



Application No. \_\_\_\_\_

RESEARCH GRANT APPLICATION – CENTERS OF EXCELLENCE/ EXTENSION

**PART 1. OVERALL PROGRAM**

OVERALL PROGRAM TITLE:

\_\_\_\_\_

\_\_\_\_\_

**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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## SUB-PROGRAMS

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

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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. OVERALL BUDGET DETAILS (NIS)**

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

## H. 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 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.

<b>The certificate</b>	<b>N/A</b>	<b>Request submitted</b>	<b>Approved certificate</b>
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.**