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| **REQUEST FOR TECHNICAL SUPPORT FOR SCIENTIFIC RESEARCH AND EDUCATIONAL PROJECTS** |
| The applicant is obliged to send the completed form electronically to vyzkum@mou.cz no later than one month before the date of commencement of implementation. Within 14 working days, the applicant will receive the statement of Science and research deputy. |
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| **I. BASIC DATA /To be filled in by the applicant/** |
| **Applicant:** | Name: | Workplace: |
| E-mail: | Phone: |
| **Subject of the request:** | [ ]  Assistance with the collection of clinical or laboratory data.[ ]  Statistical processing of results.[ ]  Translation of the text of the manuscript into English / another language\*.[ ]  Payment of fees and services related to publishing activities.[ ]   Reimbursement of travel expenses associated with the presentation of results.[ ]  Other needs related to research and publishing activities\*.\*Specify: |
| **Follow-up to project:** | Is the subject of the application related to the implementation of an already ongoing science and research project?[ ]  NO – skip to “Deadlines “ [ ]  YES – specify below |
| **Project type:** [ ]  GRANT (e.g. AZV ČR, GA ČR,...), number: [ ]  PPV (Research support program) PROJECT, number: [ ]  OTHER PROJECTS OF APPLIED RESEARCH AND INNOVATION, number: [ ]  OTHER PROJECT, number:**Project name:** |
| **Dates:** | Expected start: | Duration: |
| Date: | Signature of the applicant:  |
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| **II.**  **FINANCIAL ASPECTS /To be filled in by the applicant/** |
| **Financial claims** (describe the expected **costs** for: materials, services, rewards, insurance, other):**Funding will be requested for:****MATERIAL**  [ ] NO[ ]  YES. If yes, specify the amount and the purpose:**SERVICES** [ ] NO[ ]  YES. If yes, specify the amount and the purpose:**REWARDS** [ ] NO[ ]  YES. If yes, specify the amount and the purpose:**INSURANCE** [ ] NO[ ]  YES. If yes, specify the amount and the purpose:**OTHER** [ ] NO[ ]  YES. If yes, specify the amount and the purpose:[ ]  The project has no financial costs |
| **Is there funding (even if only partial) for the required activity from another project / source?** | [ ]  NO [ ]  YES, specify (own resources, grants, donations, etc.): |
| **Additional comment on project funding:** |
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| **III. PROJECT DESCRIPTION (scientific part) /To be filled in by the applicant/** |
| **Describe it in at least 5 lines.** |
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| **IV. APPROVAL /To be filled in by the PSO and DSR/** |
| **Data control by**  **Project Support Office (PSO):** | Date: | Name: |
| Signature: |
| **Statement by the Deputy for Science and Research (DSR)** | **The application will be satisfied / the request is rejected:****The project will be implemented immediately / later (date):** |
| **Comment on implementation :** |
| Date: | Signature: Assoc. prof. Tomáš Kazda, M.D., Ph.D. |