**QUIMAL-CONICYT FUND – 2016**

**CALL FOR PROPOSALS**

**All fields must be completed**

**I. GENERAL INFORMATION**

**Name of Project**

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**1). Total amount of Project funds in CLP**

- Total amount of funding requested to CONICYT in CLP

- Total amount of funding provided by other sources in CLP

**2) Project Duration in years (between 1 and 3 years)**

 YES NO

**3) Is this project been submitted to other funding sources?**

**If the previous answer is YES, please indicate the name of the funding source(s) and the amount of funds requested/obtained.**

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**Lead Researcher.**

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| --- | --- | --- | --- |
|   |   |   |   |
| Names | Family name | Academic Degree | Institution / Year |
|   |   |   |   |
| Current Institution | Faculty | Department | Position |
|   |   |
| Address | Region |
|  |  |
| Phone number | E-mail Address |

**Main Sponsoring Institution.**

|  |  |
| --- | --- |
|   |   |
| Name of Representative of the Sponsoring Institution  | Position |
|   |   |   |
| Institution | Faculty | Department |

**Details of other associated Institution(s) (add rows if necessary).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contact | Department | Faculty | Institution |
|   |   |   |   |

**Details of Institution(s) contributing to the Project (add rows if necessary).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contact | Name of Institution | Type of Institution (public or private) | Amount of Contribution (CLP Chilean Pesos) |
|   |   |   |   |

**II. Project Information**

**Summary of Project Proposal (maximum 200 words).**

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**Description.**

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| Overall Aim: |

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| Specific Objectives: |

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| Work Plan: |

**Information on Participants, including the Lead Researcher, and their role or commitment to the Project (add rows if necessary).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and Surname | RUT | Time dedicated to project per week | Start date of participation in project | End date of participation in project | Expected payment, salary or incentive | Role or commitment to the project |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

**Management and budget description.**

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**Consistency between budgets requested and project activities**

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**Expected impact and outreach**

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**Suggested referees (optional):**

Please add names of colleagues which you think they have the necessary background, skills, and qualifications that allow them to assess your project. Suggested referees should not have publications in common with the applicant during the last 5 years, neither a professional relationship (applicant advisor, professor-student relationship, etc), nor a business relationship.  Applicant's relatives, and family member at any level cannot be suggested as referees. The provided Information may be considered during the referee selection process.

|  |  |  |
| --- | --- | --- |
| Name and Surname | E-mail Address | Institution |
|  |  |  |
|  |  |  |