**2018 Research Grant**

**Application Form**

Deadline January 31, 2018

**Please send your application as one complete PDF e-mail attachment by January 31, 2018, to** [**maria.pascual@nutfruit.org**](mailto:maria.pascual@nutfruit.org)**.**

**We need an electronic copy only. Please do not send paper copies.**

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| **Identification** | |
| Project Name: |  |
| Principal Investigator: |  |

General information:

* Please read the associated Guidelines on eligibility and requirements before applying.
* An application may be made by a principal investigator and up to two co-investigators.
* It will be necessary for any current project supported by INC to be completed and a final report submitted before new funding can commence. Applicants may apply for new funding six months prior to the termination of any grant project currently funded by INC.
* All projects must be submitted using the Application Form, which must be written in English, in Arial 12 pt.
* For further information, please contact Ms. Maria Pascual, Consultant Nutritionist, [maria.pascual@nutfruit.org](mailto:maria.pascual@nutfruit.org).

**1. Applicant Information**

Please note that INC will be contacting you both by post and e-mail. Therefore a complete postal address should be provided.

An application may be made by a principal investigator and two co-investigators maximum.

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| **Principal Investigator (P.I.)** | |
| Title (Dr., Prof.): |  |
| Name: |  |
| Position: |  |
| Institution: |  |
| Postal address: |  |
| Telephone: |  |
| E-mail: |  |

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| **Co-applicant 1** | |
| Title (Dr., Prof.): |  |
| Name: |  |
| Position: |  |
| Institution: |  |
| Postal address: |  |
| Telephone: |  |
| E-mail: |  |

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| **Co-applicant 2** | |
| Title (Dr., Prof.): |  |
| Name: |  |
| Position: |  |
| Institution: |  |
| Postal address: |  |
| Telephone: |  |
| E-mail: |  |

**2. Application Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Project title:  (100 characters max) |  | | |
| **Total budget:** | **Euros** | | |
| **Requested INC contribution:** | **Euros** | | |
| Co-funding:  (list all sources and amounts in Eur) |  | | |
| This project is: | 🞎 Clinical  🞎 Cell study | 🞎 Epidemiological  🞎 Animal Study  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Products:  (please tick all products included in the project) | 🞎 Almonds  🞎 Brazil nuts  🞎 Cashews  🞎 Hazelnuts  🞎 Macadamias | 🞎 Pecans  🞎 Pine nuts  🞎 Pistachios  🞎 Walnuts  🞎 Peanuts | 🞎 Dates  🞎 Dried apricots  🞎 Dried cranberries  🞎 Dried figs  🞎 Dried grapes  🞎 Prunes |
| Project start date: |  | | |
| Project end date: |  | | |
| Project duration:  (24 months max) | (months) | | |

**3. Signatures and Declaration**

Responsible financial officer to whom funds should be sent and who will keep a full account of disbursements (this is required from the PI’s institution only).

All funds will be transferred from INC accounts. INC is a non-profit entity registered at the Register of Foundations of Catalonia, Spain, with the number 1958. The industry partners are not involved in the review process or decision on the grant awardees and they will have no rights to the results obtained from any funded research project. Therefore funding through INC will not be subject to VAT.

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| **Responsible Financial Officer** | |
| Title: |  |
| Name: |  |
| Position: |  |
| Grant payable to: | (institution name only) |
| Telephone: |  |
| E-mail: |  |

**Declaration**: We the undersigned declare that the information submitted is accurate and complete (to the best of our knowledge). We further confirm that all staff grading and salaries quoted are correct and in accordance with the normal practice of this institution. **Principal Investigator Assurance**: The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project.

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| Signature of the PI: |  |
| Signature of the Officer: |  |
| Stamp of Administrative Official: |  |
| Signature of Co-applicant 1: |  |
| Signature of Co-applicant 2: |  |

**4. Scientific Abstract**

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| --- | --- |
| Project title:  (100 characters max) |  |
| Principal Investigator:  (title and name) |  |
| Institution:  (name only) |  |
| Scientific abstract:  (300 words max) |  |

**5. Biographical Sketch of the PI**

|  |  |
| --- | --- |
| Date and place of birth: |  |

|  |  |
| --- | --- |
| **Education** | |
| College/university:  (name and location) |  |
| Highest degree: |  |
| Year conferred: |  |
| Field of study: |  |

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| **Research and professional experience of the PI\*** |
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\*This part must not exceed 3 pages in Arial 12 pt. List your education and employment in reverse chronological order. List in reverse chronological order the titles of and complete references to all publications during the past three years. Please also list earlier publications pertinent to this application. If a complete list of publications exceeds the 3-page limit, you should choose those most pertinent to this application.

**6. Financial Support**

**IMPORTANT:** Up to 300,000 EUR is available for this grant, which will accept both co-funded and non co-funded projects. Co-funded projects will be scored more favorably.

In the case of co-funded projects, the applicant is responsible for obtaining additional funding. Subsidizers may include public or private sector research organizations, as well as business and other partner organizations whenever these bring distinctive contributions to the research project. Salaries paid by the institution of origin are not considered co-funding. Subsidizers have to complete the Statement in the Application Form (see annex). The project cannot start until the subsidizers have been secured. Applicants will have up to 12 months to deliver the list of subsidizers. If the applicant has been unable to secure external co-funding within one year, the INC will no longer reserve funding for the project.

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| **If the project is co-funded, please list ALL financial support (current or approved for funding)\*** |
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\*Give complete titles of all grants as well as total award (in Euros, regardless of budget currency), funding dates, the role of the applicant and percent of time devoted to each grant. Be completely open about support from other sources. If the project is already supported from other sources, please explain this in detail and justify the additional/complementary resources requested.

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| Is support for this project being sought elsewhere or from another INC program? | | 🞎 Yes 🞎 No |
| -If yes, from which agencies? (list below the titles of the projects, total funding requested, specify areas where there are overlaps in budget requests, and the expected starting date for funding) | | |
| Have you received support through any INC award previously? | | 🞎 Yes 🞎 No |
| -If yes, please provide the following information for each award: | | |
| Project title: |  | |
| Project start date: |  | |
| Projected end date: |  | |
| Is the present application for competitive renewal of the existing award? | | 🞎 Yes 🞎 No |
| Is any other scientist in your group currently supported by INC or are you a named investigator on any current INC award to your own or another institution? | | 🞎 Yes 🞎 No |
| -If yes, please provide the following information: | | |
| Project title: |  | |
| Name of PI: |  | |
| Your role if any in the project: |  | |
| % of your time spent on project: |  | |
| Project start date: |  | |
| Project end date: |  | |

**7. Ethical Approval**

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| --- | --- |
| Will your project involve experiments requiring ethical approval(s)? | 🞎 Yes 🞎 No |
| Do you currently have ethical approval to commence this research? | 🞎 Yes 🞎 No |
| -If not, when do you expect to have it? |  |

Should this application result in an award, a copy of the ethical human and/or animal approval will need to be attached to the grant activation documentation. The approval must conform to the national laws of the country where the research is to be carried out.

No payments will be transferred until the appropriate ethical approval has been granted and a copy received in the INC Office.

**8. Budget**

A detailed budget must be provided on the following pages (please complete all parts of the forms). The budget period (time) during which the sum requested will be spent according to the specific needs of the project must be clearly stated and justified where indicated. Please state your costs in Euros. If you are applying from a country outside the Euro Zone, please convert your local currency into Euros, using the exchange rate on the date of your application.

Payments will be made according to the following plan:

* 1st Payment: 50% is to be paid by the INC when the agreement is signed.
* 2nd Payment: 50% is to be paid by the INC when the Final Report is received.

The award is in Euros and all documents and payments will be in Euros. INC will not pay in any other currency under any circumstances and regardless of the exchange rate.

INC will not supply the foods to be tested, and applicants should not take for granted that INC members or partners will provide food samples for the study for free. If the project requires the acquisition of food samples, the cost should be included in the budget.

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| **Budget period** | |
| Total budget period:  (in months) |  |

The maximum duration of the project should be 24 months.

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| --- | --- | --- | --- | --- |
| **Budget** | | | | |
| DIRECT COSTS | | | | |
| Personnel\*: | Role on  project | % Effort  on project | Institutional  base salary/year | Salary  request |
|  |  |  |  | Euros |
|  |  |  |  | Euros |
|  |  |  |  | Euros |
| Total personnel costs: | | | Euros | |
| Supplies: (please describe) | | | Euros | |
| Equipment\*\*: (describe) | | | Euros | |
| Consultant/contractual costs: (describe) | | | Euros | |
| Other direct costs: (specify): | | | Euros | |
| **TOTAL DIRECT COSTS**  (Total personnel costs + supplies + equipment + consultant/contractual costs + other direct costs) | | | Euros | |
| **TOTAL INDIRECT COSTS**  (maximum 10% of total direct costs) | | | Euros | |
| **TOTAL BUDGET** | | | **Euros** | |
| **REQUESTED INC CONTRIBUTION** | | | **Euros** | |

\*INC will not cover salaries paid by the institutions of origin (any co-applicant’s institution where the project or parts of the project will take place) to current employees. INC will only cover salaries of new jobs (hiring somebody for the project) and postdocs. Salaries paid by the institutions of origin are not considered co-funding.

\*\*Heavy equipment expenses will not be covered by the INC. Heavy equipment refers to any tangible item of property that has an acquisition cost of 6,000 € or more, and has a useful life of more than one year.

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| **Contractual costs** |
| Please list all contractual costs:  (i.e. work carried out at another institution or company) |
| **Budget justification** |
| Please provide a justification for each item listed in the budget including contractual costs, as well as for the expected duration (time in months) of the project. Please provide clear justification for each budget item. This will allow the Evaluating Committee to determine whether the budget is appropriate for the proposed work. |

**9. Research Plan**

General Considerations:

* Since the INC represents 17 nuts and dried fruits (namely almonds, apricot kernels, Amazonia (Brazil) nuts, cashews, hazelnuts, macadamias, pecans, pine nuts, pistachios, walnuts, peanuts, dates, dried apricots, dried cranberries, dried figs, dried grapes and prunes), INC will only accept research projects with at least 3 nuts OR 3 dried fruits.
* INC will not accept scientific studies that mix nuts and dried fruits.
* Research proposals can include 3 or more of the above mentioned nuts and dried fruits. However, projects that compare nuts or dried fruits among themselves will not be accepted.
* The research priorities are listed in the Guidelines.
* INC will only accept one project per researcher and institution.
* If you have applied unsuccessfully to any INC program with this project previously, please provide proof in the narrative text on how you have improved your project plan.
* The text must be written in type no smaller than 12-pt Arial.

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| 1. **Introduction** |
| * 1. **Objective**: (150 words max) |
| * 1. **Current status of research in the proposed field of study that has led to this proposal**: (400 words max) |
| * 1. **Which gap in knowledge is being filled by the proposal?** |
| 1. **Specific aims for the period of requested support**: (150 words max) |
| 1. **Preliminary data**: (suggested length 1 page)   This is an important part of the application that will provide evidence to reviewers of the rationale and feasibility of the proposed experiments. Refer briefly to any of your own previously published work that is directly relevant to the proposed research. Describe relevant new research and provide unpublished preliminary data in the form of figures or tables. |
| 1. **Detailed plan of investigation with clearly set out project plan, methods, time plans with milestones and deliverables**: (suggested length 3-4 pages)   Please give as much detail as possible. If the study is a clinical trial, all aspects of design must be carefully considered. It is helpful to ensure that appropriate expertise is represented in the proposal. |
| 1. **Novelty and importance of this work**. Relevance to the specific aims of the INC. Why is it relevant to the tree nut industry? (400 words max) |
| 1. **Facilities available**: (suggested length ½ page) |
| 1. **References**: (no page limit) |
| 1. **Abstract pages from all other sources of support (pending or current)**: |

**10. Communication Plan**

Please describe how the project will be communicated to audiences.

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| --- | --- |
| Project team: |  |
| INC/Contributors: |  |
| Professionals: |  |
| Consumers: |  |
| Others: |  |

Once the project is completed, investigators are required to promptly prepare and submit manuscript(s) for publication in a scientific journal and notify INC. Preparation, content, editing and submission for publication of significant research findings are the responsibility of the investigators.

In addition, researchers should be willing to participate in a communication program (including press releases) aimed at disseminating the study results through traditional and social media.

***Annex***

**Subsidizer Statement**

Address of the subsidizer:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of subsidizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I herewith confirm that I have read and agreed with the scientific protocol of this application. The application is feasible and includes novel aspects that will advance scientific knowledge in this field and that the protocol of this project is in accordance with the requirements outlined in the Application Form. The subsidizer agrees in co-funding the project with \_\_\_\_\_\_\_\_\_\_\_\_\_ Euros.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Place, Signature Official Stamp