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| aligned left mnu logo eng | **Application for MNU Research Grant**For Full-Time Staff and Higher Degrees Students |

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| **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> |
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| **LEAVE BLANK — FOR OFFICIAL USE ONLY** |
| **APPLICATION RECEIVED**  | **APPLICATION NUMBER** |
| DATE dd / mm / yyyy  | TIME hh **:** mm | Click or tap here to enter text. |
| **SELECTION MEETING** | MONTH       YEAR       |
| **REVIEWED BY** *(URGC Members)* | 1.       |
|  2.       |

**GRANT CATEGORY**

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|  **1a.** GRANT APPLYING FOR |  **1b.**  AFFILIATION TO MNU  | **1c.** HAVE YOU RECEIVED A RESEARCH GRANT FROM MNU BEFORE? [ ]  YES [ ]  NO  |
|  [ ]  Small (≤10K) [ ] Medium (≤100K) [ ] Large (≤1 Million)  | [ ]  STAFF [ ]  STUDENT |

**APPLICANT’S DETAILS** *(Provide the relevant details of the principal investigator and the co-investigator. List other researchers in section 10).*

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| **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 Click or tap here to enter text. |
| **2e.** POSITION TITLE       | **2f.** MNU COURSE TITLE Click or tap here to enter text. |
| **2g.** FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      | **2h**. MAILING ADDRESS *(Street, city, island)*Click or tap here to enter text. |
| **2i.** TELEPHONE AND FAX *(number and extension)* | **2j.** E-MAIL ADDRESS       |
| TEL: |  Click or tap here to enter text. | FAX: | Click or tap here to enter text. |  |
| **2k.** RESEARCH BACKGROUND (*Provide a summary of recent research activities and research outputs. Attach a brief CV with a list of recent publications).*Click or tap here to enter text. |

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| **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 Click or tap here to enter text. |
| **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**

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| **4a. TITLE OF PROJECT**.*Do not exceed 80 characters, including spaces and punctuation.* |
|       |
| **4b.** HUMAN SUBJECTS’ RESEARCH? | **4c.**CLINICAL RESEARCH? | **4d.**VERTEBRATE ANIMALS? | *If ‘Yes’ to any of the items in 4b-4d, you should submit ethics approval before funding is disbursed.* |
| [ ]  No [ ]  Yes | [ ]  No [ ]  Yes | [ ] No [ ]  Yes |
| **4e.** DOES THIS PROJECT INVOLVE EXTERNAL AFFILIATION(S) | *If Yes, provide contact details of main research officer involved and any agreements signed with the institution.* |
| [ ]  No [ ]  Yes | **4f.** NAME AND ADDRESS OF THE AFFILIATED INSTITUTION |        |
| **4g.** DO YOU HAVE INSTITUTIONAL SUPPORT FOR THIS PROJECT | *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.* |
| [ ]  No [ ]  Yes  | **4h.** REGISTERED PROJECT | [ ]  No [ ]  Yes | **4i.** *If Yes,* provide the PRC REG. NUMBER       |

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| **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.* |
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**PROJECT DURATION & FINANCE**

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| **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:       /       /       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 REQUSTED (MVR)       | **6.5** APPLIED FOR EXTERNAL FUNDING? [ ]  No [ ]  Yes | **6.6** If Yes, the name of the EXTERNAL FUNDING AGENCY       |

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| **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’ |       |  |
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| **TOTAL PROJECT COST (MVR)** |       | **TOTAL RESEARCH GRANT APPLICATION (MVR)** |       |

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| **8.1 PROJECT KICK-OFF FUNDING REQUESTED** [ ]  No [ ]  Yes  | *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.*  |
| 8.2 TOTAL AMOUNT REQUESTED(MVR)       | JUSTIFICATION       |
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| **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  |  |  |  |
| 3  |  |  |  |
| 4  |  |  |  |
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| **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.* |
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| **10.1a.**NAME  | **10.1b.** HIGHEST QUALIFICATION | **10.1c.** ORGANIZATION | **10.1d.** ROLE ON THE PROJECT |
|       |       |       |       |
| **10.1e.** FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Click or tap here to enter text. |
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| **10.2a.** NAME  | **10.2b.** HIGHEST QUALIFICATION | **10.2c.** ORGANIZATION | **10.2d.** ROLE ON THE PROJECT |
|       |       |       |       |
| **10.2e.** FACULTY/DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT       |

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| **11. ADMINISTRATIVE OFFICIAL** *(For correspondence only)* |
| **11a.** FULL NAME |       |
| **11b.** TITLE |       |
| **11c.**  FACULTY/ADDRESS |       |
| **11d.** TELEPHONE |       | **11e.** FAX |       |
| **11f.** E-MAIL |       |

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| **DECLARATION.**  *The principal investigator must sign the application as the legal representative. (In ink. “Per” signature not acceptable.)* |
| PRINCIPAL INVESTIGATOR  | [ ]  *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       /       /       |

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| **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 |