**Euro-BioImaging Node - Expression of Interest:**

**Costs Concept**

In order to demonstrate the extent of the plans you have developed by now, please provide details of your expected full-costs associated with the upgrade needed for the creation of Euro-BioImaging Node and its operation.

The contribution of your funders and the coverage of cost for your prospective Node are subject to national rules and procedures. This aspect will have to be in detail negotiated between you and your funders, once your *Expression of Interest* for your Nodehas been successfully evaluated by the Euro-BioImaging Scientific Advisory Board. If requested, Euro-BioImaging ERIC can support the applicant with this negotiation process.

Costs for capacity upgrade and operation (in thousand EUR):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| **Investment**costs | Acquisition of realestate and infrastructure (building)1 | Y k€ |  |
| Imaging instruments2 | Y k€ |
| Other relevant/supportingequipment3 | Y k€ |
| **Running**costs | FTE4 |  | XX months | XX months | XX months | XX months | XX months |
| Support5 | Y k€ | Y k€ | Y k€ | Y k€ | Y k€ |
| Upgrades &maintenance6 | Y k€ | Y k€ | Y k€ | Y k€ | Y k€ |
| Other7 | Y k€ | Y k€ | Y k€ | Y k€ | Y k€ |
| **Total Costs (Year 0-5)** |  |  |

1: Please list type and number of required rooms (e.g. lab room, cell culture, sample preparation,

server room, data analysis room, office, training and seminar room).

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |
|  |  |
|  |  |

2: Please list type and number of imaging instruments/equipment.

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |
|  |  |
|  |  |

3: Please list type and number of additional required equipment (e.g. server, data analysis equipment, cell culture equipment etc.).

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |
|  |  |

4: Please list type and number of required FTE (e.g. facility manager, bio/optical- technicians,

operators, image analysis specialist, admin staff).

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |

5: Please list further required support (building automation, heating/air conditioning, electricity, software licenses, membership fees, other contributions to the hosting organization etc.).

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |
|  |  |

6: Please list other relevant investments (upgrades, replacement purchases) required for keeping the infrastructure and equipment on an adequate level, reflecting the state-of-the-art.

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |
|  |  |

7. Please list other costs such as indirect administration costs associated with the requested staff, consumables, etc.

|  |  |
| --- | --- |
| Type and number | Full costs |
|  |  |
|  |  |