



Application for MNU Research Grant For Full-Time Staff and Higher Degrees Students

Information and Instructions. Full-time staff of MNU regardless of rank or duration of service at the university may apply for financial assistance to undertake research projects. Full-time research students (doctorate or masters by research) may also apply for a research grant. The funds are contestable and limited, and once a certain category of available funds is exhausted, no further funds will be available even if there are strong applications. The full application, including the detailed research proposal and other attachments MUST NOT EXCEED 25 pages.

For further details including eligibility and selection criteria please refer to the MNU Research Grants Committee & Guidelines found at <http://mnu.edu.mv/index.php/research>

LEAVE BLANK — FOR OFFICIAL USE ONLY

APPLICATION RECEIVED		APPLICATION NUMBER
DATE / /	TIME :	
SELECTION MEETING	MONTH	YEAR
REVIEWED BY (URGC Members)	1.	
	2.	

GRANT CATEGORY

1a. GRANT APPLYING FOR <input type="checkbox"/> Small (≤10K) <input type="checkbox"/> Medium (≤100K) <input type="checkbox"/> Large (≤1 Million)	1b. AFFILIATION TO MNU <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT	1c. HAVE YOU RECEIVED A RESEARCH GRANT FROM MNU BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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APPLICANT'S DETAILS (Provide the relevant details of the principal investigator and the co-investigator. List other researchers in section 10).

2. PRINCIPAL INVESTIGATOR (The principal investigator/applicant must be a full-time staff of MNU or a full-time higher degrees student of MNU).	
2a. FULL NAME	2b. HIGHEST QUALIFICATION
2c. NATIONAL IDENTITY CARD NO.	2d. MNU STUDENT NUMBER
2e. POSITION TITLE	2f. MNU COURSE TITLE
2g. FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	2h. MAILING ADDRESS (Street, city, island)
2i. TELEPHONE AND FAX (number and extension)	2j. E-MAIL ADDRESS
TEL: _____	FAX: _____
2k. RESEARCH BACKGROUND (Provide a summary of recent research activities and research outputs. Attach a brief CV with a list of recent publications).	

3. CO- INVESTIGATOR (A full time researcher or a higher degrees student of MNU or a research collaborator from an external research institution).	
3a. FULL NAME	3b. HIGHEST QUALIFICATION
3c. NATIONAL IDENTITY CARD NO.	3d. MNU STUDENT NUMBER
3e. POSITION TITLE	3f. MNU COURSE TITLE
3g. INSTITUTION, FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	3h. MAILING ADDRESS (Street, city, island)
3i. TELEPHONE AND FAX (number and extension)	3j. E-MAIL ADDRESS
TEL: _____	FAX: _____

3k. RESEARCH BACKGROUND (Provide a summary of recent research activities and research outputs. Attach a brief CV with a list of recent publications).

PROJECT DETAILS

4a. TITLE OF PROJECT. Do not exceed 80 characters, including spaces and punctuation.

4b. HUMAN SUBJECTS' RESEARCH?

No Yes

4c. CLINICAL RESEARCH?

No Yes

4d. VERTEBRATE ANIMALS?

No Yes

If 'Yes' to any of the items in 4b-4d, you should submit ethics approval before funding is disbursed.

4e. DOES THIS PROJECT INVOLVE EXTERNAL AFFILIATION(S)

No Yes

If Yes, provide contact details of main research officer involved and any agreements signed with the institution.

4f. NAME AND ADDRESS OF THE AFFILIATED INSTITUTION

4g. DO YOU HAVE INSTITUTIONAL SUPPORT FOR THIS PROJECT

No Yes

If Yes, attach a supporting letter from the head of faculty/center justifying the alignment of the research with the strategic direction of the university and national research priority areas.

4h. REGISTERED PROJECT

No Yes

4i. If Yes, provide the PRC REG. NUMBER

4j. SUMMARY OF RESEARCH PROPOSAL. In no more than **500 words** provide a summary of the research proposed including the aims, significance, methodology and expected outcomes. All applications **MUST** accompany a detailed research proposal using the sample template provided.

PROJECT DURATION & FINANCE

5. DURATION. Indicate the expected total duration of the project and the proposed period of financial support requested.

5.1 PROJECT START DATE

/ /

5.2 PROJECT END DATE

/ /

5.3 PROPOSED PERIOD OF SUPPORT REQUESTED

FROM: / / THROUGH TO: / /

6. FINANCE. Provide the total budget estimated for the project comprising of 'direct costs' and 'in-kind' support from all the participating institutions including MNU.

6.1 TOTAL DIRECT COSTS (MVR)	6.2 TOTAL 'IN-KIND' (MVR)	6.3 TOTAL BUDGET (COST) OF THE PROJECT (MVR)
6.4 TOTAL FUNDS REQUESTED (MVR)	6.5 APPLIED FOR EXTERNAL FUNDING? <input type="checkbox"/> No <input type="checkbox"/> Yes	6.6 If Yes, the name of the EXTERNAL FUNDING AGENCY

7. BUDGET SUMMARY. Provide estimated budget and justification for each category of expenditure for the entire project. Categories may include personnel, equipment, travel, dissemination, consultants, transport and other direct costs. Grants are available for a maximum of THREE years.

CATEGORY	Year 1	Year 2	Year 3	Justification for expenditure
7.1 DIRECT COSTS				
7.1a. SALARIES/WAGES/FEES				
7.1b. EQUIPMENT				
7.1c. TRAVEL				
7.1d. DISSEMINATION				
7.1e. OTHER EXPENSES				
SUB TOTALS (PER ANNUM)				
TOTAL DIRECT COSTS (MVR)				
7.2 IN-KIND SUPPORT				
7.2a. MNU 'IN-KIND'				
7.2b. EXTERNAL 'IN-KIND'				
TOTAL 'IN-KIND'				
TOTAL PROJECT COST (MVR)			TOTAL RESEARCH GRANT APPLICATION (MVR)	

8.1 PROJECT KICK-OFF FUNDING REQUESTED <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If a portion of the total direct costs is required to initiate the project, give the total amount of the kick-off funding requested with justification for the expenditure.</i>
8.2 TOTAL AMOUNT REQUESTED (MVR)	JUSTIFICATION

9. PROJECT MILESTONES. Funds may only be disbursed after completion of the relevant milestones given below. For any additional items, include a separate sheet.

MILESTONE	DATE OF COMPLETION	DELIVERABLE	DISBURSEMENT TO BE REQUESTED
1			
2			

10. OTHER RESEARCHERS OR KEY PERSONNEL. List other key members of the research team. If more researchers are involved, use continuation pages as needed to provide the required information in the format shown below.

10.1a. NAME	10.1b. HIGHEST QUALIFICATION	10.1c. ORGANIZATION	10.1d. ROLE ON THE PROJECT
5			

10.1e. FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

10.2a. NAME	10.2b. HIGHEST QUALIFICATION	10.2c. ORGANIZATION	10.2d. ROLE ON THE PROJECT

10.2e. FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

11. ADMINISTRATIVE OFFICIAL. (For correspondence only)

11a. FULL NAME			
11b. TITLE			
11c. FACULTY/ADDRESS			
11d. TELEPHONE		11e. FAX	
11f. E-MAIL			

DECLARATION. The principal investigator must sign the application as the legal representative. (In ink. "Per" signature not acceptable.)

PRINCIPAL INVESTIGATOR	<input type="checkbox"/> I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with MNU terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	
NAME	SIGNATURE	DATE / /

APPLICATION CHECKLIST. Tick the relevant boxes below to confirm that you have attached all the necessary documentation with your application.

- Completed MNU Research Grant application form with signature of the principal investigator
- A copy of national ID card of the principal investigator
- Detailed research proposal (as per the research proposal template provided)
- A brief CV of the principal investigator including a list of recent publications (2 pages maximum)
- A brief CV of the co-investigator including a list of recent publications (2 pages maximum)
- Supporting letter from head of faculty/centre for staff applications, indicating absence of potential conflicts with assigned workload.
- Supporting letter from principal supervisor for higher degrees student applications
- Letter or agreement from affiliated institutions involved in this research where applicable