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| **FOLIO** | **REDES** | **180xxx** |
|  |  | ***CONICYT use only*** |

**CALL FOR PROPOSALS IN SUPPORT OF INTERNATIONAL NETWORKING**

**BETWEEN RESEARCH CENTERS**

**2018**

**APPLICATION FORM**

## GENERAL BACKGROUND

**Identification of APPLYING NATIONAL CENTEr**

|  |  |
| --- | --- |
| Center’s name |  |
| Principal Sponsoring Institution (if applicable) |  |
| Address: | City: |
| Region: | Phone(s): |
| URL: | Creation date: |
| Director/Legal Representative: |
| Principal Researcher: |

## BACKGROUND INFORMATION OF APPLYING NATIONAL CENTEr

1. **BRIEF SUMMARY DESCRIPTION**

|  |
| --- |
|  |

1. **OBJECTIVES**

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| --- |
|  |

1. **R&D ACTIVITIES CARRIED OUT AND RESULTS OBTAINED TO DATE**

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| --- |
|  |

### EFFORTS AND RESULTS OF THE INTERNATIONAL COLLABORATION TO DATE

|  |
| --- |
|  |

## NETWORK CREATION PROPOSAL *(use additional sheets if necessary)*

### EXECUTIVE SUMMARY

|  |
| --- |
|  |

### PROPOSAL OBJECTIVES

|  |
| --- |
| General objectives: |
| Specific objectives: |

### NETWORKING MODALITIES TO BE DEVELOPED AND PLANNING (Gantt chart)

*In accordance with sections 9, 10 and 11 of the Guidelines for this Call*

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### JUSTIFICATION OF THE NETWORK CREATION PROPOSAL

*Demonstrate how the proposal complements existing networking activities undertaken by the national center*

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### EXPECTED RESULTS FROM THE NETWORK CREATION PROPOSAL

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### PROPOSED STRATEGY DERIVED FROM THE RESULTS

*Include the actions and initiatives that the national and the abroad centers will carry out, after this project is finished.*

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### REQUESTED FUNDING

|  |  |  |
| --- | --- | --- |
|  |  | **BUDGETARY SUMMARY** |
| **MODALITY** | **Budgetary Item** | **Total Cost****(CLP$)** | **Total Funding Requested to CONICYT** **(CLP$)** |  **Contributions from other sources****(CLP$)** |
| **MODALITY A:** SHORT-TERM TRAINING INTERNSHIPS AT RESEARCH CENTERS ABROAD | Transportation costs | 0 | 0 | 0 |
| Per Diem Allowances | 0 | 0 | 0 |
| **Subtotal (CLP$)** | **0** | **0** | **0** |
| **MODALITY B:** RESEARCH VISITS IN CHILE | Transportation costs | 0 | 0 | 0 |
| Per Diem Allowances | 0 | 0 | 0 |
| **Subtotal (CLP$)** | **0** | **0** | **0** |
| **MODALITY C:** RESEARCH VISITS ABROAD | Transportation costs | 0 | 0 | 0 |
| Per Diem Allowances | 0 | 0 | 0 |
| **Subtotal (CLP$)** | **0** | **0** | **0** |
| **MODALITY D:** BILATERAL WORKSHOPS OR SEMINARS IN CHILE | Transportation costs | 0 | 0 | 0 |
| Per Diem Allowances | 0 | 0 | 0 |
| Dissemination and seminars | 0 | 0 | 0 |
| **Subtotal (CLP$)** | **0** | **0** | **0** |
| **MODALITY E:** ACCESS TO SCIENTIFIC AND TECHNOLOGICAL EQUIPMENT | Access to equipment | 0 | 0 | 0 |
| **Subtotal (CLP$)** | **0** | **0** | **0** |
| **TOTAL (CLP$)** |  |  |  |

**NOTE**: The maximum amount of funding to each awarded project is $CLP 16.000.000 (sixteen million Chilean pesos)

### JUSTIFICATION OF THE REQUESTED FUNDING

*Justify the budget in accordance with the project’s objectives.*

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## OTHER members OF THE RESEARCH GROUP

*Identify other researchers, postdocs, magister/doctoral students, undergraduate students, thesis students,* ***whom will participate actively in the development of the project.***

|  |  |  |
| --- | --- | --- |
| Research group member | Role (\*) |  |
| Last Names |  |
| First name(s) |  |
| Identity document | * ID Card
* Passport
 |  |
| Place of work | Institution |  |
| Faculty |  |
| Department |  |
| City |  |
| Country |  |
| Telephone |  |
| Email address |  |
| Address |  |

*Copy and paste the above table in order to add the additional members of this project.*

*(\*)Identify the member’s role at the research group. E.g: Postdoc / Doctoral Student, etc.*

##  ADDITIONAL INFORMATION

*Please include any other information that may be relevant for your application*

### DIRECTOR/LEGAL REPRESENTATIVE OF NATIONAL CENTER APPLYING

|  |  |
| --- | --- |
| Name: |  |
| Date: |  | Signature: |  |

### PRINCIPAL RESEARCHER

|  |  |
| --- | --- |
| Name: |  |
| Date: |  | Signature: |  |