**FORM 1- BACKGROUND INFORMATION** (*refer to section 2.3 of Research Grant Manual for guidance)*

|  |
| --- |
| **PROJECT TITLE ENGLISH**  |
| **PROJECT TITLE ARABIC** |
| **INSTITUTION** | **JOINT INSTITUTION**  |
| **Center/College** | **Program/Department** |
| **INSTITUTION DIRECTOR** | **PROJECT DURATION** |
| **PROJECT LEADER/PRINCIPAL INVESTIGATOR** | **Early Career Researcher** (conducting a research within five years post-graduation) **Yes No** |
| **TYPE OF GRANT****National Research Priority** |  **Competitive Research and Research Capacity** |
| **If it’s National Research Priority:** |
| **Environment Energy/Alternative energy Water Health** |
| **GRANT CLASSIFICATION** *(refer to section 1.5of the Research Grant Manual)* |
| **TOTAL BUDGET** | **KFAS CONTRIBUTION** | **FUNDS FROM OTHER INSTITUTIONS** |
| **SUBJECT AREAS /RESEARCH AREAS** |
| **KEYWORDS** *(refer to Kuwait University codes on RD/KFAS website)* |

**RESEARCH TEAM**

**PROJECT LEADER/ PRINCIPLE INVESTIGATOR** *(please attach full CV)*

|  |  |
| --- | --- |
| **NAME** | **INSTITUTION** |
| **PHONE NUMBER** | **EMAIL** |

**CO-INVESTIGATOR** *(please attach brief CV, refer to section 2.4 of Research Grant Manual for guidelines)*

|  |  |
| --- | --- |
| **NAME**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **INSTITUTION**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONSULTANT IF ANY** *(please attach brief CV, if available, refer to section 2.4 of Research Grant Manual for guidelines)*

|  |  |
| --- | --- |
| **NAME**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **INSTITUTION**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ABSTRACT ENGLISH** *(maximum 300 words)* |
| **ABSTRACT ARABIC** *(maximum 300 words)* |

**FORM 2- PROJECT MANPOWER** (*refer to section 2.4 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
| **PROJECT TITLE** | **PL/PI INITIALS** |
| **PROJECT TEAM****NAME/TITLE** *(in the project)* | **1st Year**  | **2nd Year**  | **3rd Year**  |
| **Time****Allocated****(%)** | **Duration****(months)** | **Cost (KD)** | **Time****Allocated****(%)** | **Duration****(months)** | **Cost (KD)** | **Time****Allocated****(%)** | **Duration****(months)** | **Cost (KD)** |
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| **Research Project Staff**  | **Qualification/ Classification** |
| Post Doctorate/Research Associate  | Ph.D. |
| Senior Research Assistant  | Master’s degrees  |
| Research Assistant  | Bachelor’s degree |
| Senior Technician/Research Technician  | Bachelor’s Degree/higher diploma and 5 years of experience in relevant field  |
| Technician  | Bachelor’s Degree/higher diploma  |
| Assistant Technician  | Scientific diploma  |
| Other staff  | Any other staff not within the above  |
| Temporary Staff  | Employees on support contract/seconded staff |

**FORM 3-TASK SCHEDULE** (*refer to section 2.5 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
| **PROJECT TITLE** | **PL/PI INITIALS.** |
|  |  | **FIRST YEAR** | **SECOND YEAR** | **THIRD YEAR** |
| **Task****No.** | **Task Title** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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**MANAGEMENT PLAN TEMPLATE** *(Additional documents may be attached)*

|  |  |
| --- | --- |
| A description of the roles and responsibilities of manpower involved in the project. If applicable describe how their roles may change or evolve.  |  |
| Describe any collaborations with other academic and/or research institutions and detail how the collaborations will take place.  |  |
| Plans and procedures for training students and/or participants, if applicable. |  |
| A procedure to handle possible modifications to the project. |  |

**FORM 4- PROJECT BUDGET** (*refer to section 2.6 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
| **PROJECT TITLE** | **PL/PI INITIALS** |
|  |  |  | **1st Year****KD** | **2nd Year****KD** | **3rd Year****KD** | **Total****KD** |
|  |  |  |
| **A.** | **MANPOWER** |  |  |  |  |  |
|  | **- Post Doctorate/ Research Associate** |  |  |  |  |
|  | **- Senior Research Assistant** |  |  |  |  |
|  | **- Research Assistant** |  |  |  |  |
|  | **- Senior Technician/ Research Technician** |  |  |  |  |
|  | **- Technician**  |  |  |  |  |
|  | **- Assistant Technician** |  |  |  |  |
|  | **- Other Staff** |  |  |  |  |
|  | **-Temporary Staff** |  |  |  |  |
|  |  | **SUBTOTAL A** |  |  |  |  |
|  | ***FROM KFAS*** |  |  |  |  |
| **B.** | **OPERATING EXPENSES** |  |  |  |  |  |
|  | **- Consumables**  |  |  |  |  |
|  | **- Service Charges** |  |  |  |  |
|  | **- Research Related Travel** |  |  |  |  |
|  | **- Consultation Fees**  |  |  |  |  |
|  | **- Publication Cost** |  |  |  |  |
|  |  | **SUBTOTAL B** |  |  |  |  |
|  |  | ***FROM KFAS*** |  |  |  |  |
| **C.** | **CAPITAL EXPENDITURE** |  |  |  |  |  |
|  | **- Capital Expenditure** |  |  |  |  |  |
|  |  | **SUBTOTAL C** |  |  |  |  |
|  |  | ***FROM KFAS*** |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **GRAND TOTAL A+B+C** |  |  |  |  |
|  | ***TOTAL FUNDS FROM KFAS*** |  |  |  |  |

**FORM 5- EXPENDITURE JUSTIFICATION**(*refer to section 2.7 of Research Grant Manual for guidance)*

**OPERATING EXPENSES JUSTIFICATION COST (KD)**

|  |  |  |
| --- | --- | --- |
| **MATERIALS AND SUPPLIES** *(provide a separate detailed list, if applicable)* |  |  |
| **SERVICE CHARGES** *(provide a separate detailed list, if applicable)* |  |  |
| **FACILITIES** *(provide a separate detailed list, if applicable)* |  |  |
| **COMPUTER SOFTWARE** *(provide a separate detailed list, if applicable)* |  |  |
| **PUBLICATION FEES***(provide a separate detailed list, if applicable)* |  |  |

**CAPITAL EXPENDITURE JUSTIFICATION COST (KD)**

|  |  |  |
| --- | --- | --- |
| **EQUIPMENT *(****name, specification, manufacturer, and model) (provide a separate detailed list, if applicable) (please attach the approved letter)* |  |  |

|  |  |
| --- | --- |
| **Is the equipment available at other organizations?** | **COMMENTS** **□ No equipment needed** |
| **□Available** | **□ Not Accessible** | **□ Not Available** |
| **If available, has service agreement been considered?** |
| **□Yes (explain)** |  | **□ No** |
| **Have charges been considered?** |
| **□ Yes (explain)**  |  | **□ No** |
| **Is equipment needed after end of project?** |
| **□ All** | **□ Part** | **□ None** |
| **If none, are other users available?** |
| **□ Yes** | **□ No** | **□ Don’t know** |

**FORM 6-PROGRESS REPORTS OUTLINE\***(*refer to section 2.8 of Research Grant Manual for guidance)*

|  |
| --- |
| **PROJECT TITLE** |
| **PROGRESS REPORT NUMBER** | **BRIEF DESCRIPTION ON REPORT CONTENTS****IN RELATION TO PROJECT SCHEDULE** | **PERIOD COVERED****AS FROM START OF PROJECT****(MONTHS)** | **DATE PROGRESS REPORT DUE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please outline the progression of the project to the best of your knowledge

**FORM 7- ADDITIONAL INFORMATION** (*refer to section 2.9 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
| **PROJECT TITLE** | **PL/PI INITIALS** |
| **1. Can this project be considered a continuation of any other project? □ Yes □ No** **If yes, please provide project title, author, institution, and status (completed, on-going, pending)** |
| **2. Can this project share with other on-going projects any of the following: □ Yes □ No** **equipment, data, facilities, manpower?**  **If yes, please provide the project title, author, institution, status and element(s) that may be shared.** |
| **3. Has this project been submitted to any other institution(s) for funding? □ Yes □ No** **If yes, please provide the name of the institution and the amount of funds requested.** |

**ETHICAL FORMS** *(if applicable)*

|  |
| --- |
| **PLEASE ATTACH ALL ETHICAL FORMS- THOSE RELATING TO THE USE OF HUMAN/ ANIMAL SUBJECTS.****ETHICAL FORMS SHOULD BE PROVIDED BY THE PROJECT LEADER/ PRINCIPLE INVESTIGATOR INSTITUTION.**  |

**FORM 8- CERTIFICATION PAGE** (*refer to section 2.10 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
| **PROJECT TITLE** | **PL/PI INITIALS** |

**CERTIFICATION *(****to be signed by the project leader/principle investigator and co-investigator(s)*)

*I (we) certify to the best of my (our) knowledge that:*

*-All the information provided is true and complete.*

*- If the award is granted I (we) understand that it is my (our) responsibility to make sure all tasks are completed within the set time frame and that progress reports are submitted on time.*

*- I (we) will adhere to KFAS’s Code of Conduct (refer to section 4.6 of the Research Grant Manual)*

**PROJECT LEADER/PRINCIPAL INVESTIGATOR**

|  |  |
| --- | --- |
| **NAME AND SIGNATURE**  | **INSTITUTION** |

**CO-INVESTIGATOR(S)** *(Additional co-investigators may be added)*

|  |  |
| --- | --- |
| **NAME AND SIGNATURE**  | **INSTITUTION** |

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| **NAME AND SIGNATURE**  | **INSTITUTION** |

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| **NAME AND SIGNATURE**  | **INSTITUTION** |

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| **NAME AND SIGNATURE**  | **INSTITUTION** |

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| **NAME AND SIGNATURE**  | **INSTITUTION** |

**Research Proposal Contents** (*Please ensure that the proposal contains all of the following. Refer to section 2.11 of Research Grant Manual for guidance)*

|  |  |
| --- | --- |
|  | **Table of Contents** |
|  | **Introduction/Background**  |
|  | **Objectives** |
|  | **Research Methodology** |
|  | **Importance of the Research Outcomes** |
|  | **Anticipated Research Outcomes**  |
|  | **References List** |
|  | **Appendices** |