

Proposal Number: (assigned by ICGEB)	Date of receipt:
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**FORM A**

**2018 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> 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:*

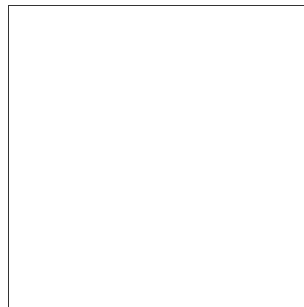
*Fax:*

*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  NOIf yes, please indicate whether it was a  
 short-term fellowship  
 pre-doctoral fellowship  
 post-doctoral fellowshipIs 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) 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 &amp; location

Degree

Year

Field of study

◆ 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 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 specific research activities to be pursued during the project period and provide 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)

4.4 Facilities available in the Investigating Team's laboratory  
(Provide a detailed list of the infrastructure and equipment 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 breakdown, in Euro, of the requested funds together with a brief description of the foreseen expenditures.

	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	Total per budget category
Equipment <sup>1</sup>				
Consumables <sup>2</sup>				
Training <sup>3</sup>				
Travel <sup>4</sup>				
Literature <sup>5</sup>				
<b>Sub total</b>				

**TOTAL CONTRIBUTION REQUESTED FROM ICGEB**  
(The maximum annual contribution requested cannot exceed Euro 25,000)

Euro \_\_\_\_\_

**<sup>1</sup>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)

**<sup>2</sup>Consumables & Training – please refer to the Budget Guidelines**

**<sup>3</sup>Training – please refer to the Budget Guidelines**

<sup>4</sup>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)

<sup>5</sup>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 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)

**ANNEX A - ICGEB Member States**  
**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 2018

### 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 (e.g., 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 for the list of eligible countries and for full contact details)
  - 2) the CRP-ICGEB Research Grants Unit (crp@icgeb.org)

### **For ICGEB Liaison Officers**

**Please note that incomplete proposals or proposals not submitted on the official 2018 application form will not be processed**