##### For ICGEB internal use only

|  |  |
| --- | --- |
| Proposal Number:  (assigned by ICGEB) | Date of receipt: |



## FORM A

#### **2019 Application Form**

|  |  |
| --- | --- |
| Project title |  |
|  |  |
| **Principal Investigator\*** |  |
| Institute (Name & Address): |  |
|  |  |
|  |  |
|  |  |
| Telephone: |  |
| Fax: |  |
| E-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Date of Submission** |  |

**\***Name of the scientist responsible for the coordination of research and for the submission of the application on Forms A and B. The Principal Investigator must be an employee of the Institution receiving the grant.

**Endorsed by ICGEB Liaison Officer\*\* of ………………………………………. (Country\*\*)**

|  |  |
| --- | --- |
| Full Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Date of Submission** |  |

**\*\**Refer to the Annex A for the list of eligible countries and to*** [***http://www.icgeb.org/member-states.html***](http://www.icgeb.org/member-states.html) ***for the full contact details***

#### **FORM A.1**

#### **Confirmation by the Institute**

|  |  |
| --- | --- |
| We hereby confirm that |  |
|  | (Principal Investigator’s full name) |
| is working in this Institute as |  |
|  | (position) |
| since |  |
|  | (dd/mm/yy) |

The Principal Investigator is authorised to request the funds that will be necessary to carry out the proposed research. Should this application be selected for funding, the administrative official authorised to sign the contract on behalf of the Principal Investigator’s Institute will be:

|  |  |
| --- | --- |
| **Legal Representative\*** |  |
|  | (Full name) |
| *Name & Address of Institute*: |  |
|  |  |
|  |  |
|  |  |
| *Telephone*: |  |
| *Fax*: |  |
| *E-mail*: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Date of Submission** |  |

|  |  |
| --- | --- |
| **Official stamp of the Institution (if any)** |  |

*\* An official of the Institution fully empowered to enter into contracting arrangements on behalf of the Institution*

**FORM B**

**1 Curriculum Vitae of Principal Investigator**

(attach additional pages if necessary)

Part I

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Gender | Male  Female |
| Birth date (dd/mm/yy) |  |
| Nationality |  |
| Position title |  |
| Name of Institute |  |
| Full address of Institute |  |
|  |  |
| Tel: |  |
| Fax: |  |
| E-mail: |  |

Have you previously received a grant (CRP) from the ICGEB?  YES  NO

If yes, please indicate the Ref. No.: CRP/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously received an ICGEB Fellowship?  YES  NO

If yes, please indicate whether it was a  short-term fellowship

pre-doctoral fellowship

post-doctoral fellowship

Is this an application for an Early Career Return Grant**\***?  YES  NO

**\***The following conditions must be met:

(i) the applicant must **not** be over 40 years old at the time of application

(ii) the applicant must have an outstanding track record,

(iii) have spent at least 2 years abroad, and

(iv) must have returned to an ICGEB Member State (except Italy) to establish their own independent laboratory no more than 2 years before the application

Is this a resubmission of a previous application submitted to ICGEB?  YES  NO

(please note that a proposal can only be re-submitted once)

If yes, attach a pdf file explaining the changes to the original proposal

Part II - Education (begin with initial professional education)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institute & location |  | Degree |  | Year |  | Field of study |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Part III – Current & previous employment

Part IV - Current & previous grants awarded (last 5 years)

Part V - Publications

(Attach publication list, including peer-reviewed research papers, books and patents. ***Highlight*** those that are directly relevant to this application)

**2 Project**

2.1 Title

2.2 Summary

(Provide a layman’s summary of your research proposal, including the aims and objectives in no more than 150 words)

2.3 Abstract

(Provide a scientific summary of your research proposal)

**Please do not exceed this space**

**3 Introduction**

Provide a concise background to the project, highlighting the question(s)/hypotheses to be addressed

(Maximum 1 page)

**4 Research Project**

4.1 Define the specific research activities to be pursued during the project period, providing a comprehensive description of the techniques to be used and the advantages of the suggested methodological approach. Please include any selected relevant references.

(Maximum 5 pages, including references)

4.2 Time schedule

(Specify work elements within the time frame of the project)

4.3 Potential for training of young scientists & collaborations

(Specify if training of young scientists and any travels are foreseen. Please indicate the potential for collaborations with ICGEB groups and/or other laboratories, and attach copies of any confirmation letters from collaborators)

4.4 Facilities available in the Investigating Team’s laboratory

(Provide a detailed list of the infrastructure and equipment that are available and necessary for the proposed research)

4.5 Feasibility

(Indicate the expertise of the PI and the assembled team that is relevant for performing the proposed research)

**5 Financial Contribution requested from ICGEB (all figures to be indicated in Euro)**

Please read carefully the Budget Guidelines and provide annual breakdowns, in Euro, of the requested funds, together with a brief description of the foreseen expenditures.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1st year | 2nd year | 3rd year | Total per budget category |
| Equipment**1** |  |  |  |  |
| Consumables**2** |  |  |  |  |
| Training**3** |  |  |  |  |
| Travel**4** |  |  |  |  |
| Literature**5** |  |  |  |  |
|  |  |  |  |  |
| Sub total |  |  |  |  |
|  |  |  |  |  |
| **TOTAL CONTRIBUTION REQUESTED FROM ICGEB**  **(The maximum annual contribution requested cannot exceed Euro 25,000)** | | | **Euro** |  |

**1**Equipment

This budget category **must not exceed 30%** of the total grant requested/awarded – **please refer to the Budget Guidelines**

Please provide a justification for each item to be funded with the ICGEB grant

1)

2)

3)

4)

5)

**2**Consumables & Training – **please refer to the Budget Guidelines**

**3**Training – **please refer to the Budget Guidelines**

**4**Travel

This budget category **must not exceed 10%** of the total grant requested/awarded – **please refer to the Budget Guidelines**

1)

2)

3)

4)

5)

**5**Literature

This budget category **must not exceed 5%** of the total grant requested/awarded – **please refer to the Budget Guidelines**

**6 Proposed Referees**

Provide the name and full coordinates of a maximum of 3 referees who would be willing to review your proposal. Please note that the ICGEB will have the sole responsibility in deciding whether or not a proposal will be submitted for evaluation to the referee(s) listed below

###### Referee No. 1

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
|  |  |
| Tel: |  |
| Fax: |  |
| E-mail: |  |

Referee No. 2

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
|  |  |
| Tel: |  |
| Fax: |  |
| E-mail: |  |

Referee No. 3

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
|  |  |
| Tel: |  |
| Fax: |  |
| E-mail: |  |

**7 Conflict of interest**

Provide the name and full coordinates of potential referees that you would prefer we do not contact, due to possible conflicts of interest (no more than 3)

###### Referee No. 1

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
| E-mail: |  |

Referee No. 2

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
| E-mail: |  |

Referee No. 3

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Institute address |  |
|  |  |
|  |  |
| E-mail: |  |

**8 Feedback**

(Please indicate, selecting only one choice, how you found out about the Collaborative Research Programme (CRP) – ICGEB Research Grant Programme)

ICGEB Website

Social networks

ICGEB Liaison Officer

Your University/Institute

A colleague

Other (please specify)

**9 Disclaimer**

By completing this form, you will be only asked to enter the data, which are required in each specific case. ICGEB will handle the data confidentially, processing them for the purpose for which they were requested. Your data are used exclusively for statistical purposes and are not passed on to third parties, neither in full nor in extracts. There is no verification with other data records. Your email will automatically be entered into our database for communication on ICGEB funding and training programmes. Should you not wish your email to be used for such scope, please tick the box below. Should you decide to unsubscribe at a later stage, personal data will be irrevocably deleted after six weeks at the latest.

Do not enter my email in the ICGEB mailing list

[**ANNEX A - ICGEB Member States**](http://www.icgeb.org/GENERAL/MEMBERS/memberst.htm)

**eligible to apply for funding under the CRP – ICGEB Research Grant Programme**

*For name of Liaison Officers and full contact details see:*

<http://www.icgeb.org/member-states.html>

|  |  |
| --- | --- |
| AFGHANISTAN | LIBYA |
| ALGERIA | MALAYSIA |
| ARGENTINA | MAURITIUS |
| BANGLADESH | MEXICO |
| BHUTAN | MONTENEGRO |
| BOSNIA AND HERZEGOVINA | MOROCCO |
| BRAZIL | NAMIBIA |
| BULGARIA | NIGERIA |
| BURKINA FASO | PAKISTAN |
| BURUNDI | PANAMA |
| CAMEROON | PERU |
| CHILE | QATAR |
| CHINA | ROMANIA |
| COLOMBIA | RUSSIAN FEDERATION |
| COSTA RICA | SAUDI ARABIA |
| CÔTE D’IVOIRE | SENEGAL |
| CROATIA | SERBIA |
| CUBA | SLOVAKIA |
| ECUADOR | SLOVENIA |
| EGYPT | SOUTH AFRICA |
| ERITREA | SRI LANKA |
| FYR MACEDONIA | SUDAN |
| HUNGARY | SYRIAN ARAB REPUBLIC |
| INDIA | TRINIDAD AND TOBAGO |
| IRAN (ISLAMIC REPUBLIC OF) | TUNISIA |
| IRAQ | TURKEY |
| JORDAN | UNITED ARAB EMIRATES |
| KENYA | UNITED REPUBLIC OF TANZANIA |
| KUWAIT | URUGUAY |
| KYRGYZSTAN | VENEZUELA (BOLIVARIAN REPUBLIC OF) |
| LIBERIA | VIET NAM |

CRP - ICGEB Research Grant

Application Form 2019

Check List for Principal Investigator

|  |  |
| --- | --- |
| Have you completed all the sections of this application form in English? |  |
|  |  |
|  |  |
| Have you signed Form A? |  |
|  |  |
|  |  |
| Has the Legal Representative of your Institute signed Form A1? |  |
|  |  |
|  |  |
| Have you completed section 5 (Financial contribution requested from ICGEB) according to the Budget Guidelines? |  |
|  |  |
|  |  |
| Is the budget expressed in Euro? |  |
|  |  |
|  |  |
| Submit your proposal by e-mail (as a pdf attachment) **BOTH** to:   1. the Liaison Officer of your country (refer to [Annex A](http://www.icgeb.org/GENERAL/MEMBERS/memberst.htm) for the list of eligible countries and for full contact details) 2. the CRP-ICGEB Research Grants Unit ([crp@icgeb.org](mailto:crp@icgeb.org))   **Please note that Principal Investigators are responsible for the correct submission of their proposal to the Liaison Officer. ICGEB is not responsible for failed submissions/undelivered messages**. |  |

**For ICGEB Liaison Officers**

**Please note that incomplete proposals or proposals not submitted on the official 2019 application form will not be processed**