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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. | | | |