

Application No. _____

RESEARCH APPLICATION – CENTERS OF EXCELLENCE

PART 1. OVERALL PROGRAM

OVERALL PROGRAM TITLE:

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:	

Keywords:

SUB-PROGRAMS

Sub-program No 1.

Title:

PI's Name:

Keywords:

Sub-program No 2.

Title:

PI's Name:

Keywords:

Sub-program No 3.

Title:

PI's Name:

Keywords:

Sub-program No 4.

Title:

PI's Name:

Keywords:

Sub-program No 5.

Title:

PI's Name:

Keywords:

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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 (NIS)

	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 120,000 NIS **NO** Supplier's proforma is needed.

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 NIS)			
Other expenses (including shipping, installation, customs & taxes)			
TOTAL COST			

Justification for choosing alternative No.

I AUTHORITIES' CERTIFICATES

(This section should be included only if there is a need for any approval)

Is one or more of the Authority's approvals listed below 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.		

PART 2. SUB-PROGRAM NO.**PI:****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 120,000NIS, **NO** Supplier's proforma is needed.
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 NIS)			
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