**THE PROJECT REQUEST FORM** Annex Nr. 3. 1. A. / EN

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| **VV-2019-P1-EN** | **Basic information about the project** |
| **01** | Project ID | *(To be completed by the Ministry of Health.)* |
| **02** | Project Title |  |
| **03** | Acronym of the Project | *(Maximum 10 characters.)* |
| **04** | Supported priority areas chosen from the approved list for a current year | *(List of priorities and supported areas of R&D in a domain of health in the Slovak Republic for 2019 as a part of the Call for to be submitted research grant applications.)* |
| **05** | Lay Summary | *(Up to 150 words, unless stated otherwise, this section will be published.)* |
| **06** | Objectives of the Proposed Project | *(Up to 100 words, to be named in points.)* |
| **08** | Applicant | *(The organization responsible for the solution as well as the administrative enforcement of the project)* |
| **09** | Principal Investigator | *(Expert of the research grant applicant organization, responsible for the project management, project guarantee.)* |
| **10** | Required Budget from the Ministry of Health (in EUR) | *(Amount of grant requested from the state budget.)* |
| **11** | Co-financing from other Resources (in EUR) | *(Amount of co-financing from other resources.)* |
| **12** | Total Project Budget (in EUR) | *(Total amount (state budget + other resources of funding.)* |

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| **VV-2019-P2.1-EN** | **Basic information about participating organization** |
| **Applicant** |
| **01** | Name of the organization |  |
| **02** | Address of the Organization |  |
| **03** | Organization Identification Number |  |
| **04** | Legal form of the Organization |  |
| **05** | Sector |  |
| **06** | VAT Payer |  |
| **07** | Financial Project Manager |  *(Person of the applicant for the research grant who is responsible for the financial part of the project.)* |
| Phone |  |
| E-mail |  |
| **08** | Authorized Person to sign the Contract on behalf of the Applicant | *(To be completed even if the person is identical to the applicant's statutory representative.)* |
| Phone |  |
| E-mail |  |

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| **VV-2019-P2.2-EN** | **Basic information about the principal investigator** |
| **01** | Name and Surname, Title |  |
| **02** | Funkcion; Position |  |
| **03** | Phone |  |
| E-mail |  |
| **04** | Employer |  |
| Address |  |
| Phone |  |
| E-mail |  |
| **05** | Professional Specialisation |  |
| **06** |  The most significant publications during last 5 years, or ID of researcher | *(Please include in which of two of the listed databases the publications are available: Databases Institute of Scientific Information (ISI ) or PubMed (Medline). Please do not refer to other databases. Please include by whom and where the publication has been citated. Explicitly provide citations in the Science Citation Index (SCI), Thomson Scientific Databases Institute of Scientific Information. In case, that your publications are not listed in the SCI, please provide the reasoning.* |
| **07** | List of projects of the principal investigator in R&D in the domain of health  | *(As regard of each project, it is necessary to mention the principal investigator, title of the project and the project number, name of the financing organization, grant amount, actual results achieved, date of implementation.)* |
| **08** | Number – Projects of the principal investigator executed during the last 5 years |  |
| **09** | Total number of citations in SCI / ISI database |  |

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| **VV-2019-P2.3-EN** | **Basic information about co-operative organization** |
| **Cooperating organization** |
| **01** | Name of the Organization |  |
| **02** | Adress of the Organization |  |
| **03** | Organization Identification Number |  |
| **04** | Legal form of the Organization |  |
| **05** | Sector |  |
| **06** | VAT Payer |  |
| **07** | Authorized person to sign the Contract on behalf of the Applicant for reserach grant |  |
| Phone |  |
| E-mail |  |

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| **V-2019-P2.4.1-EN** | **List of Participants** |
| **01**  | List of staff directly involved in the Project |
| Name and Surname | Titles | Job / Position | Organization Identification Number | Hours |
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| **VV-2019-P2.4.2-EN** | **List of Participants** |
| **02** | Other staff | Total number of other staff |  |
| Total capacity of other staff in hours |  |
| **03** | In total | Total number of the employed staff |  |
| Total capacity of the employed staff in hours |  |

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| **VV-2019-P2.5-EN** | **Project Manager / Project Leader***(Contact person, other than the principal investigator, authorized by the statutory representative to conduct the administrative management of the project on behalf of the applicant.)* |
| **01** | Name and Surname, Titles |  |
| Phone |  |
| Email |  |

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| **VV-2018-P2.6-EN** | **Existing Infrastructure***(Please, describe the existing infrastructure, in details, by listing all the organizations involved in the project work.)* |
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