PROJECT PROPOSAL PdF UP

PdF Applicant / PdF Partner

*(Please cross out the non-applicable option)*

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| **Project title:** |
| **Call, Provider:** |
| **Project Implementation Period:** |
| **Abstract:** |
| **Description of Activities and Outputs:** |
| **Department or institute:** |
| **Principal Investigator:** |
| **Research Team (Institution):** (Please specify the percentage of PdF staff and external collaborators) |
| **Collaboration with Project Service UP: YES / NO** |
| **Estimated Budget:**  (Please break down into the categories below; these can be modified/expanded. If the faculty has a required financial co-participation, please include it as well.)   * **Personnel Costs** * **Other Costs:**    + **Materials**   + **Services**   + **Travel Expenses**   + **Publication Costs**   + **Additional (Overhead) Costs**   **TOTAL COSTS** |
| **Faculty co-funding:** |
| **Provider's Submission Deadline:** |
| **Date and Applicant's Signature:** |
| **Statement of the Head of the department or institute**  **(Date and Signature)** |
| **Statement of the Responsible Vice-Dean**  **(Date and Signature)** |
| **Statement of the Secretary of PdF**  **(Date and Signature) Ing. Ondřej Kolář** |
| **Statement of the Dean of PdF**  **(Date and Signature) Doc. PhDr. Vojtech Regec, Ph.D.** |