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| **CSIR / DS**I  **ALC RESEARCH GRANT APPLICATION**  **202**4 **APPLICATION FORM**  How to complete this template:   1. Complete all sections as comprehensively as possible. Not that the review of the project will only be conducted on the written information provided in this proposal. 2. Do not change any of the formatting of the tables in this template. 3. If necessary, tables and figures can be inserted in the text blocks 4. Final proposals needs to be signed and scanned as pdf documents. 5. Follow the instructions provided meticulously and do not replicate information from one section to a next unnecessarily. 6. The CSIR require a Microsoft Word version as well as a scanned pdf version of the proposal.   Please submit documents as per point 5 above by return email to [nlcrentalpool@csir.co.za](mailto:nlcrentalpool@csir.co.za) and to [tiduplooy@csir.co.za](mailto:tiduplooy@csir.co.za) by 3 November 2023. |
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| PROJECT TITLE: |
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| --- | --- |
| TYPE OF APPLICATION:  Support may be requested for periods up to 3 years, with continuation application yearly. | |
| Period of Support: |  |
| Date of this New Application |  |

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| --- | --- | --- | --- | --- | --- |
| PRINCIPAL INVESTIGATOR DETAILS: Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Home Country |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
| Contribution to the project | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COLLABORATING INVESTIGATOR DETAILS: Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
| Contribution to the project | |  | | | |
| COLLABORATING INVESTIGATOR DETAILS:  Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
| Contribution to the project | |  | | | |

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| --- | --- | --- | --- | --- | --- |
| COLLABORATING INVESTIGATOR DETAILS:  Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
| Contribution to the project | |  | | | |

# TRACK RECORD

Since this is a new application, please use the tables to indicate your general academic track record over the past three years under the headings of each category.

|  |
| --- |
| REFEREED JOURNAL PAPERS/BOOKS (Reference using the Harvard Referencing style): |
|  |

|  |
| --- |
| CONFERENCE PROCEEDINGS (Reference using the Harvard Referencing style): |
|  |

|  |
| --- |
| OTHER OUTPUTS (Patents (Names, Creator. Patent title. Patent number, and year of filing), technology transfer, popular articles, technical highlights etc): |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completed Students in the last three years (Fill in exactly as requested in the table): | | | | |
| Name | Nationality | Degree completed | Graduation Date | Gender |
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# PROJECT DETAILS

# PROJECT RESEARCH QUESTION

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| Provide a short statement on the research question to be addressed in this project |
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# ABSTRACT

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| Briefly summarise the proposed research project. Mention what is state-of-the-art and what your contribution will be to the field. |
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# OBJECTIVES

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| List the main objectives of the project. |
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# MANAGEMENT PLAN:

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| Give a detailed plan of how the project will be executed. Including time frames for each of the major tasks to be undertaken. List the activities, resources (eg. assign students to activities), start and end dates. Specify a deliverable for each of the activities. The detailed management plan can be in the form of a Gantt chart or spreadsheet. It is compulsory to provide a separate project plan in the form of a Gantt chart. Please note that projects with no detailed management plan, or of an unacceptable level will be disqualified. |
|  |

# PROJECT TEAM:

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| --- |
| List all the members of the research team who form this collaboration. Be sure to highlight staff involvement, student involvement, post docs, technical support and external collaborations (Nationally and Internationally). Please also indicate the expertise and experience that the main collaborators bring to the project and specifically highlight their contribution to the project. Expand on joint supervision of students, joint publications, and specific expertise that they bring to the project. Note that collaborators provide specific capabilities and competencies to the project. Technical support staff are not considered collaborators. |
| Complete the following table   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Collaborator name | Gender | Institution | Role and contribution in the collaboration project | Co-author on publications?  (YES / NO) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

# PROJECT OVERVIEW

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| --- |
| Give a detailed overview of the project, including scientific and technical aims, expected challenges, planned experimental set-ups and equipment available. Please include diagrams where appropriate. |
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| FUNDING:  List all expected sources of funding for the research to be undertaken. |
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# EXPECTED IMPACT, BENEFITS AND OUTPUTS

# BENIFICIARIES and IMPACT:

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| Why is this research relevant to the country, the African continent and the world? List and expand on who will benefit from this research; e.g., explain social, environmental or economic impact and the beneficiaries of this impact. Also mention if this support will result in significant human capital development etc at your institution. |
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# SCIENTIFIC OUTPUTS:

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| --- |
| List all expected scientific outputs from this project and indicate any expected scientific impact (e.g., publications in highly rated journals, Nobel prizes etc). |
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# HUMAN CAPITAL DEVELOPMENT:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List all the students and staff who will be working towards higher degrees as part of this project. This weighs high in assessment of this application. Indicate if the staff is studying towards a higher degree. | | | | | | |
| Name | Nationality (specify home country) | Where is the student based | Degree Registered for | Staff Member / Student | Gender | Thesis title |
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| TRANSFER OF KNOWLEDGE / SKILLS: Provide a short description of actions that are planned to support transfer of knowledge and skills between the collaboration partners. This can for example be in the form of training sessions, workshops, reports, student supervision. |
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| OPPORTUNITIES FOR COMMERCIALISATION: Indicate which aspects of the proposed research will deliver new products or services that can be commercialised. If possible, describe the route to industrialisation and commercialisation for these products/services and indicate or name the potential commercialisation partners. |
|  |

# FINANCIAL DETAIL – PROVIDE DETAILED BUDGET

Support from the ALC can only be considered if complete details on the project funding sources are made available.

Total budget

Note that this project supports own project therefore it is vital that you leverage other funding elsewhere to make it work!

|  |  |
| --- | --- |
|  | Total |
| Requested from ALC |  |
| Requested from other sources (specify source) |  |
| Estimate value of your existing research equipment that this research team has access to. |  |
| Total Required |  |

Budget breakdown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Name of participant (researcher/student) | Date and number of days\* | Amount\*\* | Requested from ALC | Requested from other sources |
| S&T  (As per the guideline) |  |  |  |  |  |
| Accommodation  Maximum R7000p/m (trip > 2 weeks) or maximum R1000 p/d (trip< 2 weeks) |  |  |  |  |  |
| Mobility  (only 2 trips p/a per researcher or student ) |  |  |  |  |  |
| Consumables  (max R50k) \*\*\* |  |  |  |  |  |
| Total |  |  |  |  |  |

\* Research visits are limited to 10 days and 60 days per project for senior staff and junior staff respectively.

\*\* Please provide a rationale on how this amount was calculated. (e.g. 25 participants x R100.00/participant)

\*\*\* It is recommended that quotations are submitted with the application to support the budget requested.

# APPROVALS

I declare that the information supplied is correct and complete

|  |  |
| --- | --- |
| Applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

APPROVAL BY DESIGNATED AUTHORITY/RESEARCH ADMINISTRATION or Equivalent Executive

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Telephone |  |
| Surname | |  | | Fax |  |
| Department | |  | | Mobile |  |
| Institution | |  | | e-mail |  |
| Designated Authority Signature | | | | | Date |
|  | | | | |  |

Please scan as a pdf and submit by return email to [nlcrentalpool@csir.co.za](mailto:nlcrentalpool@csir.co.za)

# APPENDICES

G-1. Details of team members

Please copy and paste the tables below as required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RESEARCHER: | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RESEARCHER: | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SAFETY OFFICER: | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |

G-2. CVs of Investigators

Please note that no applications will be considered unless CVs of the Investigators are attached.