**Administrative Form**

**Partnership in Research**

*(PAR-2018)*

Proposal number Proposal Acronym

1. **Principal Investigator (PI) and Home Institution**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| E-mail |  |
| Title |  |
| Year of the first PhD award |  |
| Already a Principle Investigator of a HRZZ Installation Research project?  |  |
| Already a Principle Investigator of a HRZZ Research Project or a Partnership in Research Project? |  |
| Already a researcher on HRZZ-projects accepted for funding from 2013 to 2018 calls? |  |
| Already a Principle Investigator of a project funded by the Unity Through Knowledge Fund or HRZZ? |  |
| Already a Principle Investigator or a researcher on any internationally funded project? If yes, specify the project and the funding source. |  |
| Institution |  |
| Institution's street name and number |  |
| Postal code |  |
| City |  |
| Head of the Institution |  |
| Phone |  |
| Website of the Institution  |  |
|  |
|  |

1. **Partner Institution**

|  |  |
| --- | --- |
| Partner institution |  |
| VAT ID No of the Partner institution |  |
| Main associate from the partner institution |  |
| Main associate’s email  |  |
| Partner institution street name and number |  |
| Postal code |  |
| City |  |
| Head/Director of the Partner institution |  |
| Phone |  |
| Website of the Partner institution  |  |

1. **Research Group**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Academic Title | Name  | Surname | Institution | E-mail | Status | Role |
|  |  |  |  |  |  |  |
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1. **General information on Research proposal**

|  |  |
| --- | --- |
| Call identifier |   |
| Proposal's full title in English |  |
| Proposal's full title in Croatian |  |
| Proposal acronym |  |
| Duration in months |  |
| Total requested grant from HRZZ (HRK) |  |
| Budget for Year 1 requested from HRZZ (*HRK*) |  |
| Budget for Year 2 requested from HRZZ (*HRK*) |  |
| Budget for Year 3 requested from HRZZ (*HRK*) |  |
| Co-financed by the Partner institution (HRK) |  |
| Keywords (*at least 5*) |  |
| Scientific area *(Please choose only one)* | 1 [ ]  Natural sciences2 [ ]  Technical sciences 3 [ ]  Biomedicine and Health 4 [ ]  Biotechnical sciences5 [ ]  Social sciences 6 [ ]  Humanities7 [ ]  Interdisciplinary Areas of Science8 [ ]  Interdisciplinary project |
| *Please numerate the scientific area included in the Interdisciplinary project proposal (primary* *area should get number 1, next number 2, etc.)* | [ ]  Natural sciences [ ]  Technical sciences [ ]  Biomedicine and Health [ ]  Biotechnical sciences[ ]  Social sciences [ ]  Humanities  |
| Scientific area according to ERC classification[[1]](#footnote-1) |  |
| Scientific field |  |
| 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, Work plan, Institution Support Form, Partner Institution Support Form, Collaborators’ Letters of intent, Proof that the partner has financial capacities for the project realization - data on credit worthiness and solvency (forms BON1/BONPLUS and BON2/SOL2 or equivalent) 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 official stamp; we undertake to comply with and accept their provisions.

With his signature and the official stamp, the Head of the Home Institution certifies that the project leader (please circle the statement that applies in your case):

* is permanently employed at the Home Institution that will be implementing the project
* is an employee of the Croatian Academy of Sciences and Arts or is a full member of the Academy.

The Head of the Home Institution declares that everything described in the Letter of support of the Home Institution will be fully respected and confirms that the Principal Investigator will be able to devote sufficient working time to the HRZZ-funded project.

The Head of the Partner Institution declares that everything described in the Statement of the Partner Institution on co-financing and technical abilities will be fully respected and confirms that the Main associate from Partner institution will be able to devote sufficient working time to the HRZZ-funded project.

|  |  |  |
| --- | --- | --- |
| Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Main associate from Partner Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Head of the Home Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Official stamp) |  | Head of the Partner Institution (Head, Director etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Official stamp) |

1. The suggested classification can be found in the Appendix 2 of the Guidelines for Applicants for the Partnership in Research Call *(PAR-2018)*. [↑](#footnote-ref-1)