# Project description clinical evaluation

# <Project title>

**<The document is to be brief, we expect about 3 pages in total. Please remove instructions in brackets such as this one. We prefer if you use English.>**

**<In addition to this document, please provide a brief CV (max 1 page) for 1-2 key individuals in the project (from the care provider in question).>**

<Date/version>

## Contact for proposal

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Organization: |  | Postal address: |  |
| E-mail: |  |  |

## Purpose and aims

<Summarize what the project aims to achieve.>

## Participants

|  |  |  |  |
| --- | --- | --- | --- |
| Individual | Organization | Title, role in project & relevant expertise | Man-hours |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Project plan

<Describe activities, deliverables and time plan. Put special focus on how the quantitative evaluation is made. Include brief description of technical methods to be used.>

## Budget

Total cost budget:

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | Salaries (incl overhead) | Equipment budget | Travel /accomodation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

Specification of counter-financing (minimum 50% of total cost budget):

|  |  |  |
| --- | --- | --- |
| Total project cost | AIDA funding requested | AIDA funding in % of total |
|  |  |  |

<Describe counter-financing plan: which/which parts of the above cost items are covered from other sources.>

## Brief information with respect to AIDA quality criteria

### Future clinical usefulness

<In what way can the project contribute to improved health care down the line?>

### Solution maturity

<For the product/service to be evaluated, briefly describe regulatory approvals and other evidence that the solution is mature enough to be appropriate for clinical evaluation.>

### Practical feasibility

<Is the project plan reasonable, for instance with respect to access to suitable expertise within the given time frame? Also, describe the effort that the industrial vendor will make in the project to ensure that the evaluation is effective.>

### Gender equality

<How does the project consider gender equality in terms of contents and staffing? AIDA’s goal is that staffing each subproject should be of good equality: not more skewed than 60/40, and no gender imbalance in the possibility to influence the results.>

### Value of AIDA connection

<What added value does the project get from being in the AIDA environment?>

### Other contribution to AIDA

<How will the project contribute to the other AIDA partners, for instance in the form of knowledge transfer, and access to results?>

**Approval by care provider department manager**

I hereby confirm that the host organization will, if the above proposal is granted, make the necessary arrangements to allow the project to be carried out according to plan. Moreover, I’m informed that before the start of the project, a standard agreement with AIDA and a formal approval vis-a-vis Vinnova will need to be signed.

Name Place and date

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Title Signature

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**Approval by industrial vendor**

I hereby confirm that our company will, if this proposal is granted, provide company resources to allow the project to be carried out according to the plan described above. Resources include both access to relevant products/services and man-hours to establish the technical setup for the evaluation.

Company

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Name Place and date

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Title Signature

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