



INTERNATIONAL ATOMIC ENERGY AGENCY  
WAGRAMER STRASSE 5, A-1400 VIENNA, AUSTRIA - TELEPHONE: (+43) 1-2600 - FACSIMILE: (+43) 1-26007  
E-MAIL: Official.Mail@iaea.org

## PROPOSAL FOR RESEARCH CONTRACT

Please submit in duplicate

1. NAME AND ADDRESS OF CONTRACTING INSTITUTE:	CONTACT DETAILS:  Telephone: Facsimile: E-mail:
2. DEPARTMENT WHERE RESEARCH IS TO BE PERFORMED:	Further information on the Agency's Coordinated Research Activities can be found on the following web site:  <b><a href="http://www-crp.iaea.org">www-crp.iaea.org</a></b>

3. TITLE OF PROJECT:

A. Part of the Agency's Coordinated Research Project (if applicable):

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4. SUMMARY OF PROPOSED RESEARCH:

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5. PROJECT PERSONNEL (if space provided below is insufficient, please attach additional sheets):

A. Chief Scientific Investigator:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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Academic degrees held:

Previous related scientific experience:

Recent publications related to the project (within the past 2 - 3 years):

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B. Main Additional Scientific Staff:

First Name	Family Name	Date of birth	Nationality	Sex M/F
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Academic degrees held:

Previous related scientific experience:

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First Name	Family Name	Date of birth	Nationality	Sex M/F
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Academic degrees held:

Previous related scientific experience:

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First Name	Family Name	Date of birth	Nationality	Sex M/F
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Academic degrees held:

Previous related scientific experience:

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6. PROPOSED RESEARCH PROJECT (if space provided below is insufficient, please attach additional sheets):

6.1 Scientific Background:

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6.2 Scientific Scope of the Project (Scientific problems to be addressed with overall and specific objectives):

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6.3 Detailed Work Plan for first year, including proposed methods or techniques:

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6.4 Expected Outputs:

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7. RELATED WORK ALREADY PERFORMED OR IN PROGRESS AT INSTITUTE (including work performed in connection with the Agency through Technical Cooperation projects):

8. PLEASE LIST FACILITIES (building, equipment - including type and name of manufacturer, and materials) PRESENTLY AVAILABLE WHICH WOULD BE USED FOR THE PROJECT:

9. BUDGET. Estimate for first year of project (please show all amounts in EUR €):

A. Institute's Staff Contribution

Project personnel and estimated percentage of total working time to be devoted to project:		Estimated project costs in €
Personnel	Time (%)	
Sub-total:		€

B. Equipment

Item	Estimated project costs in €	
Sub-total:		€

Do you require the Agency to purchase any of the above equipment?

Yes

No

C. Miscellaneous (including transport\*):

Item	Estimated project costs in €
Sub-total:	€

\* If funds for travel/transportation have been included in the budget, please indicate specific purpose:

THE AGENCY REQUIRES THAT ITS RELEVANT HEALTH AND SAFETY STANDARDS ARE OBSERVED. IF A CONTRACT IS AWARDED, YOU WILL BE NOTIFIED OF THE STANDARDS THAT ARE TO APPLY TO THE ACTIVITIES TO BE CARRIED OUT UNDER THE CONTRACT.

D. Total - All Costs (Budget Items A - C):

Total estimated project cost

€

E. Overall Cost Estimates (in EUR €):

Amount to be contributed by the Institute:	€
Amount expected from other (non-Agency) sources:	€
Amount requested from the Agency:	€
	€

10. THE PREFERRED METHOD OF PAYMENT IS BY BANK TRANSFER, PAYABLE TO THE ORDER OF THE INSTITUTE. PAYMENTS ARE MADE IN EURO.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**NAME OF INSTITUTE'S BANK:**

**BANK ADDRESS:**

**ACCOUNT NAME (IN THE NAME OF THE INSTITUTE):**

**ACCOUNT NO:**

**BANK ROUTING NO (SORT CODE, BIC, SWIFT CODE OR IBAN):**

IF PAYMENTS SHOULD BE MADE TO A DESIGNATED PERSON ON BEHALF OF THE INSTITUTE, PLEASE REQUEST EXCEPTION BELOW, STATING THAT THE DESIGNATED PERSON IS SO AUTHORIZED BY THE RULES AND REGULATIONS OF YOUR INSTITUTE.

11. IF THE PROJECT NEEDS MORE THAN ONE YEAR TO COMPLETE, PLEASE GIVE ESTIMATE OF FUNDS REQUIRED (in EUR €) FOR EACH PROJECT YEAR.

Project Year	Staff Costs	Equipment	Miscellaneous	Project Total	Requested from the Agency
1 <sup>st</sup>	€	€	€	€	€
2 <sup>nd</sup>					
3 <sup>rd</sup>					
Total	€	€	€	€	€

12. DOES INSTITUTE HAVE INDEPENDENT LEGAL PERSONALITY?  Yes  No

If no, please provide details of the organization that would be the contracting partner:

13. PROPOSED PROJECT COMMENCEMENT DATE:

14. SIGNATURES:

CHIEF SCIENTIFIC INVESTIGATOR:

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Signature

.....  
Date

HEAD OF INSTITUTE:

.....  
Signature

.....  
Date

**PLEASE NOTE: RESEARCH CONTRACT PROPOSAL FORMS WILL NOT BE PROCESSED UNTIL SIGNED COPIES ARE RECEIVED BY THE AGENCY.**