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| 1. **Applicant** 2. **Contact Information and Personal Details** | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Title since date in yymmdd/Gender/Age** | | **/****/      Year old** | | | | | | |
| **Address, Employment:** | |  | | | | | | |
| **Telephone or Mobil:** | |  | | | | | | |
| **E-mail:** | |  | | | | | | |
| **Affiliation** | |  | | | | | | |
| **Position/Employment** | |  | | | | | | |
| **Date for PhD student registration** | |  | | | | | | |
| **Date for PhD. Exam** | |  | | | | | | |
| **Main Supervisor (If available)** | |  | | | | | | |
| **Approved half-time control (date)** | |  | | | | | | |
| **Associate Professor (date)** | |  | | | | | | |
|  | | | | | | | | |
| 1. **Staff, Contact Information** | | | | | | | | |
| **Name:** | |  | | | |  | | |
| **address, Employment:** | |  | | | |  | | |
| **Telephone:** | |  | | | |  | | |
| **Mobil:** | |  | | | |  | | |
| **E-mail:** | |  | | | |  | | |
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| 1. **Project title (Max 2 lines)** | | | | | | | | |
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| 1. **Type of project** | | | | | | | | |
| 1. Continued project: | 1. Reference nr of the earlier project: **FB**-   Earlier approved amount:      SEK | | | | | | | 1. New project: |
|  |  | | | |  | | | |
| 1. **Budget (summarised)** | **a) Staff expenses incl. lpk** | | | **b) Operating expenses** | | | | **c) Total** |
| **For Applied period** |  | | |  | | | |  |
|  |  | | | |  | |  | |
| Hereby the institution/ the workplace attests that facility and other required resources necessary to the realisation of the above project will be provided. | | | | | | | | |
| Head of department/Superintendent  (with name in capital letters) | | |  | | | | | |

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| 1. **Summary of the project (the text shall not exceed the place given in advance in the form, approx. a ½ A4 page)** | | |
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| 1. **Budget (detailed budget plan for the applied period)** | **a) Expenses, total** | **b) Contribution from AG foundation for the precedent year** |
| **c) Staff resources** |  |  |
| **Total Amount c)** |  |  |
| **d) Operating**  **Equipment**  **Travels**  **Miscellaneous expenses** |  |  |
| **Total Amount d)** |  |  |
| **Grand total** |  |  |

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| 1. **Budget plan** | | | | | | | | |
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| **IMPORTANT! The total budget will be given in accurate details. The foundation provides relatively limited funding and must be able to assess whether the project has sufficient global funds to be implemented.** **The application shall therefore contain information on all the grants that the main applicant has received or intends to seek (as principal applicant or co-applicant). This includes similar applications to other foundations and research councils, as well as grants from industry, foreign organisations, the Swedish State (ex-LUA-medium), etc.**  **Missing or incomplete information, can lead to partial or complete withdrawing of the grant.** | | | | | | | | |
|  | | | | | | | | |
| **Grant given by** | **Project**  **(Applicant, Co-applicant and project title)** | **Budget**  **Present budget year**  **(kkr.)** | | **Budget**  **Next budget year**  **(kkr.)** | | **Budget**  **Next budget year (kkr.)**  **(if available)** | |
| **Obtained** | **Applied but not yet approved** | **Obtained** | **Applied but not yet approved** | **Obtained** | **Applied but not yet approved** |
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|  | **Total annual budget** |  |  |  |  |  |  |

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| 1. **Attachments** ( ✓= mandatory, only via e-mail together with the application **in one pdf-file**)   No Manuscript or publications will be attached | | | | |
| ✓ Budget plan | | | ✓ Curriculum vitae  incl. full list of publications and conference abstracts | |
| ✓ Scientific Report (always when re-applying; max 1 page  including progress report and publications list) | | | ✓ Detailed project description  (max. 5 pages, reference list included) | |
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| 1. **Information prior to the payment of possible granted funds** | | | | |
| **institution or equivalent:** |  | | **Post giro or bank giro:** | |
| **Cost Centre Number:** | **A** | |
| **Department:** |  | |
|  | | | | |
| **To be sent only to** [**secretariat@agfond.se**](mailto:secretariat@agfond.se) **, in only one file (pdf or word).** | | | | |
| **Contact with AG-FOND’s office:** | | | Telephone: 031-308 67 00  Monday to Thursday, 08.00-12.00 | |
|  | | | | |
| **PAYMENT INSTRUCTIONS FOR GRANT FUNDS**  The above application must be fully completed in order to be processed.  Application and attachments will be sent in one file (word or pdf) to [secretariat@agfond.se](mailto:secretariat@agfond.se) **no later than October 1**.  The research grant, if granted, will be paid to the University of Gothenburg, at the given department and cost centre nr.  **OBS!** APPLICATIONS THAT ARE NOT COMPLETE OR RECEIVED AFTER THE DEADLINE, WILL BE DISREGARDED. | | | | |
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| 1. **Signature and name in capital letters** | | | | |
| **,** | |  | **The Assar Gabrielssons Foundation assumes that the possible granted amount will be exclusively used to a project ethically approved.** | |
|  |  |
| **Place and date** | |  | **Signature of the applicant** |  |
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