**國家衛生研究院 合作研究計畫書(個人型)**

**National Health Research Institutes**

**Collaborative Research Program**

**Form Section 1 - Face Page**

|  |  |
| --- | --- |
| Title of Application | (in Chinese)  |
| (in English)  |
| Type of Application | ■ New  Revision or Amendment  Renewal  Revised RenewalThe prior application was submitted in \_\_\_\_ (A. D. year), with the title:(in English) |
| Fields of Research |  |
| Applicant Organization | (in Chinese)  | 系／所／科 |  |
| (in English)  | Department |  |
| Principal Investigator | 姓名 |  | 職稱 |  |
| Name |  | Position Title |  |
| Mailing Address(in Chinese) |  |
| Telephone No. |  | FAX No.  |  |
| E-mail Address |  |
| Entire Proposed Project Period | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month) (Day) (Year) (Month) (Day) (Year) |
| Budget Requested for Initial Year | NT$  |
| Budget Requested for Entire Proposed Project Period | NT$  |
| Projects involving | Human Subjects |  Yes  No |
| Gene Recombination |  Yes  No |
| Vertebrate Animal |  Yes  No |

**Form Section 2a - Abstract in Chinese**

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|  |

**Form Section 2b - Abstract in English**

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|  |

**Form Section 3 - Research Plan**

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| 1. **Specific Aims**
 |

**Form Section 3 - Research Plan**

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| 1. **Background and Significance**
 |

**Form Section 3 - Research Plan**

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| 1. **Preliminary study**
 |

**Form Section 3 - Research Plan**

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| 1. **Research Design and Methods**
 |

**Form Section 3 - Research Plan**

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| **E. Anticipated Results** |

**Form Section 3 - Research Plan**

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| **F. Human Subjects** |

**Form Section 3 - Research Plan**

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| **G. Animal Investigation** |

**Form Section 3 - Research Plan**

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| **H. Potential Hazards** |

**Form Section 3 - Research Plan**

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| **I. References** |

**Form Section 4 - Institutional Environment and Resources**

|  |
| --- |
|  |

**Form Section 5 - Personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Participant | Position Title | Highest Degree | % Effort | Role in Project |
| Chinese | English |
|  |  |  |  |  |  |

**Form Section 6a - Budget Requested for Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Personnel | Amount (in NT$) | Justifications |
|  |  |  |  |

**Form Section 6b - Budget Requested for Miscellaneous, Maintenance, Travel, Consumables, and Overhead**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Budget Categories and Items | Amount (in NT$) | Justifications |
|  |  |  |  |

**Form Section 6c - Budget Summary (Breakdown into Contract Period and Budget Categories) (in NT$)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget Categories | Initial Contract Period | 2nd year | 3rd year | 4th year | 5th year |
| 1.Personnel |  |  |  |  |  |
| 2. Travel  |  |  |  |  |  |
| 3. Consumables |  |  |  |  |  |
| 4. Maintenance |  |  |  |  |  |
| 5. Miscellaneous |  |  |  |  |  |
| 6.Overhead |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Total for Entire Contract Period: NT$**  |
| Justifications (Use continuation pages if necessary): |

**Form Section 7-Other Support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of PI | Source of Support | Title of Support | Funding(in 1,000 NT$) | Duration of Support | Overlap with this pplication |
| Current | Total |
|  |  |  |  |  |  |  |

**Form Section 8 - Biographical Sketches**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名 |  | ID No. (身份証或護照字號) |  |
| Name (in Print) |  | Date of Birth |  |
| Signature |  | Sex | □Male □Female |
| Education |
| Institution and Location | Degree | Year | Field of Study |
|  |  |  |  |
| **Research and Professional Experience** |

**Publications during the past three years**

Original Papers

\*: Correspondent Author

Patents

**Form Section 9 – Certificate of Agreement for the Application**

|  |  |
| --- | --- |
| Title of Application | (in Chinese)  |
| (in English)  |
| Applicant Organization | (in Chinese)  | 系／所／科 |  |
| (in English)  | Department |  |
| Principal Investigator | 姓名 |  | 職稱 |  |
| Name |  | Position Title |  |
| Entire Proposed Project Period | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month) (Day) (Year) (Month) (Day) (Year) |
| Principal Investigator Assurance:The research proposed in this application has not been awarded any financial support by any funding agency. I am aware that any withholding, falsification, or misrepresentation of information could result in administrative actions such as the dismissal of an application or the suspension and/or termination of an award, as well as other possible punitive actions.Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Signature of the Head of Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in print) Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Form Section 10 - Checklist**

**CHECKLIST**

**Before sending the proposal to the NHRI, please check these following items:**

□Read the Guideline very carefully

□Use the NHRI application form to apply

□The qualifications for Principal Investigator, Collaborating Investigators, Investigators, and applicant organization must conform to the rules of application

□Title of application does not exceed 60 typewriter spaces (including the spaces between words and punctuation)

□Observe the page limits for each section

□Number pages consecutively at the right bottom throughout the application, do not use suffixes such as 3a, 3b or 3-1, 3-2 and so on

□Signature of Principal Investigator, official signature for applicant organization and signature of investigators in Form Section(s) 8 or/and 9

□The amount of each budget category is doubly checked and correct

Typing instructions:

□Single space

□Within the margins of limitation

□Standard font size (density is 10 to 12 points) and no more than 6 lines per vertical inch

□Black type

□Do not use photo-reduction