

RESEARCH APPLICATION – CENTERS OF EXCELLENCE

PART 1. OVERALL PROGRAM

RESEARCH TEAM

Project Coordinator

Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	

Principal Investigators of Sub-Programs (excluding the coordinator)

- Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	
- Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	
- Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	
- Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	
- Last Name:	First Name:
Academic Appointment:	
Department:	
Institute:	
Institution's Approval:	

OVERALL PROGRAM TITLE

Keywords:

SUB-PROGRAMS

<p>Sub-program No 1. Title: PI's Name: Keywords:</p>
<p>Sub-program No 2. Title: PI's Name: Keywords:</p>
<p>Sub-program No 3. Title: PI's Name: Keywords:</p>
<p>Sub-program No 4. Title: PI's Name: Keywords:</p>
<p>Sub-program No 5. Title: PI's Name: Keywords:</p>

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Sub-Program No. 5	
Curriculum Vitae	

DESCRIPTION OF THE OVERALL PROGRAM

F. SCHEDULE & WORK PLAN (OVERALL)

Please outline the timetable for accomplishing the major targets of this project

Major targets

Expected completion date

PART 1.

OVERALL PROGRAM

7th. BUDGET DETAILS

	Manpower	Supplies & materials	Equipment*	Total
Sub-program No. 1. PI's Name: 1 st year 2 nd year 3 rd year 4 th year TOTAL				
Sub-program No. 2. PI's Name: 1 st year 2 nd year 3 rd year 4 th year TOTAL				
Sub-program No. 3. PI's Name: 1 st year 2 nd year 3 rd year 4 th year TOTAL				
Sub-program No. 4. PI's Name: 1 st year 2 nd year 3 rd year 4 th year TOTAL				
Sub-program No. 5. PI's Name: 1 st year 2 nd year 3 rd year 4 th year TOTAL				
TOTAL 1 st year 2 nd year 3 rd year 4 th year				
Total 15% overhead (excluding equipment)				
TOTAL 1 st year	2 nd year	3 rd year	4 th year	Overall

* equipment to be used by more than one PI should be put under coordinator's name

PART 1.

OVERALL BUDGET

H. SHARED EQUIPMENT - items to be used for more than one sub-program

This section should be included only if funding for equipment is requested

1. Name & description of the requested equipment:

2. Justification for the shared equipment

3. Detailed cost of equipment:

Due to price variations among equipment suppliers, please attach at least 3 different proformas for the requested equipment, including detailed description and specification for every alternative. If the equipment cost is less than \$30,000, one Supplier's proforma is enough.

One copy only of each proforma (for each alternative) should be attached to the first copy of the proposal.

	Alternative 1	Alternative 2	Alternative 3
The Equipment			
The Supplier			
Agent in Israel			
Price (all prices should be in US\$)			
Other expenses (including shipping, installation, customs & taxes)			
TOTAL COST			

Justification for choosing alternative No.

I AUTHORITIES' CERTIFICATES

Is one or more of the Authority's approvals listed below is required for your submitted application?

For each certificate please mark if you have submitted a request for the approval or if an approval has already been given.

The certificate	N/A	Request submitted	Approved certificate
Helsinki Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional Animal Care and Use Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee for Transgenic Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israel Antiquities Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israel Nature and Parks Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2.

Sub program No.

Title:

Pi's name:

ABSTRACT:

PART 2.

PI:

DETAILED DESCRIPTION OF RESEARCH SUB-PROGRAM NO.

PART 2. SUB-PROGRAM NO. _____

PI:

E. SCHEDULE & WORKPLAN	Beginning Month/Year	End Month/Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

F. EQUIPMENT This section should be included only if funding for equipment is requested

1. Name & description of the requested equipment:

2. Detailed cost of equipment:
 Due to price variations among equipment suppliers, please attach at least 3 different proformas for the requested equipment, including detailed description **and specification** for every alternative. If the equipment cost is less than 30,000, one Supplier's proforma is enough.
 One copy only of each proforma should be attached to the first copy of the proposal.

	Alternative 1	Alternative 2	Alternative 3
The Equipment			
The Supplier			
Agent in Israel			
Price (all prices should be in US\$)			
Other expenses (including shipping, installation).			
TOTAL COST			

Justification for choosing alternative No. _____

PART 2. SUB-PROGRAM NO.

PI:

G. BUDGET JUSTIFICATION - for the requested manpower, equipment, supplies & materials