Grant requested from FKC	online only
Confirmed co-funding sources specifying amount and funder's name (if applicable)	online only

Part 4: Project summary	
Information	**Requirement**
Briefly describe your proposed research in clear, concise language (**max. 250 words**)	online only
Keywords (**max. 5**)	online only
Has this project been previously submitted to the FKC funding programme? If YES, please provide last year's EoI application number	online only

Part 5: Case for support
Describe your proposed research, including: 1. Research objectives 2. Implementation of the science/methodology 3. Expected impact and outcomes **(max. 1200 words)**
Please fill in

Part 6: Expertise of the consortium
Biosketch* of the lead PI Describe PI expertise and track record, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in
Biosketch(es)* of the co-PI(s) Describe the expertise and track record of each co-PI, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in

* A biosketch is a streamlined version of your CV.

To be completed online only:

By ticking this box, you confirm that you understand and accept that your clinical trial project may be funded in two successive phases, depending on the success of the initial stage. In such a case, you will need to submit the proposal for the next phase directly to the "full application" stage in a later call (bypassing the "expression of interest" stage).

☐ This clinical trial 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.

This form should be uploaded in PDF format on the submission platform by 16:00 (CEST, UTC+2) on 13th October 2026 at the latest.

ANNEX D: Expression of Interest – Clinical Trial Preparation Grant

2026-2027 FIGHT KIDS CANCER Call for Proposals

Template for the FIGHT KIDS CANCER Competitive Call EoI

Clinical Trial Preparation Grant Template

Applications deadline: 13th October 2026 16:00 (CEST, UTC+2)

This program funds the **preparatory phase of a clinical trial**, covering early activities needed to design and structure the study.

Applicants whose preparatory phase receives funding are eligible to apply for subsequent trial phases in future funding rounds. Such applications may be submitted directly at the Full Proposal stage, thereby streamlining the review process and eliminating the need for an initial Expression of Interest (see **Section 5 of the Guidelines for Applicants** for details).

IMPORTANT NOTES:

- ***Complete all shaded fields marked as "online only" directly in the portal***

Part 1: Proposal Summary	
Information	**Requirement**
Project Title	please fill in
Project Acronym	please fill in
Project duration (months)	online only

Part 2: Lead PI details	
Information	**Requirement**
Last (family) name	please fill in
First (given) name	please fill in

Title (Ms, Mr, Dr, etc.)	please fill in
Institution name	online only
Department	online only
Country	online only
Email address	online only
Phone number	online only
Details of <u>each</u> Co-Investigator collaborating on the project	
Name(s), Institution(s) and country(ies)	online only

Part 3: Budget details	
Information	**Requirement**
Total project budget	online only
Grant requested from FKC	online only
Confirmed co-funding sources specifying amount and funder's name (if applicable)	online only

Part 4: Project summary	
Information	**Requirement**
Briefly describe your proposed research in clear, concise language (**max. 250 words**)	online only
Keywords (**max. 5**)	online only
Has this project been previously submitted to	online only

the FKC funding programme? If YES, please provide last year's EoI application number	

Part 5: Case for support
Describe your proposed research, including: 1. Research objectives 2. Implementation of the science/methodology 3. Expected impact and outcomes **(max. 1200 words)**
Please fill in

Part 6: Expertise of the consortium
Biosketch (streamlined version of a CV) of the lead PI Describe PI expertise and track record, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in
Biosketch(es)* of the co-PI(s) Describe the expertise and track record of each co-PI, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in

To be completed online only:

By ticking this box, you confirm that you understand and accept that your clinical trial project may be funded in two successive phases, depending on the success of the initial stage. In such a case, you will need to submit the proposal for the next phase directly to the "full application" stage in a later call (bypassing the "expression of interest" stage).

☐ This clinical trial 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.

This form should be uploaded in PDF format on the submission platform by 16:00 (CEST, UTC+2) on 13th October 2026 at the latest.

ANNEX E: Full Proposal – Clinical Trial & Clinical trial Preparation Grant

2026-2027 FIGHT KIDS CANCER Call for Proposals

Template for the FIGHT KIDS CANCER Competitive Call Full Proposal

Clinical Trials Template

Submission Deadline: 26 February 2027 16:00 CET (UTC+1; 4 PM)

This text is only for information and should not appear in the proposal:
TEXT FORMATTING

- Font: Arial
- Minimum font size: 11 points
- References, tables, Gantt charts: 9 points minimum
- Line spacing: 1.15 for readability
- Page format: A4
- Margins: Minimum 15 mm on all sides (top, bottom, left, right)
- Language: English

DOCUMENT STRUCTURE

- Each page header: Proposal acronym
- Each page footer: "Page X of Y" format
- Sequential page numbering throughout
- No hyperlinks in main proposal text

TABLE & FIGURE GUIDELINES

- Tables should support the main text, not replace it
- Figures and tables must be clearly labelled
- All visuals should enhance understanding

SUBMISSION FORMAT

- PDF format only
- Offline completion required for Parts A & B
- Single PDF file upload

It is the responsibility of the applicant to verify that all submitted PDF documents are readable. Page limits are absolute. Any content exceeding the specified page limits will be removed and will not be considered as part of the application.

The tables below provide a summary of the maximum number of pages allowed for each section and subsection of the form.

Part	Section	Content	Page limit
Part A – Scientific Proposal	A.1	Scientific Excellence and Implementation Plan	7 pages
	A.2	Impact	2 pages
	A.3	Bibliographical References	2 pages
Part B – Budget and Annexes	B.1	Budget & Justification	2 pages
	B.2	Supporting Annexes	See below

Supporting Annexes (Section B.2)

Annex	Content	Page limit
Annex 1	Gantt Chart	1 page
Annex 2	Risk Management	2 pages
Annex 3	Patient Involvement	1 page
Annex 4	Quality of Life Assessment	1 page
Annex 5	Lay Language Summary	1/2 pages
Annex 6	CVs	2 pages per investigator
Annex 7	Letter of Support	As needed

Description of content

Part A

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

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

1.1 Quality and reliability of the research project

Provide:

- Introduction and context
- State-of-the-art review
- Specific research hypotheses and objectives
- General project overview
- Research methodology and approach

Highlight:

- Originality and innovative aspects
- Advancements expected in paediatric oncology
- Novel concepts, approaches, and methods
- How this project addresses identified gaps in the field

2. **Quality of the team/institution**

Provide:

- Qualifications and experience of the principal investigator(s)
- Team composition and expertise
- Previous experience on the research topic
- Narrative track record of work, including:
  - Main international collaborations
  - Level of experience in supervision of PhD and postdoctoral researchers
  - Publications, past and ongoing projects
  - Other relevant results
- Evidence of integration within the team/institution
- Completed CVs (to be included in Annex, Part B, Annex 6)

Highlight:

- How the research project will be well-integrated within the team/institution
- Key qualifications and expertise most relevant to the proposed research topic
- Outstanding achievements and contributions to the field

3. **Implementation**

Provide:

- Work planning description, including:

- Work breakdown structure
- Deliverables and milestones
- Project management structure and approach

- Proposed schedule (in months) detailed from project start, including:
  - Gantt chart with major deliverables and milestones (to be joined as an annex, Part B Annex 1)
- Resources required to support methodology and reach project objectives:
  - Technical expertise and skills needed
  - Planned number of person-months and how they will be allocated across tasks (detailed cost justification to be provided in Part B Section 1)
- Risk analysis and associated risk management plan (to be joined as an annex, Part B Annex 2)

Highlight:

- Clear alignment between work packages, timeline, and project objectives
- Feasibility of the proposed schedule and resource allocation
- Robustness of the risk management strategy

Part A. 2: Potential Impact – *2 pages 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 Annex 1).

- **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 (see Part B Annex 1).

Part A.3: References - ***2 pages maximum***

References must be cited in the text sequentially using Vancouver numbering style as superscripted Arabic numerals (1, 2, 3, 4…) placed after any punctuation mark. Two consecutive references are separated by a comma without a space; three or more consecutive references are presented as a range using an en dash (e.g., 1–4).

References should be listed on a new page titled "References" in the Annexes and must include all sources cited in the text. Journal titles should be abbreviated according to the National Library of Medicine style.

Part B:

Part B.1 : Budget and Justification – ***2 pages maximum***

The Justification of Resources must state the total project cost and explain why the requested resources are necessary. It should demonstrate that the proposal represents 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 7.

Budget table

(Excel spreadsheet below, to adapt according to the number of partners and years).

The completed Excel table must be inserted into the Full Proposal **and** uploaded separately as an Excel file in the designated field.

By ticking this box, you confirm that you understand and accept that your clinical trial project may be funded in two successive phases, depending on the success of the initial stage. In such a case, you will need to submit the proposal for the next phase directly to the "full application" stage in a later call (bypassing the "expression of interest" stage).

☐ **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.**

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.

Resubmission (to be completed online)

Is this a re-submission? If YES, provide the application number and a brief summary explaining how you have addressed the feedback from the previous year's review.

Part B.2: Supporting Annexes

The following Annexes must be provided with the proposal:

Annex 1: Gantt chart (1 page max)

The graphical Gantt chart should illustrate the work schedule of the project and should include:

- **Deliverables:** Distinct outputs of the research project that are essential to achieving the project's overall objectives. Deliverables may include reports, documents, publications, or other tangible outputs. Deliverables must be numbered sequentially according to their planned delivery dates using the following convention: "WP number. Deliverable number within that Work Package." For example, deliverable 1.2 refers to the second deliverable of Work Package 1.
- **Milestones:** Control points that help structure project progress. They typically mark the completion of key deliverables necessary for subsequent project phases,or represent intermediary results and achievements that serve as checkpoints for monitoring progress and implementing corrective measures if needed.

Annex 2: Risk management (2 pages max)

This section should identify and discuss relevant research and administrative risks that could impact project implementation. For each identified risk, describe the associated mitigation strategies and management measures.

Annex 3: Patient involvement (1 page max)

IMPORTANT: Patient representatives will review this section, and their evaluation will contribute to the funding decision for your proposal.

Clinical trial applications must demonstrate meaningful involvement of patient advocates or patient representatives throughout the project.

Patient involvement means active participation of patients or patient advocates in project planning and design, input on research priorities, trial outcomes, and patient-relevant measures, but also contribution to project communication and dissemination and participation in project governance (advisory committees, steering groups).

How did you incorporate patient experience and preferences in trial design, e.g. prioritised patient-relevant outcomes, minimised patient burden, used patient/advocate input on trial procedures?

If you have patient advocates involved, they should contribute to describing patient priorities and preferences.

Patient representatives' compensation must be included in the project budget (e.g. time/honorarium for patient advocates for meeting attendance and project contribution, travel and accommodation if attending meetings).

Annex 4: Quality of Life assessment (1 page max)

IMPORTANT: Patient representatives will review this section, and their evaluation will contribute to the funding decision for your proposal.

Have you included patient-relevant quality of life (QoL) outcomes assessment in your trial?

If YES: Describe QoL domains, measurement tools, timing, and rationale.

If NO: Justify why QoL assessment is not appropriate.

Annex 5: Lay language summary of the project (1/2 pages max)

IMPORTANT: Patient representatives will review this section and their evaluation will contribute to the funding decision for your proposal.

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
  - Current treatment and why it needs improvement
- What is your new treatment approach?
- How is it different from current treatment?
- Why do you think it might work better?
- What do you hope to achieve? (e.g., improve survival, reduce side effects, improve quality of life)
- Patient experience:
  - How long will the trial last?
  - What procedures or tests will patients undergo?
  - What are potential side effects or risks?
  - How much time commitment is required from patients/families?
  - Why are you enrolling patients with these specific characteristics? (specify all that applies: age, disease stage, comorbidities, previous treatments)
  - In which countries will the trial take place, and how many patients are expected to be enrolled in each country?
- Patient burden and support
  - What support will be provided during the trial?
  - How will side effects be managed?
  - What happens if a patient needs to withdraw?
- Are there any costs to patients?
- Next steps for patients after the conclusion of your project (clinical trial, phase II or III trial, amendment of standard of care…)

Annex 6: Project team CVs

CVs of the principal investigator and co-investigator(s) should be attached as 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.

Annex 7: 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 from named project contributors (maximum two pages per letter). These may include:

- Confirmation that investigational drug(s) have been identified and will be made available for trial initiation
- Support from complementary projects or other funding sources
- Commitment from the applicant's organisation

Requirements for all letters of support:

- Each letter must confirm the organisation's commitment to the project and clearly outline:
- The period of support
- The nature and scope of the collaboration
- The partner's role in the project
- The value, relevance, and potential benefits of the proposed work for the partner
- The added value of their contribution

For projects involving investigational drugs:

- A letter confirming drug availability is mandatory for both pre-clinical and clinical research.

For in-kind or leveraged support:

- Any in-kind or leveraged support must be documented through a letter from the relevant project partner or collaborating project.

Please note that a letter confirming the availability of investigational drugs is a mandatory eligibility requirement for early-phase clinical trial projects.

ANNEX E: Expression of Interest - Translational Research

2026-2027 FIGHT KIDS CANCER Call for Proposals

Template for the FIGHT KIDS CANCER Competitive Call EoI

Translational Research Template

Applications deadline: 13th October 2026 16:00 (CEST, UTC+2)

IMPORTANT NOTES:

- ***Complete all shaded fields marked as "online only" directly in the portal***

Part 1: Proposal Summary	
Information	**Requirement**
Project Title	please fill in
Project Acronym	please fill in
Project duration (months)	online only

Part 2: Lead PI details	
Information	**Requirement**
Last (family) name	please fill in
First (given) name	please fill in
Title (Ms, Mr, Dr, etc.)	please fill in
Institution name	online only
Department	online only
Country	online only
Email address	online only

Phone number	online only
Details of <u>each</u> Co-Investigator collaborating on the project	
Name (s), Institution(s) and country	online only

Part 3: Budget details	
Information	**Requirement**
Total project budget	online only
Grant requested from FKC	online only
Confirmed co-funding sources specifying amount and funder's name (if applicable)	online only

Part 4: Project summary	
Information	**Requirement**
Briefly describe your proposed research in clear, concise language (**max. 250 words**)	online only
Keywords (**max. 5**)	online only
Has this project been previously submitted to the FKC funding programme? If YES, please provide last year's EoI/FP application number	online only

Part 4: Case for support
Describe your proposed research, including: 1. Research objectives 2. Implementation of the science/methodology 3. Expected impact and outcomes **(max. 1200 words)**
Please fill in

Part 5: Expertise of the consortium
Biosketch* of the lead PI Describe PI expertise and track record, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in
Biosketch(es)* of the co-PI(s) Describe the expertise and track record of each co-PI, including 3-5 key publications demonstrating academic excellence and research impact. (**max. 200 words,** publications not included in word count)
Please fill in

* A biosketch is a streamlined version of your CV.

This form should be uploaded in PDF format on the submission platform no later than 16:00 (CEST, UTC+2) on 13th October 2026.

ANNEX F: Full Proposal – Translational Research

2026-2027 FIGHT KIDS CANCER Call for Proposals

Template for the FIGHT KIDS CANCER Competitive Call Full Proposal

Translational Research Template

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

TEXT FORMATTING

- Font: Arial
- Minimum font size: 11 points
- References, tables, Gantt charts: 9 points minimum
- Line spacing: 1.15 for readability
- Page format: A4
- Margins: Minimum 15 mm on all sides (top, bottom, left, right)
- Language: English

DOCUMENT STRUCTURE

- Each page header: Proposal acronym
- Each page footer: "Page X of Y" format
- Sequential page numbering throughout
- No hyperlinks in main proposal text

TABLE & FIGURE GUIDELINES

- Tables should support the main text, not replace it
- Figures and tables must be clearly labelled
- All visuals should enhance understanding

SUBMISSION FORMAT

- PDF format only
- Offline completion required for Parts A & B
- Single PDF file upload

It is the responsibility of the applicant to verify that all submitted PDF documents are readable. Page limits are absolute. Any content exceeding the specified page limits will be removed and will not be considered as part of the application.

The tables below provide a summary of the maximum number of pages allowed for each section and subsection of the form.

Part	Section	Content	Page limit
Part A – Scientific Proposal	A.1	Scientific Excellence and Implementation Plan	7 pages
	A.2	Impact	2 pages
	A.3	Bibliographical References	2 pages
Part B – Budget and Annexes	B.1	Budget & Justification	2 pages
	B.2	Supporting Annexes	See below

Supporting Annexes (Section B.2)

Annex	Content	Page limit
Annex 1	Gantt Chart	1 page
Annex 2	Risk Management	2 pages
Annex 3	Lay Language Summary	1/2 page
Annex 4	CVs	2 pages per investigator
Annex 5	Letter of Support	As needed

Description of content

Part A

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

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

1.1 Quality and reliability of the research project

Provide:

- Introduction and context
- State-of-the-art review
- Specific research hypotheses and objectives
- General project overview
- Research methodology and approach

Highlight:

- Originality and innovative aspects
- Advancements expected in paediatric oncology
- Novel concepts, approaches, and methods
- How this project addresses identified gaps in the field

2. **Quality of the team/institution**

Provide:

- Qualifications and experience of the principal investigator(s)
- Team composition and expertise
- Previous experience on the research topic
- Narrative track record of work, including:
  - Main international collaborations
  - Level of experience in supervision of PhD and postdoctoral researchers
  - Publications, past and ongoing projects
  - Other relevant results
- Evidence of integration within the team/institution
- Completed CVs (to be included as annex, Part B, Annex 4)

Highlight:

- How the research project will be well-integrated within the team/institution
- Key qualifications and expertise most relevant to the proposed research topic
- Outstanding achievements and contributions to the field

3. **Implementation**

Provide:

- Work planning description, including:
  - Work breakdown structure
  - Deliverables and milestones
  - Project management structure and approach
- Proposed schedule (in months) detailed from project start, including:
  - Gantt chart with major deliverables and milestones (to be joined as an annex, Part B Annex 1)
- Resources required to support methodology and reach project objectives:
  - Technical expertise and skills needed
  - Planned number of person-months and how they will be allocated across tasks (detailed cost justification to be provided in Part B Section 1)
- Risk analysis and associated risk management plan (Part B Annex 2)

Highlight:

- Clear alignment between work packages, timeline, and project objectives
- Feasibility of the proposed schedule and resource allocation
- Robustness of the risk management strategy

Part A. 2: Potential Impact – *2 pages 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 Annex 1).

- **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 (see Part B Annex 1).

Part A.3: References ***- 2 pages maximum***

References must be cited in the text sequentially using Vancouver numbering style as superscripted Arabic numerals (1, 2, 3, 4…) placed after any punctuation mark. Two consecutive references are separated by a comma without a space; three or more consecutive references are presented as a range using an en dash (e.g., 1–4).

References should be listed on a new page titled "References" in the Annexes and must include all sources cited in the text. Journal titles should be abbreviated according to the National Library of Medicine style.

Part B:

Part B.1 : Budget and Justification ***– 2 pages maximum***

The Justification of Resources must state the total project cost and explain why the requested resources are necessary. It should demonstrate that the proposal represents 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 5.

Budget table

(Excel spreadsheet below, to adapt according to the number of partners and years).

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

☐ **Is this a re-submission? If YES, provide the application number and a brief summary explaining how you have addressed the feedback from the previous year's review.**

Part B.2: Supporting Annexes

The following Annexes must be provided with the proposal:

Annex 1: Gantt chart (1 page max)

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

- **Deliverables:** Distinct outputs of the research project that are essential to achieving the project's overall objectives. Deliverables may include reports, documents, publications, or other tangible outputs. Deliverables must be numbered sequentially according to their planned delivery dates using the following convention: "WP number. Deliverable number within that Work Package." For example, deliverable 1.2 refers to the second deliverable of Work Package 1.
- **Milestones:** Control points that help structure project progress. They typically mark the completion of key deliverables necessary for subsequent project phases or represent intermediary results and achievements that serve as checkpoints for monitoring progress and implementing corrective measures if needed.

Annex 2: Risk management (2 pages max)

This section should identify and discuss relevant research and administrative risks that could impact project implementation. For each identified risk, describe the associated mitigation strategies and management measures.

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…)

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.

Annex 5: 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 from named project contributors (maximum two pages per letter). These may include:

- Confirmation that investigational drug(s) have been identified and will be made available for trial initiation
- Support from complementary projects or other funding sources
- Commitment from the applicant's organisation

Requirements for all letters of support:

- Each letter must confirm the organisation's commitment to the project and clearly outline:
- The period of support
- The nature and scope of the collaboration
- The partner's role in the project
- The value, relevance, and potential benefits of the proposed work for the partner
- The added value of their contribution

For projects involving investigational drugs:

- A letter confirming drug availability is mandatory for both pre-clinical and clinical research.

For in-kind or leveraged support:

- Any in-kind or leveraged support must be documented through a letter from the relevant project partner or collaborating project.

ANNEX G: Ethics self-assessment for the 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 cell lines?			
Section 2: Humans				
Does your 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 the collection of biological samples?			
Section 3: Human Cells/Tissues				
Does your research involve human cells & tissues (other than hESCs, see section 1)?				
If **YES**:	Are they commercially available?			
	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 datasets or sources, merging existing datasets)?				
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				
If 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:*				