**APPLICATION FORM (ANNEX 1)**

**CALL FOR GRANTS FOR COLLABORATIVE RESEARCH PROJECTS BETWEEN UPV/EHU GROUPS 2024**

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| *This document cannot be modified or replaced once it has been submitted, except at the Research Department's request within the application rectification deadline.* |

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| **PRINCIPAL RESEARCHER 1** | | | | |
| Surname: |  | | Name: |  |
| ORCID code: |  | | | |
| Department: |  | | | |
| Centre/Faculty: |  | | | |
| Telephone number: |  | | E-mail: |  |
| **RESEARCH GROUP** | | | | |
| Code: | |  | | |
| Title: | |  | | |
| Principal researcher: | |  | | |
| ORCID code: | |  | | |
| Centre/Faculty: | |  | | |
| Telephone number: | |  | E-mail: |  |

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| **PRINCIPAL RESEARCHER 2** | | | | |
| Surname: |  | | Name: |  |
| ORCID code: |  | | | |
| Department: |  | | | |
| Centre/Faculty: |  | | | |
| Telephone number: |  | | E-mail: |  |
| **RESEARCH GROUP** | | | | |
| Code: | |  | | |
| Title: | |  | | |
| Principal researcher: | |  | | |
| ORCID code: | |  | | |
| Centre/Faculty: | |  | | |
| Telephone number: | |  | E-mail: |  |

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|  | **PROJECT** | | |
|  | Title: |  | |
|  | UNESCO disciplines: |  | |
|  | Fields of science: |  | |
|  | Duration (months): |  | |
|  | **Type of collaboration** | **Name, reference, specification, etc.** | |
|  | **4.1.a:** Preparation of an European Project | Topic |  |
| WP of reference |  |
|  | **4.1.b:** LTC | Name of laboratory |  |
|  | **4.1.c**: JRL | Name of laboratory |  |
|  | **4.1.d:** Research Institute/Center | Name of Institute/Center |  |
|  | **4.1.e**: Others (briefly describe the details of the action. Max 5 lines) |  | |

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| **REQUESTED BUDGET** | |
| Personnel costs: |  |
| Infrastructure: |  |
| Consumables: |  |
| Travel and living expenses: |  |
| Other expenses: |  |
| **TOTAL:** |  |

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| **DECLARATION OF RESPONSIBILITY BY THE UNDERSIGNED** |

*The undersigned hereby DECLARE that they are aware of, and accept, the terms of the call for grants for t collaborative research projects between UV/EHU groups 2024.*

*Likewise:*

* *They assure that the information provided in this application is true.*
* *They declare that they are not subject to any type of restrictions or incompatibilities as regards their participation in this application.*
* *They undertake to carry out all the tasks listed in this application.*

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| ***Principal researcher 1*** | | | | | | |
| ***No.*** | ***Name and Surname*** | ***DNI [Spanish National Identification Number]/ID*** | ***ORCID code*** | ***Group code*** | ***Department*** | ***Digital Signature*** |
|  |  |  |  |  |  |  |
| ***Principal researcher 2*** | | | | | | |
| ***No.*** | ***Name and Surname*** | ***DNI [Spanish National Identification Number]/ID*** | ***ORCID code*** | ***Group code*** | ***Department*** | ***Digital Signature*** |
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| ***Research team members*** | | | | | | |
| ***No.*** | ***Name and Surname*** | ***DNI [Spanish National Identification Number]/ID*** | ***ORCID code*** | ***Group code \**** | ***Department*** | ***Digital Signature\*\**** |
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*Add as many rows as necessary.*

*\* The codes of the research groups to which each researcher belongs must be clearly stated in the proposal in order to evaluate criterion 2.*

*\*\* All signatures must always be electronic and supported by a recognized certificate*