

Regulations for funding for the conceptual phase and the development and networking phase of the "Medical Informatics" funding scheme

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1 Funding purpose, legal basis

1.1 Funding purpose

The Federal Government's Digital Agenda aims to use digitalization's innovative potential, including in the field of medicine. The Federal Ministry of Education and Research (BMBF) therefore published a funding scheme for medical informatics in November 2015. The funding scheme is part of the Health Research Framework Programme of the Federal Government and specifically addresses the fields of action "Focussed research into major diseases" and "Individualized medicine".

The objective of the funding scheme is to improve research opportunities and patient care with IT solutions which will enable the exchange and use of data from health care, clinical and biomedical research across institutions and sites. It also aims to make available existing expertise and the latest research in research and everyday practice. The funding scheme will focus initially on university hospitals because of the close links between patient care and clinical research which exist there. Further partners may include research institutes, higher education institutions, private clinics, and businesses in the IT, pharmaceutical, biotechnology or medical technology sectors.

Medical research has to absorb ever greater amounts of data of a heterogeneous nature from the life sciences and medical basic research, clinical research and patient care. Analyzing this data can help to improve the quality of medical care, as the current progress made in individualized medicine has shown, for example by making cancer treatments more effective and safer. Research is developing tools and models which help to predict the effects of drugs on the individual patient. This helps to reduce side effects and the number of unsuccessful treatments and to maximize both the quality of patient care and the patient's quality of life. The analysis, processing and consolidation of research and patient care data can also help make significant advances in clinical research, the development of drugs and the implementation of clinical trials and patient safety.

The relevant medical data is extraordinarily extensive and is stored in very different formats. To achieve the desired progress in patient care and research, structural solutions must be developed which make automated analysis of this data possible and enable its integration and comprehensive analysis. Moreover, its results must be tailored to the needs of researchers and attending doctors.

The envisaged solutions will help researchers and doctors to exploit the potential of the burgeoning amounts of medical data. Data from research and health care will be translated into new knowledge which can be used at the patient's bedside. Valuable health care data will be integrated into the research process. By the same token, current know-how and verifiable research outcome will become available more quickly in everyday clinical practice.

Interoperable IT systems are absolutely essential for the electronic data exchange between different sites of research and patient care. Researchers, doctors and patients must also be encouraged to share data for the benefit of society at large. Because of the sensitive nature of some of the medical data concerned, multi-site processes to guarantee data privacy and security must be agreed and implemented.

The ever greater amounts of data which are being generated cannot be analyzed in any meaningful way without specialized data scientists who are both skilled in applying state-of-the-art tools in informatics and familiar with medical terminology. This is why the "Medical Informatics" funding scheme also envisages more training of junior researchers in data sciences. All in all, medical informatics in Germany will develop into a progressive field.

The funding scheme adopts a tiered, modular design to grant flexibility to adapt to actual developments in the coming years. These regulations define the funding modalities of the first two funding phases, the nine-month conceptual phase and the subsequent four-year development and networking phase. The funding scheme envisages an ensuing phase of consolidation and further development as well as other supplementary funding modules which will run as of the development and networking phase. The BMBF will make a separate announcement in due course provided that the initiated development brings the desired results.

By international standards, Germany is not currently among the leaders in practical applications of modern information technology in the health sector. The objective of the BMBF's "Medical Informatics" funding scheme is to play a part in taking advantage of the

opportunities which digitalization has for the medical field. Project funding provided under this call must only be considered as start-up funding. The prospects of federal funding increase for the university hospitals and their research funding organizations which pledge to operate the structures to be created over the long term and to strengthen medical informatics at higher education institutions.

1.2 Legal basis

The Federal Government will award grants in accordance with these funding regulations, sections 23 and 44 of the Federal Budget Code (BHO) and the administrative regulations adopted thereunder as well as the BMBF's regulations governing applications for expenditure-based grants (AZA) and/or cost-based grants (AZK). There is no legal entitlement to funding. The funding authority will take a decision after due assessment of the circumstances and within the framework of the budget funds available.

These funding regulations apply in conjunction with the [Health Research Framework Programme](#).

The funding under these regulations fulfils the requirements of Commission Regulation (EU) No. 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty on the Functioning of the European Union (General Block Exemption Regulation – GBER) (OJ L 187 of 26.6.2014, p. 1). The funding is therefore compatible with the internal market within the meaning of Article 107(3) of the Treaty on the Functioning of the European Union (TFEU) and exempt from the obligation to inform under Article 108(3) TFEU.

In accordance with Article 1(4)(a) and (b) of the GBER, undertakings which are subject to an outstanding recovery order following a previous Commission decision declaring an aid illegal and incompatible with the internal market are ineligible for funding.

2 Object of funding

The "Medical Informatics" funding scheme provides for a nine-month conceptual phase and a potential subsequent, four-year development and networking phase. Consortia consisting of at least two university hospitals and possible further partners (e.g. research institutions, higher education institutions, private clinics, businesses in the IT, pharmaceutical, biotechnology or medical technology sectors) are eligible for funding. A university hospital

may not be incorporated in more than one consortium. The consortia will develop and implement technical and organizational solutions which enable the exchange and use of data from patient care, clinical and biomedical research across institutions and sites. They will also provide access to existing expertise and current research results in research and everyday clinical practice.

Data integration centres are a key element of the funding scheme. They are to be established and interlinked by the university hospitals and all the other partners which want to make research and patient care data available on a large scale. The data integration centres are responsible for:

- Creating access to local data in the organization
- Quality management of the stored data
- Compliance with data protection provisions
- Guaranteeing data security
- User and rights administration
- User support and training
- Creation of interfaces for data exchange with external partners and data collections

The research and health care data will not as a rule be stored and held at the data integration centre itself but instead at the local sites where the data is generated. The data integration centre must be an organizational unit whose competences are clearly defined. High-ranking persons should be part of its management, and the centre should be equipped with all the necessary human and infrastructural resources. The data integration centre should work in close collaboration with the scientific and medical personnel who have an interest in using and analyzing the data which is generated.

The second key element of the funding scheme is the development of IT solutions for specific applications which will be aided by the multi-site exchange of research and patient care data. Examples of use cases include: IT-based support in the diagnosis and choice of treatment of rare diseases, recruitment of patients for clinical trials, personalized cancer treatment, or some other function in research and patient care practice. These specific use cases must demonstrate the added value of data exchange and the developed IT solutions for researchers, doctors and patients.

2.1 Conceptual phase

The consortia must develop strategic plans based on certain success factors during the nine-month conceptual phase. The following minimum requirements apply:

- Development of a strategic plan for data exchange and the joint use of data within the consortium and beyond
- Elaboration of one or several concrete use cases for the envisaged IT solutions and establishment of verifiable milestones which can demonstrate the functional performance and usefulness of the solutions in the development phase which may follow
- Elaboration of strategic plans for the data integration centres at every participating institution which wants to make research and patient care data available on a large scale, including preliminary plans for the continued operation of the centres in the period after federal funding ends
- Development of a strategy to position medical informatics as a progressive field in research, teaching and continuing education at the participating university hospitals and higher education institutions
- Elaboration of a tentative roll-out plan for the later expansion of the emerging IT solutions to further use cases and other institutions
- Development of a detailed work plan for a potential subsequent development phase, including defined, measurable criteria for success
- Establishment of a management structure within the consortium for the possible next funding phase

Further suitable partners for the consortium may be recruited during the conceptual phase. In particular, the consortia must endeavour to recruit further university hospitals which do not belong to one of the funded consortia but which are interested in adopting the envisaged organizational and technological solutions in the future and becoming involved as network partners.

2.2 Development and networking phase

Every funded university hospital will build up a data integration centre during the development and networking phase. If, in addition to the university hospitals, other partners in the consortia

want to share data on a large scale (e.g. research institutions, private clinics), each of these partners must also establish its own data integration centre.

Beside the structural establishment of data integration centres, IT solutions for one or more clearly defined use cases will be developed, implemented and tested. An external audit conducted about six months before the end of the development and networking funding phase will determine whether the funded consortia have 1) successfully created measurable added value for research or patient care through the organizational and technical solutions which they developed, and 2) made data exchange across the consortia possible.

The consortia are expected to recruit further university hospitals as network partners for the purpose of preparing the dissemination of successful solutions later on. By the end of the first year of the development and networking phase, each funded consortium must ensure that further university hospitals which do not already belong to one of the funded consortia have become involved as network partners. These university hospitals should demonstrate an interest in adopting the consortium's IT solutions in the possible subsequent consolidation and further development phase. In preparation of the adoption, the network partners should be involved early on in the design of the IT solutions without having to establish their own data integration centre. Networking partners can apply for a federal grant to cover the travel and staff costs for a coordinator. As a rule, networking partners should be involved in one consortium only.

During the development and networking phase, the consortia must prepare an internal roll-out plan for successful solutions developed by their own or another funded consortium for the subsequent funding phase which may follow. Furthermore, strategic plans for the continued operation of the data integration centres must be further developed and presented at the end of the development and networking phase.

The consortia are expected to implement their strategies to strengthen medical informatics. The BMBF is offering funding for two junior research groups to every participating higher education institution as a foundation for and an incentive to establish additional professorships in medical informatics. The junior research groups, designed to collaborate for five years, are eligible to receive funding as soon as a professor and suitable junior research group leaders have been appointed. As a prerequisite for funding, the BMBF will verify whether the newly established professorships in medical informatics are in fact new

professorships or whether they are merely the effect of a restructuring of existing, related professorships.

Each consortium must have an adequate management structure in place. It is recommended that the management comprises at least one internal steering body and an advisory body whose membership includes external individuals. The networking partners envisaged for the future roll-out should be integrated in the management structure. The advisory body should endeavour to ensure international compatibility.

2.3 Supporting project

Coordination processes which reach beyond the scope of the management structures of the individual consortia will be needed to prevent stand-alone solutions. A national steering committee whose membership includes the directors of the funded consortia will be established for this purpose. Working groups whose memberships include all the relevant actors will be set up to tackle problems which require solutions that apply to the consortia and beyond.

The work of the national steering committee and its working groups will be supported by a managing office. For this purpose, the BMBF plans to provide funding for a supporting project, initially for a period of 18 months starting with the conceptual phase (prospective date: July 2016), until the start of the development and networking phase (prospective date: end of 2017).

The aim of the supporting project is to provide an overview by data mapping the types of data which the funded consortia plan to exchange, and to support the necessary coordination of efforts across the consortia concerning e.g. uniform data standards, IT interfaces and data protection policies. Working groups will be set up which meet at regular intervals throughout the conceptual phase. The working groups will be supplied with information relevant for their work, for example concerning

- data collections in Germany and abroad for which interfaces and interoperability must be created,
- existing standards and norms,
- current trends in technology.

3 Funding recipients

During both the conceptual phase and the development and networking phase, the following parties within a consortium are eligible for funding: public and private higher education institutions and university hospitals, non-university research institutions and other institutions and providers of health care (e.g. hospitals), possibly those which have commercial company status.

Commercial companies may be involved in the consortia either as subcontractors or as recipients of funding. However, commercial companies are only eligible for funding if they have R&D^{*} capacity in Germany. Small and medium-sized enterprises (SMEs) are specifically invited to take part in the call. For the European Commission's definition of SMEs click [here](#) .

The following are eligible for funding for the supporting research project (see No. 2.3, 5.3 and 7.2.3.): higher education institutions, research institutions, departmental research establishments, and scientific working groups established as a legal entity (e.g. registered association).

Research institutions which receive basic funding from the Federal Government and/or the *Länder* can be granted project funding supplementary to their institutional-based funding to cover additional project-related expenditure or costs under certain preconditions.

4 Prerequisites for funding

The university hospitals must have electronic systems for the collection of primary patient care data (e.g. HIS, clinical workplace system (KAS)). Details must be provided on how the data integration centres and the IT solutions to be developed under the funding measure will interact with existing systems.

The funded consortia are expected to be actively involved in the work of the national steering committee and its working groups.

Recipients of funding are obliged to participate in evaluation measures of funding activities and to provide all the information necessary. In particular, the funded consortia must participate in the planned audit to verify the functional performance, interoperability and usefulness of the developed solutions.

Partners in a consortium must regulate their cooperation in a written cooperation agreement. Before a funding decision on a consortium is taken, the cooperation partners must prove that they have reached a basic agreement on certain criteria stipulated by the BMBF.

Details on funding prerequisites are contained in the information leaflet for applicants/funding recipients on cooperation between partners in collaborative projects (*Merkblatt für Antragsteller/Zuwendungsempfänger zur Zusammenarbeit der Partner von Verbundprojekten*), BMBF leaflet No. 0110: link: https://foerderportal.bund.de/easy/easy_index.php?auswahl=easy_formulare; header BMBF under "Allgemeine Vordrucke und Vorlagen für Berichte".

5. Type, scope and rates of funding

Funding will take the form of non-repayable grant awarded for projects.

The basis for calculating the grants for universities, research and science institutions and similar establishments is the eligible project-related expenditure (in the case of the Helmholtz centres and the Fraunhofer-Gesellschaft (FhG), eligible project-related costs), which can receive up to 100% coverage in individual cases.

Grants for commercial companies will be calculated on the basis of the eligible project-related costs, up to 50% of which can as a rule be covered by government grants, depending on the project's relevance to application. The BMBF's policy requires an appropriate self-contribution of at least 50% towards the eligible costs incurred.

The calculation of the respective rate of funding must take account of the General Block Exemption Regulation (GBER). The GBER allows various additional payments for small and medium-sized enterprises (SMEs) which could in some circumstances lead to a higher rate of funding.

In the case of research projects at universities, a flat-rate grant amounting to 20% of total expenditure will be awarded in addition to the eligible expenditure.

5.1 Conceptual phase

Expenditure for personnel and travel and for sub-contracting (e.g. for consulting and analysis) is eligible for funding in the conceptual phase. The grant amount per consortium is limited to

€300,000 (in addition to a flat-rate grant per project, if applicable). The conceptual phase runs for a period of nine months.

5.2 Development and networking phase

Expenditure for personnel, equipment, travel and sub-contracting for the purpose of establishing the data integration centres is eligible for funding. In addition, project-related investments which do not form part of the applicant's basic equipment are also eligible for funding. The development and networking phase runs for a period of four years.

Expenditure for personnel, equipment, travel and subcontracting for R&D projects to develop, implement and test the IT solutions in their intended use cases is eligible for funding. In addition, project-related investments which do not form part of the applicant's basic expenditure are also eligible for funding. Besides the university hospitals, further potential partners in these R&D projects may include research institutions, big data competence centres, and commercial companies. The development and networking phase runs for a period of up to four years.

Expenditure for personnel and equipment, project-related investment and publications and travel for the junior research groups is eligible for funding. The guidelines for staffing levels are as follows: one junior research group leader, one post-doc, two doctoral students, and up to two technical staff. The junior research groups are funded for a period of five years.

5.3 Supporting project

The following expenditure is eligible for funding: additional costs for staff, equipment, travel, subcontracting, and – in well-founded exceptional cases – project-related investments for items which do not form part of the applicant's basic equipment.

6 Other terms and conditions

The Nebenbestimmungen für Zuwendungen auf Kostenbasis des BMBF an Unternehmen der gewerblichen Wirtschaft für Forschungs- und Entwicklungsvorhaben (Auxiliary Terms and Conditions for Funds Provided by the BMBF to Commercial Companies for Research and Development Projects on a Cost Basis – NKBF 98) will be part of the notification of award for grants on a cost basis.

Notification of award for grants on an expenditure basis will include the *Allgemeine Nebenbestimmungen für Zuwendungen zur Projektförderung (ANBest-P)* (General Auxiliary Conditions for Grants Provided for Projects on an Expenditure Basis), the *Besondere Nebenbestimmungen für Zuwendungen des BMBF zur Projektförderung auf Ausgabenbasis (BNBest-BMBF 98)* (Special Auxiliary Terms and Conditions for Funds Provided by the BMBF for the Promotion of Projects on Expenditure Basis), and the *BNBest-mittelbarer Abruf-BMBF* special auxiliary terms and conditions if funds are provided under the funds withdrawal procedure.

7 Procedure

7.1 Involvement of a project management organization, application documents, other documents and use of the electronic application system

The BMBF has currently entrusted the following project management organizations with implementing the funding measure:

DLR Projektträger (PT-DLR)
– Gesundheitsforschung –
Heinrich-Konen-Straße 1
53227 Bonn

Projektträger Jülich (PtJ)
Forschungszentrum Jülich GmbH
Geschäftsbereich LGF
52425 Jülich

Initial contact persons for (potential) applicants:

DLR Projektträger
Phone: +49 (0) 228/38 21-12 10
Fax: +49 (0) 228/38 21-12 57

Internet: www.gesundheitsforschung-bmbf.de

Any modifications will be announced in the *Bundesanzeiger* (Federal Gazette) or in another suitable form.

Applicants are recommended to contact the project management organization to obtain advice. The organization will provide further information and details.

Initial contact persons are Dr. Stefanie Gehring (stefanie.gehring@dlr.de, phone: +49 (0) 228/38 21-11 09), Dr. Katrin Hahlen (katrin.hahlen@dlr.de, phone: +49 (0) 228/38 21-11 43) and Dr. Nanette Kälin (nanette.kaelin@dlr.de, phone: +49 (0) 228/38 21-12 51).

An informational event for potential applicants about the goals and design of the "Medical Informatics" funding scheme will take place on 27 November 2015 in Berlin. More information is available online at www.gesundheitsforschung-bmbf.de/de/medizininformatik.php.

Application forms, guidelines, information and auxiliary terms and conditions are available [here](#).

The electronic application system "easy-online" must be used for drafting formal applications.

7.2 Funding procedure

7.2.1 Conceptual phase

In a first step, each consortium must submit formal applications for funding (using forms AZA, AZAP, AZK) for each partner which is seeking funding in the conceptual phase.

Deadline: 31 March 2016

The following information must be added to the formal application:

- Utilization plan
- Reason for funding requirement
- Project description

The electronic application system "[easy-online](#)" must be used for drafting formal applications. The additional information required above can be uploaded here as annex.

All documentation must be submitted in German and in consultation with the proposed consortium leader.

In addition, each consortium must submit a joint project description (25 pages maximum) which addresses the following issues:

- Statement of objectives including milestones over the next 15 years to establish a data exchange system within and beyond the consortium
- Identification of one or several concrete IT applications which will be elaborated in detail during the conceptual phase and realized in the potential follow-up development phase
- Evidence of competences, groundwork and envisaged roles of partners in the consortium
- Comparison of *status quo ante* with situation in Germany and abroad regarding IT infrastructures in health care, research and medical informatics
- Details of planned collaboration in the consortium
- Detailed work and resource plans for the conceptual phase

Furthermore, expressions of interest must be submitted by all partners to the consortium. These expressions of interest should provide the motivation for their involvement in the consortium and signal possible matched funding in later phases. Early commitments, for example concerning the continued operation of the emerging data integration centres or strengthening the position of medical informatics in teaching, research and continuing education, will be positively evaluated and increase the chances of receiving federal funding.

In view of the international evaluation procedure, it is recommended that this documentation be submitted in English. The documentation should contain all the information needed to enable the formation of a final opinion. See the [guide for applicants](#) for more details.

Applications must be submitted electronically via the [web portal](#).

Documents can be uploaded as a PDF file. Furthermore, a project overview will be generated from details stated on an Internet form. The project overview and the additional uploaded files will be assessed jointly.

Documents must be uploaded to the web portal by 31 March 2016. The portal will close when the deadline is passed. The submission deadline is not a cut-off deadline. However, it may not be possible to consider applications which are received belatedly or which are incomplete. Applicants submitting their outlines after the deadline must contact the competent project management organization. Applications may not be sent by e-mail or fax.

The evaluation of the applications received will involve external experts and will be based on the following criteria:

- Contribution towards the aims of the funding scheme
- Aptitude and competence of applicants
- Quality of the planned cooperation in the consortium
- Working plan for the conceptual phase
- Persuasiveness of the expressions of interest submitted by the consortium partners

A funding decision will be taken after a final evaluation based on the criteria and assessment procedure above.

7.2.2 Development and networking phase

The consortia which are granted funding for the conceptual phase may submit applications for funding in an ensuing development and networking phase. A detailed strategic plan must be submitted as a result of the conceptual phase (approx. 100 pages), including:

- Statement of objectives to be achieved with specific milestones for the next 15 years to establish a data exchange system within and beyond the consortium
- Strategy for the joint use of data and data exchange within and beyond the consortium (type and volume of included data, data security, data protection, management agreement on patient-specific data, interoperability)
- Detailed description of one or several concrete use cases for the IT solutions which are to be developed
- Description of the necessary R&D activity to realize the IT solutions for said use cases
- Milestones by which to measure the functional performance, interoperability and benefit of the IT solutions for research and patient care towards the end of the development phase
- Preliminary roll-out plan for later expansion of the structures and IT solutions to be developed to further applications and other institutions
- Strategy to strengthen medical informatics at the participating universities
- Evidence of competences, groundwork and envisaged roles of partners in the consortium
- Comparison of *status quo ante* with situation in Germany and abroad

- Details of planned collaboration in the consortium including the envisaged management structure
- Detailed work, time and resource plans for the development phase

Binding statements of commitment from all partners in the consortium must be submitted together with the strategy for the phase. These statements must reflect

- Commitment to implement and comply with the strategic plan for data use and exchange
- Willingness to collaborate across the consortium on cross-cutting issues (e.g. interoperability, data privacy) in the context of the national steering committee and its working groups
- Information about own contributions (e.g. establishment of professorships in medical informatics, continued operation of data integration centres, provision of access to existing or additional resources not included in the requested federal funding)
- Information on role played in a future internal or external roll-out

Every consortium partner planning to establish its own data integration centre during the development and networking phase must submit a separate conceptual framework (no longer than 30 pages) which must address:

- Structural development of the data integration centre including a comparison of the current status quo and the targeted situation in four years at the end of the development and networking phase (deliverables and competences of the respective data integration centre, its position in the organizational structure, management, personnel and infrastructural resources)
- Strategy for the implementation of regulations applicable within and across the consortium as concerns
 - Data privacy and patient consent
 - Data quality control
 - Guaranteeing interoperability with existing data collections and IT solutions in Germany and abroad
- Internal change management to strengthen data sharing culture
- Detailed work, resource and time plans for the establishment of the data integration centre

- Provisional plan for the continued operation of the data integration centre after the four-year development federal funding period.

In view of the international evaluation procedure, it is recommended that the consortium's strategic plan, statements of commitment and conceptual frameworks for the data integration centres be submitted in English. All documentation must be submitted in consultation with the proposed consortium leader. The documentation should contain all the information needed to enable the formation of a final opinion.

The evaluation of the proposals received will involve external experts and will be based on the following criteria:

- Contribution towards the aims of the funding scheme
- Ability of the envisaged use cases to improve research opportunities or patient care
- Aptitude and competence of applicants
- Quality of the plans in respect of
 - Exchange and use of data
 - Establishment of the data centres
 - Development, implementation and trialling of IT solutions for the use cases
 - Strengthening medical informatics
- Quality and adequacy of work, time and resource planning
- Appropriateness and verifiability of milestones by which to measure the functional performance, interoperability and benefit of the IT solutions for research or patient care towards the end of the development phase
- Probability of achieving the targeted milestones in view of the *status quo ante*, competence of the consortium partners and planned activities
- Plausibility of the indicated prospects for the continued operation of the data centres and a future roll-out of successful solutions
- Appropriateness of consortial management structures
- Content and persuasiveness of submitted statements of commitment from the partners

Consortia will be informed in writing of the results of this procedure.

The consortia which receive a positive evaluation will then be requested to submit a formal application for the data integration centres, the necessary R&D activity to develop, implement

and trial the IT solutions for the proposed use cases, and possibly at a later time, for the junior research groups. The project management agency will provide more detailed information on requirements along with the request for submission of a formal application. The funding applications must be submitted in consultation with the proposed consortium leader.

The applications received will be evaluated according to the following criteria:

- Eligibility for funding
- Need for and appropriateness of requested funding
- Plausibility of the details of the financial plan
- Quality and information content of the utilization plan, also in terms of the objectives of this funding measure
- Fulfilment of possible requirements which result from the evaluation of the proposal and compliance with the recommended financial framework

A funding decision will be taken after a final evaluation based on these criteria and the assessment procedure above.

7.2.3 Supporting project

Formal applications for funding of the supporting project (cf. No. 2.3 and 5.3) must be submitted to the project management agency

by 1 March 2016 at the latest.

Applications received after this date or which are incomplete may possibly not be considered for funding. Applications must be submitted in German.

The following additional information must be added to the formal application:

- Detailed financial plan of the project
- Detailed utilization plan
- Reason for funding requirement
- Detailed work plan including planning of project-related resources and milestones
- Project description

The electronic application system "[easy-online](#)" must be used for drafting formal applications. The additional information required above can be uploaded here as annex.

See the [guide for applicants](#) for more details.

The applications received will be reviewed and evaluated according to the following criteria:

- Contribution of the planned activities to the objectives of the "Medical Informatics" funding scheme
- Relevant experience and expertise of applicant
- Appropriateness and eligibility for funding

A funding decision will be taken after a final evaluation based on these criteria and the assessment procedure above. Funding is provided for one accompanying project only.

7.3 Relevant regulations

Questions concerning the approval and payment of and accounting for funds as well as proof and examination of proper use and, if necessary, revocation of the award and reclaiming of the funds awarded are governed by the administrative regulations pertaining to section 44 of the Federal Budget Code (BHO) and sections 48 to 49a of the Administrative Procedure Act (VwVfG), unless deviation was permitted under the present funding regulations.

8 Entry into force

These funding regulations will enter into force on the day of their publication in the Federal Gazette (*Bundesanzeiger*).

Berlin, 30 October 2015

Federal Ministry of Education and Research
Dr. Kölbl

*R&D = research and development