**JUSTIFICATION OF REQUESTED AMOUNTS:**

To complete this section, check the Bases Concurso Nacional de Proyectos FONDECYT Regular 2017 and Application Instructions.

(Letter size, Verdana size 10 is suggested)**.**

**If you are submitting the proposal to the Technological Development Council, indicate the percentage of its total cost requested from FONDECYT.**

**TECHNICAL/SUPPORT STAFF**

For each technical/Support staff who will perform proposal-related tasks complete the information requested in the table below and justify the amounts requested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Technical and/or Support Staff** | **Number of Hours** | | **Number of Months** | | | | **Salary** |
| **Week** | **Month** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| **Staff 1** |  |  |  |  |  |  |  |
| **Staff 2** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**STIPENDS FOR THESES STUDENTS SUPPORT:**

Indicate the Undergraduate and Graduate theses you intend to fund through this proposal.

**PROPOSAL TRAVEL:**

Trips are funded solely for activities directly related with the proposal development, presentation of results and outreach activities to the society. Only **Economy airfares** are accepted. Indicate tentative destinations, purpose and number of days for each trip.

**FOREIGN TRAVEL:**

|  |  |  |
| --- | --- | --- |
|  | **Destination** |  |
|  | **No. of Days** |
| **Year 1** |  |  |
| **Year 2** |  |  |
| **Year 3** |  |  |
| **Year 4** |  |  |

**Domestic travel:**

|  |  |  |
| --- | --- | --- |
|  | **Destination** |  |
|  | **No. of Days** |
| **Year 1** |  |  |
| **Year 2** |  |  |
| **Year 3** |  |  |
| **Year 4** |  |  |

**INTERNATIONAL COOPERATION FOREIGN TRAVEL:**

Justify your funding request to carry out international cooperation activities in Chile.

|  |  |
| --- | --- |
|  | **N°. of days stay** |
|  |
| **Year 1** |  |
| **Year 2** |  |
| **Year 3** |  |
| **Year 4** |  |

**OPERATIONAL EXPENSES:**

In the following table indicate the estimated annual cost of one or more items necessary for a successful development of the proposal. Insert or delete as many rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subítem** | **Amount (1000 CLP$)** | | | |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| Office Supplies |  |  |  |  |
| Computing-related items |  |  |  |  |
| Reagents and other laboratory non-durable materials |  |  |  |  |
| Books purchases, scientific journals, subscription fees and memberships |  |  |  |  |
| Scientific meetings registration fees |  |  |  |  |
| Payments for services |  |  |  |  |
| Hiring of occasional auxiliary personnel |  |  |  |  |
| Journal publishing costs |  |  |  |  |
| Software and licenses |  |  |  |  |
| Survey(s) Cost |  |  |  |  |
| Focus Group(s) Cost |  |  |  |  |
| Outreach to society activities |  |  |  |  |
| Rent a car, freight payment |  |  |  |  |
| Purchase of office furniture and/or minor conditioning of physical space |  |  |  |  |
| Other: specify |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** |  |  |  |  |

**EQUIPMENT**:

Justify the need to have available the requested equipment as related to the goals and/or proposed methodologies. Describe the technical specifications for each ítem. The funding requested must include transportation, insurance, VAT and import taxes costs.

**Tablets, Printers, Notebooks, Desktop Computers, among others, must be included in this section.**

**Justification of your request:**