WE & ME
Foundation

WE&ME PROJECTS

CALL SPECIFICATIONS

IN COLLABORATION WITH SCIENCE FOR ME

weandmecfs.org

CALL FACTS

Scope of the Call

This call is open to research teams that aim to advance our understanding of the biological mechanisms of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Projects must focus on ME/CFS, demonstrate a clear innovation in methodology or clinical approach Meaningful involvement of patients and/or patient representatives is mandatory. Teams must demonstrate adequate understanding of ME/CFS and show that participant selection and study design are appropriate according to state-of-the art criteria. Projects investigating patients from other post-acute infection contexts are eligible provided participants fulfill established ME/CFS diagnostic criteria. This call explicitly welcomes applications from researchers new to the ME/CFS field, including those transitioning from related research areas.

Who can apply?

- → Core team of two or three Principal Investigators (PIs)
- → All PIs must be based at a university, non-university research institution, or other eligible non-profit research organisation
- → Open internationally; no geographic restrictions on the host institution
- → Industry partners may collaborate in-kind but cannot be funded
- → Early-career researchers and applicants with career breaks are explicitly encouraged

Project duration

18 to 24 months

Funding

- → Indicative call volume: approx. 7 projects funded, subject to quality
- → Project budget: EUR 120,000 to EUR 180,000 per project
- → Personnel and non-personnel costs eligible (max. 40% non-personnel costs)

Timeline

- → Call launch: 15th of June 2026
- → Stage 1 short proposal deadline: 25th of August 2026, 2pm CET
- → Stage 2 full proposal deadline (by invitation): 10th of November 2026, 2pm CET
- → Expected funding decision: mid-December 2026
- → Project start: from January 2027

Process

- → Two-stage submission: open Stage 1 short proposal, followed by invited Stage 2 full proposal
- → Application online via WWTF Funding Portal
- → Selection by international jury appointed by the WE&ME Foundation and funding decision by the WE&ME Foundation
- → Written feedback provided to all Stage 2 applicants
- → Funded teams will have the opportunity to apply for a consolidation call planned for 2028/2029.

Disclaimer

This call is jointly developed by the WE&ME Foundation and Science for ME, and is managed by the Vienna Science and Technology Funds (WWTF) GmbH. The call is funded entirely by the WE&ME Foundation.

SCOPE OF THE CALL

This call funds research to advance understanding of ME/CFS biological mechanisms. We welcome pilot and exploratory studies. Preliminary data is not required, though it strengthens proposals. Data supporting your approach may come from other disease areas or fields. The call is deliberately broad in methodology and encourages innovative approaches: novel hypotheses, underexploited methods, understudied disease subtypes, or new biological frameworks applied to established questions.

Both single-discipline and interdisciplinary teams are welcome. Combining experimental and clinical approaches is encouraged but not required. Diagnostic studies are eligible when clearly linked to underlying mechanisms. We actively welcome methodologies drawn from other fields, provided teams demonstrate adequate understanding of ME/CFS fundamentals and appropriate study design and participant selection. Projects investigating patients from other post-acute infection contexts are eligible, provided participants meet established ME/CFS diagnostic criteria.

Meaningful involvement of patients and/or patient representatives is mandatory. Patient perspectives must be integrated along the research cycle. Patient advisors or representatives should be active participants in the project team.

Baseline requirements

Every proposal must satisfy all of the following:

- → Focus on ME/CFS. Contributing an ME/CFS cohort to an established study on another disease is permissible.
- → A clearly stated innovative aspect of the approach or method.
- → Meaningful and feasible patient involvement, beyond participation as study subjects.
- → Excellent research team with a proven track-record relative to the scientific ambition of the proposal. Researchers bringing transferable methodologies from other fields into ME/CFS research are highly welcome.

Out of scope

The following are explicitly out of scope for this call:

- → Large-scale clinical trials (Phase II or III).
- → Exclusive Long COVID cohorts.
- → Purely descriptive or epidemiological studies without a mechanistic research question.
- → Quality improvement projects or evaluations of standard clinical care pathways.

- → Clinical outcome measurement studies including e.g. pure questionnaire studies and the assessment of psychosomatic interventions
- → Research replicating established findings without new mechanistic insight, an understudied subtype, or a novel biological angle.
- → Studies that mix participants with post-COVID organ damage, i.e. studies that mix participants with post-COVID syndrome (e.g. organ damage, PICS, anosmia or cardiac/pulmonary injury causing exercise intolerance) into ME/CFS cohorts without clear separation.

STUDY POPULATION AND DIAGNOSTIC CRITERIA

The composition of the study population is decisive for the validity of findings in ME/CFS research. Applicants must describe how they will access their study cohort and outline the stratification strategy. The following requirements apply to all proposals involving human participants as ME/CFS cases.

Accepted diagnostic criteria

The heterogeneity of ME/CFS datasets has historically compromised research rigor. To address this, detailed characterization of study participants is required in all proposals. Exceptions may be considered where clearly justified. Only the following criteria are accepted:

- → Canadian Consensus Criteria (CCC), or the revised CCC.
- → International Consensus Criteria (ICC).
- → IOM 2015 Diagnostic Criteria.

Pre-pandemic and post-pandemic onset

Pre-pandemic ME/CFS has historically received much less research investment than long COVID, and including this group improves both fairness and scientific interpretation.

Proposals must state whether participants became ill before the COVID-19 pandemic (onset before January 2020) or after (post-pandemic onset). This distinction is required because the two populations may differ in trigger, immunological history, and access to care. Studies recruiting post-COVID ME/CFS participants are strongly encouraged to include a comparison cohort of pre-pandemic ME/CFS participants.

PEM is necessary but not sufficient

Post-exertional malaise (PEM) alone does not qualify a participant as having ME/CFS. Every participant included as an ME/CFS case must fulfil one of the three diagnostic criteria above, regardless of pre-pandemic or post-pandemic onset.

Proposals must distinguish ME/CFS participants from individuals whose post-COVID exercise intolerance is caused by acute organ damage (for example cardiac or pulmonary injury). These individuals do not have ME/CFS, and including them in an ME/CFS cohort would prevent appropriate conclusions from being drawn.

Use of data from severely affected patients

Many people with ME/CFS are housebound or bedbound and are systematically under-represented in research. Where feasible, proposals are encouraged to enable the inclusion of severely affected patients, for example through home visits, remote measurements, or use of existing data collected from this group.

Note: Registry data projects are eligible provided they contribute to biological understanding.

ELIGIBILITY OF APPLICANTS

The call is open internationally. There are no geographic restrictions on the host institution, in line with the WE&ME Foundation‘s mission to fund the best research wherever it is conducted.

Core team

- → A project core team consists of two or three Principal Investigators (PIs).
- → One PI must be designated as Principal Investigator and Coordinator (PI&C). The PI&C is the contact for WE&ME Foundation and signs the funding contract on behalf of the team.
- → The PI&C and all co-PIs must be based at a university, non-university research institution, or other eligible non-profit research organisation.
- → Researchers without affiliation cannot be funded.
- → Every core team member must submit a CV and a list of relevant publications or research outputs mapping on the proposed project.
- → A researcher may appear as PI&C or co-PI in a maximum of two proposals in this call.

Team composition

Interdisciplinarity is not mandatory in this call, but we explicitly encourage teams to include researchers from adjacent fields bringing transferable methods into the field of ME/CFS. For example, immunology, neuroscience, mitochondrial biology, autonomic physiology, sleep research, computational biology, computer science or data science. Project applications ust clearly describe the roles, complementarity, and expertise of all team members, and how their integration fulfills the project‘s goals.

Project partners and collaborators

- → Additional project partners and collaborators may be included beyond the core team.
- → Industry partners are not eligible to receive funding but may collaborate in-kind.
- → Patient organisations and patient experts can be funded for substantive contributions to the project (see Patient Involvement).

Career stage and breaks

Early-career researchers are explicitly encouraged to apply. Career breaks (parental leave, care duties, prolonged illness, including ME/CFS or other chronic diseases) will be taken into account in the evaluation. Applicants should provide the relevant time periods so academic age can be calculated fairly.

TWO-STAGE SUBMISSION PROCESS

The call uses a two-stage process to keep the workload for applicants proportionate to the chance of success.

All eligible applicants may submit a short proposal using a provided template. The short proposal is the primary basis for selecting which teams are invited to submit a full proposal. Proposals must be submitted in English language.

Stage 1: Short Proposal (open)

Content of the short proposal

- → Project title, acronym, keywords and project duration
- → Lay summary (max. 1,000 characters) and scientific abstract (max. 2,000 characters).
- → Core team members: Short CVs, scientific competencies (max. 500 characters) and role of each core team member (max. 500 characters)
- → Project description (max. 10,000 characters) covering:
  - → research questions and main hypotheses
  - → mechanistic relevance to post-acute infection syndromes (PAIS) and ME/CFS
  - → proposed methods and innovative aspects
  - → team composition
  - → patient involvement
  - → Clear study sample description: applicants must specify the diagnostic criteria to be applied, indicate whether the cohort is pre-pandemic, post-pandemic, or both, and set out a credible recruitment plan. Describing a target sample without explaining how it will be accessed will not be considered sufficient.
- → Indicative budget (bulk sums, no detailed cost planning required at this stage)
- → Signatures from the authorised representatives of all involved institutions and partners

Stage 2: Full Proposal (invite-only)

Teams invited after Stage 1 will be asked to submit a full proposal via an online funding portal. To enable meaningful comparative evaluation at Stage 2, we will invite approximately three times as many teams as funding allows.

Content of the full proposal

- → Project title, acronym, keywords and project duration
- → Lay summary (max. 1,000 characters), scientific (max. 2,000 characters) visual abstract
- → Work programme including a detailed work plan with milestones and deliverables, detailed methodology, statistical analysis plan, and risk mitigation (max. 5 pages including references, template with structure and formatting details will be provided).
- → Core team members: Updated short CVs including role and expertise of each core team member
- → Detailed budget with justification per cost line.
- → Open Science statement regarding open research data; see Open Science section, (max. 800 characters)
- → Patient involvement plan; details see patient involvement section (max. 800 characters)
- → Ethics statement and, where applicable, acknowledgement of receipt from the relevant ethics committee; final institutional review board approval and/or ethics votum needs to be provided the latest at project start (max. 800 characters)
- → Statement regarding use of AI (max. 500 characters)
- → Disclosure of other applications for funding. WE&ME does not allow double funding. If your proposal is selected for funding by both WE&ME and another funding organisation, we will ask you to decide which funding you will accept (max. 300 characters)
- → Signatures from the authorised representatives of all involved institutions and partners

Funding and Budget

- → Indicative call volume: approximately 7 projects will be funded, subject to quality and confirmation by the WE&ME Foundation.
- → Project duration: 18 to 24 months.
- → Project budget: EUR 120,000 to EUR 180,000 per project
- → A maximum of 10% overhead costs of the project budget can be covered

Eligible costs

All costs must be directly attributable to the project.

- → **Personnel costs:** salaries for staff working on the project, in line with the collective agreement of the host country, or with comparable national reference standards. Permanently employed senior staff already fully financed by the host institution may not claim salary.
- → **Non-personnel costs (max. 40% of budget):** consumables, smaller equipment (up to EUR 1,500 per item), travel for scientific meetings, publication costs (Article Processing Charges for open access), workshop and meeting costs, third-party services.
- → **Patient involvement costs:** compensation for patient experts and patient organisations contributing to the project (e.g. co-design, advisory roles, dissemination). Can be personnel or non-personnel costs.
- → **Data management costs:** curation, storage, and deposit in trusted repositories. Can be personnel or non-personnel costs.
- → **Overhead costs:** A maximum of 10% overhead costs of the project budget can be covered by the WE&ME foundation. As the WE&ME Foundation is a private non-profit foundation, financing of university infrastructure cannot be at the core of this highly-focused call.

Ineligible costs

- → Basic infrastructure (rent, telephone, general utilities).
- → Acquisition of major equipment beyond pro rata project use.
- → Costs not directly attributable to the project.

EVALUATION CRITERIA

Proposals are evaluated against the following criteria.

Scope fit: Does the project address biological mechanisms of ME/CFS, and does it meet all baseline requirements listed in the Scope section?

- → **Scientific quality and originality:** Does the project meet international standards? Does it open new avenues, methods, or mechanistic insights? Is the innovative angle clearly articulated?
- → **Team track record and academic potential:** Accomplishments and potential of the applicants relative to academic age, including career breaks. Are roles and integration of relevant expertises clear?
- → **Patient involvement:** Is the involvement of people with ME/CFS meaningful and beyond participation as study subjects? Is the involvement feasible for the patients?
- → **Methodological rigour:** Is the study design appropriate to the research question and stage of investigation? Are statistical and analytical plans pre-specified?
- → **Study population:** Where human participants are involved, (a) are diagnostic criteria, pre/post-pandemic onset, and cohort composition handled rigorously and as specified in this document, and (b) is the recruitment strategy realistic, clearly described, and sufficient to secure the stated sample?

- → **Feasibility:** Are timeline, budget, and access to participants, samples, and infrastructure realistic?
- → **Open science and data management:** Are data, code, and outputs planned to be FAIR and openly shared in line with the policy below?

In case of equally ranked proposals, priority will be given to projects led by early-career researchers and to teams with balanced gender composition.

SELECTION AND DECISION PROCESS

An international jury appointed by the WE&ME Foundation in cooperation with Science4ME will provide a jury recommendation to the WE&ME Foundation, which is the decision-making body. The jury comprises international scientific experts and S4ME representatives (ME/CFS patients and carers). The jury operates under written Jury Standing Orders and is chaired by a scientific member.

Stage 1 evaluation

- → WE&ME Foundation performs a formal eligibility check on submitted short proposals. Substantial deficiencies will lead to rejection on formal grounds without further review.
- → Each eligible short proposal is independently assessed by at least two jury members.
- → The jury meets (online) to recommend which teams to invite to Stage 2.
- → Proposals that are out of scope will not be discussed in detail due to limited time resources.

Stage 2 evaluation

- → WE&ME Foundation performs a formal eligibility check on submitted full proposals.
- → Each eligible full proposal is assessed by at least two jury members.
- → The jury meets (online) to recommend which teams to recommend for funding
- → The funding recommendation is formally confirmed by the WE&ME Foundation.
- → All applicants in stage 2 will receive written feedback summarising the main reasons for the decision.

Conflicts of interest

WE&ME Foundation will check all proposals regarding a potential conflict of interest with the jury members. In addition, jury members will declare any conflict of interest with applicants and recuse themselves from the discussion and decision on the affected proposal.

No rebuttals

There is no rebuttal stage at either Stage 1 or Stage 2. The jury decision and the formal funding decision by the WE&ME Foundation are final.

PATIENT INVOLVEMENT

WE&ME Foundation treats people with lived experience as research partners, not only as study subjects. The WE&ME Foundation cooperates with S4ME on patient involvement.

Every proposal must include a Patient Involvement Plan describing how patients or patient representatives will be engaged across the project lifecycle following best-practice examples like https://sites.google.com/nihr.ac.uk/pi-standards/home. We encourage the engagement with dedicated patient organisations as part of the larger project consortia.

Examples of meaningful involvement include co-design of research questions and protocols, advisory roles during conduct, contribution to dissemination, and co-authorship where appropriate (https://zenodo.org/records/3515811)

Tokenistic involvement, for example listing a patient on an advisory board without any concrete role, will be assessed negatively. Patient experts may be compensated for their contribution from the project budget.

Note: If invited to submit a full proposal, you will have the opportunity to partake in an open discussion on the S4ME forum to receive feedback from patients and carers. This will be a unique opportunity to bring your proposal to the next level and avoid tokenistic approaches. S4ME will make sure that the discussion will be fair.

OPEN SCIENCE POLICY

The WE&ME Foundation is committed to open science as this is important to increase the impact for the funded research. The following principles apply to all funded projects.

Research data: FAIR and open by default

- → Research data generated in funded projects must be Findable, Accessible, Interoperable, and Reusable (FAIR).
- → Data must be machine-readable and accompanied by metadata sufficient for reuse.
- → Data must be deposited in a trusted, discipline-appropriate repository. Accessibility must be be granted by request and the most low-barrier repository must be chosen. Repositories like the MAP ME/CFS data repository is an option, but other more accessible repositories like Open Science Framework, Github or Zenodo should be prioritized.
- → Data should be released no later than the publication of the corresponding results, and no later than twelve months after project end where no publication results.
- → Exceptions, for example due to patient privacy and intellectual property, must be justified and documented.

Open access publications

- → All peer-reviewed publications resulting from funded projects must be published open access (gold or green route).
- → Article Processing Charges (APCs) are eligible costs.
- → Publications must acknowledge the WE&ME Foundation by name and include the Grant ID provided for funded projects.

Code and software

Code developed in the project should be released under an open source license and deposited in a public repository (e.g. GitHub, Zenodo, etc.) at or before publication of associated results.

Pre-registration and transparent reporting

Hypothesis-testing studies must pre-register primary and secondary outcomes before data analysis begins (Choose discipline-specific pre-registration repositories). Deviations from pre-registered outcomes must be documented and justified. Researchers must report the results of all planned analyses, not only those reaching statistical significance. Where multiple statistical tests are conducted, the method used to control Type I error must be explicitly stated.

GENDER, DIVERSITY, AND EQUITY

The WE&ME Foundation expects funded research to reflect a deliberate approach to gender equality and broader diversity at both the team and content level.

In the team

- → Early-career researchers and researchers from groups under-represented in biomedical research are explicitly encouraged.
- → Career breaks for parental leave, care duties, or illness, including ME/CFS itself, will be considered in the evaluation.

In the science

- → Where biologically or clinically relevant, sex and gender must be considered in study design, analysis, and interpretation.
- → When planning cohorts, consideration should be given to the high prevalence of ME/CFS in women and the under-representation of severely affected patients.

RESEARCH INTEGRITY, GOOD SCIENTIFIC PRACTICE AND ETHICS

All funded research must adhere to recognised standards of research integrity. Considerations include:

- → **Pre-registration of outcomes:** hypothesis-testing studies must pre-register primary and secondary outcomes before data analysis.
- → **Transparent reporting:** results of all conducted analyses must be reported, not only significant findings.
- → **Multiple comparisons:** appropriate corrections must be applied and explicitly stated.
- → **Intention-to-treat:** participants must be analysed according to original assignment; exclusions must be justified.
- → **Blinding integrity:** blinded designs must include an assessment of whether blinding was effective.
- → **Methodological rigour:** feasibility studies must be clearly distinguished from efficacy studies. Claims must not exceed the evidence presented.
- → **Conflict of interest:** all financial, intellectual, or other interests that could bias the research must be declared. PIs developing the intervention under study must implement appropriate safeguards.

Ethics

- → Research involving human participants, identifiable human data, or animals requires approval from the relevant ethics committee or institutional review board.
- → If approval is required, this must be clearly stated in the proposal. An acknowledgement of receipt from the ethics committee should be submitted with the full proposal.
- → Final approval („Votum“) must be submitted to WE&ME Foundation before project start.
- → Projects involving severely affected ME/CFS patients should pay particular attention to the burden of participation and to informed consent in the presence of cognitive symptoms.

REPORTING AND ACCOUNTING

The following reporting requirements apply to all funded projects. Detailed templates will be provided by WE&ME Foundation:

- → Interim report: scientific and financial, halfway through the project.
- → Outcomes report: short 30min online update on publications, data deposits, follow-on funding, and other outputs, halfway through the project or upon request by WE&ME Foundation.
- → Final report: scientific and financial, within three months of project end.
- → Funded teams must inform WE&ME Foundation promptly of any substantial deviation from the approved work plan.
- → Funded teams agree to participate in WE&ME Foundation programme-level evaluation activities.

FUNDING CONTRACT

- → In case of a positive funding decision, WE&ME Foundation will draw up the funding contract
- → Projects must start no later than three months after the formal funding decision.
- → The decision may include minor budget adjustments and additional conditions or recommendations from the jury.

COMMUNICATION AND ACKNOWLEDGEMENT

- → Funded teams must acknowledge the WE&ME Foundation in all publications, presentations, and public communications relating to the project.
- → Funded teams agree to contribute, where reasonable, to WE&ME Foundation communications activities, for example by providing lay summaries, interviews, or images.
- → The WE&ME Foundation may, in coordination with the team, publicise funded projects via its own channels.

FINANCING AND PARTNERS

- → **Funding:** This call is financed entirely by the WE&ME Foundation.
- → **Cooperation:** This call is co-developed in cooperation with Science4ME, ensuring that patient perspectives inform every stage, from call design to jury decisions.
- → **Operations:** The Vienna Science and Technology Funds GmbH (WWTF GmbH) operates the programme on behalf of the WE&ME Foundation, managing calls, jury work, and project administration in line with international funding standards.

FOLLOW-UP CONSOLIDATION CALL IN 2028/2029

Successful WE&ME Projects may be invited to apply for a follow-up consolidation call in 2028/2029. This call would aim to identify the most promising projects from the first round for continued funding. Please note that a consolidation call will only take place if sufficient funding is secured by the funders.

TIMELINE (TENTATIVE)

All dates are indicative and subject to confirmation when the call is launched.

15th of June 2026	Call announcement and start of Stage 1
7th of July 2026, 2pm CET	Webinar / Info Session for applicants, moderated with Science4ME participation https://teams.microsoft.com/meet/395813830363920?p=yTEbsGAXnJSTro6qgQ
25th of August 2026	Short proposal deadline, 25th of August, 2pm CET
	Pre-assessment of short proposals; panel meeting to select teams invited to Stage 2
Late September 2026	Invitations to submit full proposals
10th of November 2026, 2pm CET	Full proposal deadline
	Pre-assessment of full proposals and panel meeting
Early December 2026	Funding decisions by the WE&ME Foundation; approx. 7 projects selected
From January 2027	Project start

FREQUENTLY ASKED QUESTIONS (FAQs)

The following section address recurring questions from applicants.

Is this call open to researchers outside of Europe?

Yes. The call is open internationally, with no geographic restrictions on the host institution. The PI and Coordinator (PI&C) and all co-PIs must be based at a university, non-university research institution, or other eligible non-profit research organisation.

I work primarily on long COVID or another post-acute infection syndrome. Can I apply?

Projects investigating patients from other post-acute infection contexts are eligible provided participants fulfill established ME/CFS diagnostic criteria. Projects that mix participants with post-COVID organ damage, for example cardiac or pulmonary injury, into ME/CFS cohorts without clear separation are out of scope.

I am new to ME/CFS research but bring methods from an adjacent field. Can I apply?

Yes, and applications of this kind are highly encouraged. Research teams are strongly encouraged to pair ME/CFS expertise with complementary skills from adjacent disciplines such as immunology, neuroscience, mitochondrial biology, autonomic physiology, sleep research, computational biology, data science or other disciplines.

Can I apply as PI on more than one proposal in this call?

A researcher may appear as PI and Coordinator or co-PI in a maximum of two proposals in this call.

Can industry partners be part of the consortium?

Yes, as in-kind collaborators. Industry partners are not eligible to receive funding but may contribute to the project.

Will career breaks be taken into account in the evaluation?

Yes. Career breaks for parental leave, care duties, or prolonged illness, including ME/CFS itself, will be considered when assessing academic age and track record. Applicants should provide the relevant time periods so this can be calculated fairly.

Do I need a formal ME/CFS diagnosis for every participant?

Yes. Clearly state the criteria for participant selection, using a definition of ME/CFS that includes Post-Exertional Malaise (PEM).

Do I have to include severely affected (housebound or bedbound) patients?

Inclusion is not mandatory, but where feasible it is strongly encouraged. Options include home visits, remote measurements, or use of existing data collected from this group.

What counts as meaningful patient involvement?

Involvement that goes beyond participation as study subjects. Examples include co-design of research questions and protocols, advisory roles during the project, contribution to dissemination, and co-authorship where appropriate. Tokenistic involvement, for example listing a patient on an advisory board without a concrete role, will be assessed negatively.

Can patient experts be paid from the project budget?
Yes. Compensation for patient experts and patient organisations contributing substantively (e.g. co-design, advisory roles, dissemination) is an eligible cost, either as personnel or non-personnel costs.

Can I submit a full proposal directly without going through Stage 1?
No. The call uses a mandatory two-stage process. Only teams invited after Stage 1 may submit a full proposal at Stage 2. Approximately three times as many teams as funding allows will be invited to Stage 2.

Is there a rebuttal stage?
No. There is no rebuttal at either Stage 1 or Stage 2. The jury decision and the formal funding decision by the WE&ME Foundation are final. All Stage 2 applicants receive written feedback summarising the main reasons for the decision.

Are overhead costs covered?
As the WE&ME Foundation is a private non-profit foundation, financing of university infrastructure cannot be at the core of this highly focused call. However, the WE&ME Foundation acknowledges that research institutions carry substantial infrastructure costs to provide cutting-edge technology and workspace for scientists. Therefore, a maximum of 10% overhead costs of the project budget may be covered by the WE&ME Foundation.

What is the cap on non-personnel costs?
Non-personnel costs may not exceed 40% of the project budget. Smaller equipment items are eligible up to EUR 1,500 per item, but the WE&ME Foundation encourages the applicants to keep the non-personnel costs at a low level and finance personnel via the funding.

Are publication costs eligible?
Yes. Article Processing Charges (APCs) for open access publications are eligible as non-personnel costs. All peer-reviewed publications from funded projects must be published open access.

When must ethics approval be in place?
An acknowledgement of receipt from the relevant ethics committee should be submitted with the full proposal. Final ethics approval (Votum) must be submitted to the WE&ME Foundation before project start.

What are the expectations regarding open research data?
Data must be FAIR (Findable, Accessible, Interoperable, Reusable), machine-readable, and deposited in a trusted, discipline-appropriate repository such as MAP ME/CFS or a comparable alternative. Data should be released no later than the publication of corresponding results, and no later than twelve months after project end where no publication results. Justified exceptions, for example for patient privacy or sensitive cohorts, must be well argued in the Open Science Statement.

Is the follow-up consolidation call in 2028/2029 guaranteed?
No, not at this point. A consolidation call is envisioned, and successful WE&ME Projects might be invited to apply, if the consolidation call is confirmed.

Who do I contact for specific questions not covered in the FAQs?
For specific questions not addressed in our frequently asked questions, please get in touch with our Call Manager:

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