中央研究院生物醫學科學研究所

CRC研究計畫申請書

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| 計畫名稱  (中文) |  | | | | |
| (英文) |  | | | | |
| 生醫所／臨床研究中心／醫學院／醫院 | | | | | |
| 計畫  總主持人 | 姓名 **(並請簽章)** | 服務單位／職稱 | | 電話／E-mail | |
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| 計畫主持人 |  |  | |  | |
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|  |  | |  | |
| 執行期限：自 年 月 至 年 月 | | | | | |
| 經費分配 (NTD) | | | | | |
| 計畫主持人 (每一位) | | 第一年 | 第二年 | | 第三年 |
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| **總金額(NTD)：** | | | | | |

**1. 研究計畫中文摘要:** (五百字以內)

**2. ABSTRACT (ENGLISH):** (Limited to 500 words.)

**3. SPECIFIC AIMS:** (One single-spaced page is recommended.)

**4. BACKGROUND AND SIGNIFICANCE:** (2-3 pages.)

**5. PRELIMINARY STUDIES／PROGRESS REPORT:**

**6. RESEARCH DESIGN AND METHODS:** (Describe in detail the experimental design and the procedures to be used to accomplish the specific aims of the project. Discuss the potential difficulties of the proposed procedures and alternative approaches. Do not provide the details of commonly used protocols.)

**7. REFERENCES:**

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| **8a. BIOGRAPHICAL SKETCH:** (Every Principal Investigator must complete 8a and 8b.) | | | | | |
| Name: | | Sex: □Male □Female  Date of Birth:  E-mail: | | | |
| Education (Begin with baccalaureate training and include postdoctoral) | | | | | |
| Institution and location | Degree | | | Year conferred | Field of study |
|  |  | | |  |  |
| Employment | | | | | |
| Position title | | | Duration | | |
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| Honor and award | | | | | |
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| **8b. BIOGRAPHICAL SKETCH:** |
| Publications |
| Please list all publications, in chronological order, the titles and complete references to recent representative publications, especially those most pertinent to this application. |
| Research grants from other agencies over the last 3 years |
| Please list grant period, title, and funding agency. |

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| **9. PAST RESEARCH GRANTS FROM THE INSTITUTE OF BIOMEDICAL SCIENCES,**  **ACADEMIA SINICA:** | | | | |
| **CRC grant** | | | | |
| Year | Investigators | Title | Amount | Publications  (Please attach a reprint) |
|  |  |  |  |  |
| **Other grant** | | | | |
| Year | Investigators | Title | Amount | Publications  (Please attach a reprint) |
|  |  |  |  |  |
| **10. SUMMARY OF THE PROGRESS OF THE ONGOING RESEARCH SUPPORTED BY THE**  **INSTITUTE OF BIOMEDICAL SCIENCES GRANTS:** | | | | |

**Guidelines for Budget Preparation:**

1. The grant is limited to 3 years, NTD 3,000,000 per year.
2. Please identify the role of each individual, describe his/her specific function in the project and percentage of effort.
3. No equipment is allowed.
4. The travel budget is limited to transportation required for carrying out the project. It does not cover expenses for attending domestic and international conferences.

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| **11. DETAILED BUDGET FOR INITIAL BUDGET PERIOD: (1st year)** | | | | |
| Personnel: Subtotal: NTD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Member of the team | Monthly payment | | Annual salary | |
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| Consumables: Subtotal: NTD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Description | Unit | Estimate cost | | |
| Unit price | | Total |
|  |  |  | |  |
| Travel: Subtotal: NTD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Description | | Unit price | | Total |
|  | |  | |  |
| Other Expenses: Subtotal: NTD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Description | Unit | Estimate cost | | |
| Unit price | | Total |
|  |  |  | |  |
| Total amount requested (NTD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **12. BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD** | | | |
| Budget category totals | Initial budget period | Additional years of support requested | |
| **2nd** | **3rd** |
| Personnel |  |  |  |
| Consumables |  |  |  |
| Travel |  |  |  |
| Other expenses |  |  |  |
| Total costs |  |  |  |
| Total costs for entire proposed project period | | |  |
| Justification: | | | |