



הקרן הלאומית למדע (ISF) ע.ר.
מיסודה של האקדמיה הלאומית הישראלית למדעים
The Israel Science Foundation (ISF)
Founded by The Israel Academy of Sciences and Humanities

Application No. _____

RESEARCH GRANT APPLICATION – CENTERS OF EXCELLENCE/ EXTENSION

PART 1. OVERALL PROGRAM

A. 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:	
Institution's Approval:	



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B. OVERALL PROGRAM TITLE

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SUB-PROGRAMS

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

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Sub-Program No. 3	
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Sub-Program No. 5	
Sub-Program No. 6	
Curriculum Vitae	

PART 1.

DESCRIPTION OF THE OVERALL PROGRAM

ABSTRACT

PART 1.

OVERALL PROGRAM

F.SCHEDULE & WORK PLAN (OVERALL)

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

Major targets

Expected completion date

PART 1.

OVERALL PROGRAM

G. BUDGET DETAILS (OVERALL)

	Manpower	Supplies, materials & services	Total
Sub-program No. 1. PI's Name: 1 st year 2 nd year 3 rd year TOTAL			
Sub-program No. 2. PI's Name: 1 st year 2 nd year 3 rd year TOTAL			
Sub-program No. 3. PI's Name: 1 st year 2 nd year 3 rd year TOTAL			
Sub-program No. 4. PI's Name: 1 st year 2 nd year 3 rd year TOTAL			
Sub-program No. 5. PI's Name: 1 st year 2 nd year 3 rd year TOTAL			
Total 15% overhead			
TOTAL 1st year	2nd year	3rd year	Overall

H. 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:

F. BUDGET JUSTIFICATION-For the requested manpower, supplies, materials, services, etc.