




## Online form of Funding Application

## 1. GENERAL INFORMATION

Project Title	
Project Acronym	
Project Executive Summary	Max 4000 characters
Project Starting Date	
Project Finishing Date	No later than 30 <sup>th</sup> April 2017
Project Duration (months)	
Total Budget from Program (lei)	
Own Budget (lei)	
No. of Partners in Consortium (including the project promoter)	
Preparatory cost ****	[Select YES if you want to receive reimbursement of preparatory cost, otherwise choose NO]
Thematic area	[select]
Does the project target research contributing to the improvement of the situation of the Roma population?	[select] YES/NO
Is the project interdisciplinary?	[select] YES/NO If YES, specify in which domains

## 2. DETAILS OF THE PROJECT PROMOTER AND PROJECT PARTNERS

Organisation Details	
CUI/VAT number	
Organisation name	
Principal CAEN	[only for partners from Romania]
Research CAEN	[only for partners from Ro  a]
County	

City	
Street	
Street No.	
Other address details	
Zip Code	
Entity type	[select]
Organisation type*	[select]
Indirect cost calculation method	<p>[select]</p> <ul style="list-style-type: none"> <li>- Entities which have participated in FP7 projects</li> <li>- Entities with an analytical accounting system (without an FP7 code)</li> <li>- Entities without analytical accounting systems (without an FP7 code): 1 or 2 (see Guide of Applicants, chapter 4.7.) </li> </ul>
Organisation website	
<b>Principal Investigator** / Research team leader from Partner</b>	
Last Name	
First Name	
Previous Last Name	
CNP	
Birth Date	
Doctor	Since
Phone Number	
Fax Number	
Email Address	
<b>Person responsible for administrative and financial management of the project*</b>	
Last Name	
First Name	

<b>Previous Last Name</b>	
<b>CNP</b>	
<b>Birth Date</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	

\* According to State Aid Annex

\*\* Only for the Project Promoter

### 3. KEY PERSONS LIST

No. Crt.	Participant	Last Name	First Name	CNP
1.	[select]: CO, Partner 1 – Partner n			

### 4. PROJECT PLAN

No. Crt.	Type	Phase	Category of activity*	Phase date of submission	Budget from the Programme (euro)	Own Budget (euro)	Total (euro)
		Activity					
		Partner					
1	Phase	[Title, results]					
	Activity	[Title]	[select]				
	Partner	[Partner no.]					

\* In accordance with State Aid Annex

### 5. REQUESTED FUNDING PER PARTICIPANTS AND YEARS (EUR)

Participant	2014			2015			2016			2017			Total		Own Budget (%)
	Budget from the Program	Own Budget	Total	Budget from the Program	Own Budget	Total	Budget from the Program	Own Budget	Total	Budget from the Program	Own Budget	Total	Budget from the Program	Own Budget	
[select]															
[select]															
<b>TOTAL</b>															

### 6. BUDGET BREAKDOWN BY CATEGORY OF EXPENSES AND PARTNERS SHARE (EUR)

Participant	Category of Expenses	Budget from the Program	Own Budget	Total
[select]	Personnel costs <i>(the cost of staff assigned to the project)</i>			
	Travel and subsistence allowances for staff taking part in the project <i>(acc. to the national rules)</i>			
	Equipment			
	Purchase of land and real estate (according to Regulation art 7.5)			
	Consumables and supplies			
	Other costs**			
	Indirect costs (overheads)			
	<b>TOTAL</b>			

\*\* no more than 15% of the total budget project for subcontracting specific services

All of the above information will be submitted directly on the submission website [www.uefiscdi-direct.ro](http://www.uefiscdi-direct.ro).