

Administrative form

Proposal number

Proposal Acronym

1. Project Applicant and Organization:

Name	<input type="text"/>
Surname	<input type="text"/>
E-mail	<input type="text"/>
Title	<input type="text"/>
Already a Project Leader or Project Co-leader of UKF funded project?	<input type="text"/>
Organization	<input type="text"/>
Organization's Street name and number	<input type="text"/>
Postal code	<input type="text"/>
Town	<input type="text"/>
Head of the Organization	<input type="text"/>
Phone	<input type="text"/>
Website of the Organization	<input type="text"/>

2. Project Co-leader and Organization:

NOTICE: Co-leader has to register in the EPP system of the Croatian Science Foundation, fill out each of the 4 required tabs in "My profile" and his ID has to be delivered to the Project Leader.

Name	<input type="text"/>
Surname	<input type="text"/>
Country of Tax Residence	<input type="text"/>
Street and number of Tax Residence	<input type="text"/>
Postal code of Tax Residence	<input type="text"/>
Town of Tax Residence	<input type="text"/>
Citizenship	<input type="text"/>
E-mail	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>



www.esf.hr



Projekt je sufinancirala Europska unija iz Europskog socijalnog fonda.

Organization's Street name and number	<input type="text"/>
Postal code	<input type="text"/>
Town	<input type="text"/>
Head of the Organization	<input type="text"/>
Phone	<input type="text"/>
Website of the Organization	<input type="text"/>

3. Team members

NOTICE: Persons included in the project implementation have to register in the EPP system of the Croatian Science Foundation, fill out each of the 4 required tabs in "My profile" and their ID has to be delivered to the Project Leader.

User ID	Title	Name	Surname	Institution	E-mail	Status (partner/researcher/PhD student/postdoc)	Role

4. Partners

NOTICE: Persons included in the Project implementation have to register in the EPP system of the Croatian Science Foundation, fill out each of the 4 required tabs in "My profile" and their ID should be delivered to the Project Applicant. At least one person per Partner should be listed.

Name of the Organization (please use its official, full name ONLY, i.e. INA – Industrija nafte, d.d.)	Legal Form of the Organization (public research organisation registered in the Register of Scientific organizations of the MoSE/public and private higher education institutions registered in the Register of Higher education institutions of the MoSE/ Organizations established according to the Act on Institutions/Organizations of civil society (organizations, art organizations, non-profit organizations)	Legal representative (function, name and surname)	List of persons included (name and surname)	Role per person	Infrastructure and equipment (if applicable)



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5. General information about the project proposal

Call identifier																	
Proposal's full title in English language																	
Proposal's full title in Croatian language																	
Proposal acronym																	
Duration until	No later than 31.5.2023																
Total requested grant from HRZZ, min. 1 mil. HRK and max. 2,2 mil. HRK																	
Budget for Year 1 (HRK)																	
Budget for Year 2 (HRK)																	
Budget for Year 3 (HRK)																	
Budget for Year 4 (HRK), until 31.5.2023																	
Keywords (at least 5)																	
Scientific area (Please choose only one)	<p>1 <input type="checkbox"/> Natural sciences</p> <p>2 <input type="checkbox"/> Technical sciences</p> <p>3 <input type="checkbox"/> Biomedicine and Health</p> <p>4 <input type="checkbox"/> Biotechnical sciences</p> <p>5 <input type="checkbox"/> Social sciences</p> <p>6 <input type="checkbox"/> Humanities</p> <p>7 <input type="checkbox"/> Interdisciplinary scientific areas</p> <p>8 <input type="checkbox"/> Interdisciplinary project</p>																
Please numerate the scientific area included in the Interdisciplinary project proposal (primary area should get number 1, next number 2, etc.)	<table border="1"> <tr> <td><input type="checkbox"/> Natural sciences</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Technical sciences</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Biomedicine and Health</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Biotechnical sciences</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Social sciences</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Humanities</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interdisciplinary scientific areas</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interdisciplinary sciences</td> <td></td> </tr> </table>	<input type="checkbox"/> Natural sciences		<input type="checkbox"/> Technical sciences		<input type="checkbox"/> Biomedicine and Health		<input type="checkbox"/> Biotechnical sciences		<input type="checkbox"/> Social sciences		<input type="checkbox"/> Humanities		<input type="checkbox"/> Interdisciplinary scientific areas		<input type="checkbox"/> Interdisciplinary sciences	
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<input type="checkbox"/> Biotechnical sciences																	
<input type="checkbox"/> Social sciences																	
<input type="checkbox"/> Humanities																	
<input type="checkbox"/> Interdisciplinary scientific areas																	
<input type="checkbox"/> Interdisciplinary sciences																	
Scientific field (Please choose)																	

Other scientific fields from
the project proposal

Proposal summary
(min. 100, max. 2000 char.)

We, the undersigned, hereby declare under material and criminal liability the truthfulness and completeness of the information specified in the Administrative form, Application form, Financial plan form, Letter of Commitment and all the supporting documents.

We confirm that we are familiar with the Normative Acts and Recommendations of the Croatian Science Foundation and with our signatures and stamp, we undertake to comply with and accept their provisions.

The Head of the Organization declares that everything described in the Institutional Support Form will be fully respected and confirms that the Project Leader will be able to devote sufficient working time to the HRZZ-funded project.

Project Applicant:

Head of the Organization:

(stamp)

Place and date: