**APPLICATION FORM**

# RESEARCH DEVELOPMENT GRANTS FOR X, Y, Z-RATED RESEARCHERS

# Please complete this application form in conjunction with Research development grants for X, Y, Z-rated researchers Awards Guidelines. The form should be filled using font 12, Times New Roman. Complete applications must be submitted to the Secretary’s Office, CEFTER BSU Grant Allocation Committee, P.M.B 102119, Makurdi, Benue State, Nigeria.

**Project Title:**

**Thematic Area:**

**Aim and Objectives of the Project:**

* 1. **Project Goals:** *Provide a summary of the short and long term goals of the project. Indicate clearly the problems and opportunities the project will help to address (maximum of 600 words).*

|  |
| --- |
|  |

**1.2. Time-Frame:** Indicate duration of your project, stating clearly the dates of commencement and completion

|  |
| --- |
|  |

**1.3. Background and Justification for the Project:** Briefly provide background information on the project and justification for the research study.

|  |
| --- |
|  |

**1.5. Analysis of Priority Areas for Sectorial Development** (Identify specific problems in areas of sectorial development. Describe how the research project will address the problems identified)

|  |
| --- |
|  |

**2.0. Research Details**

**2.1 Research Methodology** (Give detailed methodology of the proposed research project).

|  |
| --- |
|  |

**2.2 Project Activities and Output** (Give details of expected output from the research grant i.e. results to be obtained/produced within the proposed time frame of the project)

|  |  |
| --- | --- |
| **Activity** | **Expected Outcome** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**3.0. The Research Team**

**3.1. Composition of the Research Team**

1. ***Principal Researcher***

Names and Position of the Principal Researcher:

Date of Birth: Gender: E-mail Address:

Highest Qualification and Area of Specialization:

Name of Organization

Faculty/Department:

Postal Address:

City/Town:

Telephone Number (mobile):

***B. Research Partner(s):***

Names and Position of the Researcher Partner:

Date of Birth: Gender: E-mail Address:

Highest Qualification and Area of Specialization:

Name of Organization: Faculty/Department:

Address:

.

***C. Research Partner(s):***

Names and Position of the Researcher Partner:

Date of Birth: Gender: E-mail Address:

Highest Qualification and Area of Specialization:

Name of Organization: Faculty/Department:

Address:

**3.2. Research Work to Date**

List your relevant team publications. Also list not more than 3 relevant on-going researcher works.

|  |
| --- |
|  |

**3:3. Previous Research Grant** (Provide short summary of grants won and managed in the last five years)

|  |
| --- |
|  |

**3.4. Group Research**

Indicate previous working relationship as a group. (*For group research, applicants are encouraged to consider gender, age and discipline. They should also provide details about roles and responsibilities of each member)*

**4.0 Financial Aspects of the Project**

**4.1 Budget:** Provide detailed budget requirement for the duration of the project. Indicate the amount to be allocated to each component/aspect of the project (equipment, literature search, laboratory consumables, local & international travel cost etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF ITEM** | **EXPECTED FROM** |  | **TOTAL** |
| **CEFTER** | **INSTITUTION\*** | **OTHER** |
| **1.0 Personnel Costs/Allowances** |  |  |  |  |
| 1.1 Principal Researcher |  |  |  |  |
| 1.2 Team Members |  |  |  |  |
| 1.3 Technical Support |  |  |  |  |
| 1.4 Others |  |  |  |  |
| Sub Total (not >20% of budget) |  |  |  |  |
| **2.0 Equipment (List & Specify)** |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
| Sub Total (not > 25% of budget) |  |  |  |  |
| **3.0 Supplies/Consumables** |  |  |  |  |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| Sub Total |  |  |  |  |
| **4.0 Data Collection & Analysis** |  |  |  |  |
| 4.1 Research Assistants |  |  |  |  |
| 4.2 Research Informants |  |  |  |  |
| 4.3 Collection Instruments |  |  |  |  |
| 4.4 Data Analysis |  |  |  |  |
| 4.5 Technical Assistants |  |  |  |  |
| Sub Total |  |  |  |  |
| **5.0 Travels** |  |  |  |  |
| 5.1 |  |  |  |  |
| 5.2 |  |  |  |  |
| Sub Total |  |  |  |  |
| **6.0 Dissemination** |  |  |  |  |
| 6.1 |  |  |  |  |
| 6.2 |  |  |  |  |
| **Sub Total** |  |  |  |  |
| **7.0 Others/Miscellaneous** |  |  |  |  |
| **(Specify)** |  |  |  |  |
| 7.1 |  |  |  |  |
| 7.2 |  |  |  |  |
| 7.3 |  |  |  |  |
| Sub Total |  |  |  |  |
| **Sub Total of All Direct Costs** |  |  |  |  |
| **8.0 Indirect Costs (5% of CEFTER** |  |  |  |  |
| **Component to Institution)** |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |

**5.0 Management Mechanism**

Provide an overview of how the project will be managed with evaluation mechanisms

|  |
| --- |
|  |

**6.0. Dissemination Strategies** (Indicate the steps you will take to ensure the project outcomes are brought to the attention of stakeholders.)

|  |
| --- |
|  |

**7.0. Commitments:** Researcher(s) and their institutions must commit themselves to the successful completion of the project.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address Principal Researcher / Research Partner** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |

I/we declare that information given in this application.on form is to the best of my/our knowledge complete and correct

**7.1. Declaration of Head of Institution for CEFTER partner institution or Head of Department comment**

I declare that the applicant(s) is/are staff member(s) of my institution and that my institution will support and provide space for the successful conduct of the research. I endorse the project and confirm my institutional commitment to the successful implementation of this grant.

**Name:**

**Position and Address:**

**Signature:**

**OFFICIAL USE**

**Comment**

**Head of Department:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CEFTER BSU Grant Allocation Committee:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**