***MATWIN*** *is a nationwide programme that identifies and supports the maturation of oncology research projects up to the preclinical Proof of Concept. Before filling a possible Project Application Form, we thank you complete the following items for a first internal assessment.*

**Research Project**

|  |  |
| --- | --- |
| **Title** |  |
| **Acronym** |  |
| **Key words** |  |

**Project Coordinator**

|  |  |
| --- | --- |
| **Title; Name** |  |
| **Position** |  |
| **Lab / Organization** |  |
| **Address** |  |
| **E-mail** |  | **Phone / Mobile** |  |
| **Tech Transfer contact; Name & email** |  |  |

**Technology Transfer Office (if applicable)**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation - Function** |  |
| **Address** |  |
| **E-mail** |  | **Phone / Mobile** |  |

1. **ABSTRACT - NOT CONFIDENTIAL – 400 WORDS MAX**

(Summarize your project in a NON-confidential way to allow diffusion to peers without jeopardizing proprietary information).

**Abstract (max 400 words) – English version**

👉 Please, note that your summary must address the following items :

1. Application domain

2. Innovative component / Competitive differentiator

3. Objectives

4. Concept

5. Methodology

6. Expected results

7. Impact

1. **CURRENT STAGE OF DEVELOPMENT (2 PAGES MAX)**

Describe the project’s development stage relative to the goal to be attained **(bullet points)**, including the essential / relevant data justifying your claims regarding the mechanism of action, the proof of concept, benchmarking, etc. with 2-3 figures of the most relevant and differentiating data.

**What do you expect from the MATWIN Programme? Assessment (acad / industrial), help in the structuration of the project, contacts for partnerships, etc. ?**

# UNDERTAKING

## Project Leader

*I, undersigned confirm that I have (i) completed all sections and that all information given in this form is complete and true, (ii) obtained the agreement of collaborators and institutional contacts for their participation. I agree that if the application be successful, some completed fields could be used for publication on the MATWIN website. I authorise the MATWIN society to share my application form for assessment, under confidentiality agreement condition for each person who accesses this.*

|  |  |
| --- | --- |
| **Name** | **Date and Signature** |
|  |  |

File to be sent to: emmanuel.conseiller@matwin.fr