**Alumni Training Grants: Countering WMD Threats by Protecting or Leveraging Emerging Technology**

*Application Checklist*

**Instructions:** Please use this checklist to ensure that your application form is complete and contains all required documentation. Please note that your application will not be reviewed unless all application sections have been completed and all required documents are submitted. Please submit your completed application and supporting documents to **Ms. Megan Weaverling (****mweaverling@crdfglobal.org****) and Ms. Amber Matalus (****amatalus@crdfglobal.org****).** Application materials and supporting documents should be submitted in PDF format.

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| **Application:**  |
|   | 1. General Project Information
 |
|   | 1. Applicant Information
 |
|   | 1. Host Organization Information
 |
|   | 1. Previous CRDF Global Funding, if applicable
 |
|   | 1. Expected Support from Host Institution and/or other Non-CRDF Global Sources
 |
|   | 1. Lead Trainer Information
 |
|   | 1. Other Trainers or Administrative Staff
 |
|   | 1. Information on the Applicant’s Institution
 |
|   | 1. Requested Dates of Training
 |
|  | 1. Training Description
 |
|  | 1. List three relevant professional references
 |
|  | 1. Expected Outcome and Sustainability Potential
 |
|  | 1. Supporting Documentation
 |
|  | 1. Budget Instructions
 |
| **Budget:**  |
|   | Up to $8,000.00 U.S. Dollars |
| **Supporting Documentation**  |
|   | Curriculum Vitae (CV) for each Project Team Member  |
|   | Copy of the passport or national ID for each team member on the project  |
|  | Letter of Institutional Support |
|  | Detailed Budget |

**Alumni Training Grants: Countering WMD Threats by Protecting or Leveraging Emerging Technology**

*Application Form*

**Instructions:** Proposals should be completed in English. Completing the application in a language other than English will disqualify you from the grant competition. Please note that all applicants must be nationals of Kenya, South Africa, India, Malaysia, and Singapore.

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| **A. General Project Information** |
| **Project Title**  |   |
| **Amount Requested**  |   |
| **Project Duration**  |   |

|  |
| --- |
| **B. Applicant Information** |
| **Job Title/Position**  |   |
| **First Name**(as it appears on passport)  |   |
| **Last Name**(as it appears on passport)  |   |
| **Country of Citizenship**  |   |
| **Name of Institution**  |   |
| **Division/Department**  |   |
| **Address of Institution**  |   |
| **Which CRDF Global training did you previously attend? Please list the title and date.** |  |
| **Applicant Contact Information** |
| **Phone Number**  |   |
| **Fax Number**  |   |
| **Email Address**  |   |

*Please list all other staff members who will be involved in this project, if applicable*.

|  |  |  |
| --- | --- | --- |
| **Name, Job Title/Position** | **Specific Role in the Project** | **Institution** |
|   |   |   |
|   |   |   |
|   |   |   |

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| **C. Host Organization Information** |
| **Organization Name:**  |   |
| **Division/Department:** |   |
| **Title & Name of Person in Charge of Authorizing this Arrangement:**  |   |
| **Town/City:**  |   |
| **Country:** |   |
| **Postal Code:**  |   |
| **Host Contact Information** |
| **Phone Number:** |   | **Fax Number**  |   |
| **Email Address:** |   |
| **Website**(if applicable)  |   |

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| **D. Previous CRDF Global Funding, if applicable** |
| **Have you previously received funding from CRDF Global or participated in a CRDF Global training?**  | Yes ☐ No ☐ | *If Yes:*  | Number of times you received funding or participated in training:Type and date of training/funding: |
| **Please describe how you learned about CRDF Global and this research grant competition:** |  |

**E. Expected Support from Host Institution and/or other Non-CRDF Global Sources**

*Add additional rows if necessary.*

|  |  |
| --- | --- |
| **Name of Institution giving Support:**  |   |
| **Type & Amount of Support:** | **In-Kind\***  |   | **Cash**  |   |
|   |   |

\****In-Kind Contributions are contributions of goods or services, not cash – i.e. computers, software, furniture, storage space, mail services, etc. .and relevant amount***

**Signature of Applicant:**   **Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Department Head in Charge of**

**Authorizing Arrangement:**  **Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F. Lead Trainer Information**

|  |  |
| --- | --- |
| Do you have CRDF Global alumnus who will be your trainer(s)? | **Yes** [ ]  **No** [ ]  |
| If yes, please list below the Grant or Workshop that the trainer or applicant participated in (location, month, and year) in the table below. You may add additional rows if necessary. |
|  **Workshop Name** | **Location** | **Date and Year** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Lead Trainer’s Job Title and Position** (If same as applicant, please skip this section) |
| Title and Position |  |
| First Name (as it appears in passport) |  |
| Last Name (as it appears in passport) |  |
| Country of Citizenship |  |
| Passport Number or National ID |  |
| Name of Applicant’s Institution |  |
| Division or Department |  |
| Address of Institution |  |
| Phone Number |  |
| Email and Website |  |

**G. Other Trainers or Administrative Staff**

*You may add additional rows if necessary.*

|  |  |  |
| --- | --- | --- |
| Name | Role | Home Institution and Job Title/Position |
|  |  |  |
|  |  |  |
|  |  |  |

**H. Information on the Applicant’s Institution**

*Applicants will be required to submit a letter from their institution acknowledging submission of this application and detailing any support being provided for the training along with this application.*

|  |  |
| --- | --- |
| Institution Name |  |
| Division or Department |  |
| Title & Name of Head/Chairman (Authorizing) |  |
| Town/City |  |
| Country |  |
| Postal Code |  |
| Email and Website |  |
| Will the training be conducted at the Applicant’s Institution? | **Yes** [ ]  **No** [ ]  |
| If No, where will the training be conducted? |  |
| Who will be responsible for receiving and managing grant funds provided by CRDF Global? | **Applicant** [ ] **Applicant’s Institution** [ ]  |

**I. Requested Dates of Training**

*Please propose training dates no sooner than* ***four months*** *from the date of submission to allow enough time for funding decisions and internal procedures to authorize and process training funds.*

|  |  |
| --- | --- |
| What dates do you propose for the training? |  |
| Alternate dates for the training: |  |

**J. Training Description**

*Please provide detailed information on your training proposal by answering the questions in the boxes below. Trainings can be held in-person, virtually, or a combination of both.*

|  |
| --- |
| What **three** main objectives of your training relate to protecting emerging technologies from misuse or using emerging technologies to safeguard WMD applicable materials and data? |
|  |
|  |
|  |
| Please describe in detail the scope of your project. |
|  |
| Will your training be held virtually, in-person, or as a hybrid event? If your training will be held *in-person*, please describe the safety precautions you will apply to ensure a safe and healthy in-person training. If your training will be *virtual,* please explain which online platforms your plan to use. If your training will be held as a *hybrid* event, please explain how you plan to do this. |
|  |
| Please describe the support your institution will provide for this training. The support can be financial or in-kind (materials, venue, computers, software, furniture, storage space, mail services, etc.) |
|  |
| What are the professional backgrounds of the participants and which institutions do they represent? |
|  |
| How many participants will you invite to your training? |
|  |
| How many days is your training? |
|  |

**K. List three relevant professional references.**

|  |
| --- |
| **Reference 1** |
| **Full Name**  |   |
| **Institution and Relationship**  |   |
| **Email Address**  |   |
| **Reference 2** |
| **Full Name**  |   |
| **Institution and Relationship**  |   |
| **Email Address**  |   |
| **Reference 3** |
| **Full Name**  |   |
| **Institution and Relationship**  |   |
| **Email Address**  |   |

**L. Expected Outcome and Sustainability Potential**

*Please answer each question in detail in the spaces provided.*

|  |
| --- |
| **Please explain any plans you have for future work on this topic beyond the grant period. How does this training contribute to your institution’s long-term strategy and programming?** |
|   |

|  |
| --- |
| **Your training is required to address *at least one* of the following goals:**1. Enhance capabilities of stakeholders to counter the misuse of emerging and advanced technologies with potential dual-use capabilities;
2. Increase the ability of stakeholders to safeguard WMD-related data and materials by leveraging emerging technologies.

**Please explain how your training will address *at least one* of these goals in the space provided**.  |
|   |

**M. Supporting Documentation**

The following documents are required for your application to be considered. Please include these documents in PDF format with your application.

* Curriculum vitae (CV) for each member of your research team, including past coursework on topics related to this research grant.
* A copy of each team member’s passport or national ID card
* A letter of support from your institution
* Detailed budget.

**N. Budget Instructions**

Please make sure to use the Primary Budget tab for all project related costs and expenses. Institutional Support can be filled out in the Costshare tab.