

SRI LANKA
COUNCIL FOR AGRICULTURAL RESEARCH POLICY
Application for Competitive Contract Research Grants
From Perennial Crop Research & Development Program

1. Project Identity :

1. A Project title :

1. B Name and Address of
submitting institution :

2. Project Management :

2. A Principal Investigator

1. Name :
2. Designation :
3. Academic qualifications :
4. Field of specialization :
5. Experience (years) in the relevant field :
6. Address/Tel. Nos. e-mail :
7. Recent publications (last 3 years.) :

2. B Collaborating ScientistS/SupervisorS

1. Name :
2. Designation :
3. Academic qualifications :
4. Field of specialization :
5. Experience (years) in the relevant field :
6. Address/Tel. Nos. e-mail :
7. Recent publications (last 3 years):

3. Scientific Background of the Project and its justification

3.A Identification and significance of the problems :
(use additional sheets if necessary)

3.B Relevant work performed, or in progress in Sri Lanka

3.C Pertinent Literature references

4. Scientific scope of the project :

4.A Specific research objectives :

4.B Detailed work-plan for first year, including proposed experimental methods and techniques

4.C Outline of Proposed activities in 2nd year

4.D Outline of Proposed activities in 3rd year

5. Funds Received/considered through other Agency

1. Is the proposed research currently being supported by any other grant?
If so, indicate name of granting agency, amount provided and duration.

11. Is the application currently being considered elsewhere for funding?
If so what organization, by what date is a decision expected.

5. Operational budget :

5. A. To be recruited on contract, using project funds.

Staff category including labour	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
Research Assistants (@ Rs...../month)				
Technical Assistants (@ Rs...../month)				
Labour (@Rs...../month or day)				
Total				

5. B Equipment needed:

Research Equipment * (Itemize, give details)	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
Total				

* Research Equipment has to inventorized as the property of the institution

5.C Expendable Supplies :

Consumables (Give details of : Item, quantity and cost) **	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
Total				

* * Expendable supplies have to be inventorized through the institution.

5.D Travel (fuel) & Subsistence :

Travel & Subsistence (Give details)	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
Principal Investigator/s 1. Approx. : miles@ Rs /mile 2. Approx : Days @ Rs. /day subsistence				
Research Assistant/s Technical Assistance/s 1. Approx. : miles@ Rs /mile 2. Approx : Days @ Rs. /day subsistence				
Driver 1. Approx :Days @ Rs..... /day subsistence				
Total				

5. E Other costs:

Other miscellaneous costs. (Give details.)	Year 1 (Rs.)	Year 2 (Rs.)	Year 3 (Rs.)	Total (Rs.)
Total				

(To add to Project Cost, item 6)

7. **Technology Transfer** : Describe how you plan to make available the research findings to other users

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8. Signatures :

Principal Investigator Date : Signature
Collaborating Scientist 1/ Supervisor Date : Signature :

9. Recommendations

When forwarding application the Heads of Institutions are expected to consider the following aspects- that there is no duplication in funding for the project and that the applicant will be able to devote sufficient time to carry out the project. (If the applicants are from different institutions, recommendations from each institution should be submitted)

(a) * For applicants from Universities

I confirm that I have read the application and that the facilities mentioned in Section (7) will be made available for this project. The project is recommended.

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Signature of Head of Department

Date

I approve and recommend the project.

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Signature of Dean of the Faculty

Date

I recommended and forward the application

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Signature of the Vice Chancellor

Date

(b) For applicants from Postgraduate Institutes, Government Departments, Corporations and Private Sector Organizations**

I confirm that I have read the application and that the facilities mentioned in Section (7) will be made available for this project. The Project is recommended.

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Signature of Head of Section/Chairman of Board of Study

Date

I approve and recommend the project

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Signature of Head of Institution/Organization/Director of Institute

Date

Signature of Supervisor
(if applicable)

 Signature Date
Signature of Applicant/s	a..... b..... c..... Date
* Applicant should fill (a) or (b) whichever is relevant. ** Where applicable		

10. Observations by CARP : (For office use only)

(Include all changes and suggestions made to the original proposal for record purpose, and any other details deemed useful for later reference)