**Nigerian Research Security Consortium Grant Opportunities**

**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: nonpro-grants@crdfglobal.org

Application materials and supporting documents should be submitted in PDF format.

|  |  |
| --- | --- |
| **Application:** | |
|  | 1. Complete Project Title |
|  | 1. Complete Applicant Information and List of Project Staff and their Roles |
|  | 1. Complete Host Organization Information and Host Institutional Approval Letter for Institutional Grantees |
|  | 1. List of Previous CRDF Global Funding, if applicable |
|  | 1. Identified Expected Support for from Host Institution and/or non-CRDF Global Sources |
|  | 1. Complete List of References |
|  | 1. Complete Project Abstract |
|  | 1. Expected Outcome and Sustainability Potential |
|  | 1. Proposed Project Timeline |
|  | 1. List of previous relevant publications |
| **Budget:** | |
|  | Submit a competitive budget for the work proposed |
| **Duration:** | |
|  | Six (6) Months |
| **Supporting Documentation:** | |
|  | Curriculum Vitae (CV) for each Project Team Member |
|  | Letter of Institutional Support if applicable (template to be provided upon request) |
|  | Detailed Budget |

**Nigerian Research Security Consortium Grant Opportunities**

**Application Form**

**Instructions:** Proposals must be completed in English.

|  |  |
| --- | --- |
| 1. **General Project Information** | |
| **Project Title** |  |
| **Amount Requested** |  |
| **Project Duration** |  |
| **Grant Opportunity Number** |  |

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| --- | --- |
| **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** |  |
| **Applicant Contact Information** | |
| **Phone Number** |  |
| **Fax Number** |  |
| **Email Address** |  |

**Instructions:** Please list out all the information in the table below for all personnel who will be working on the project or supporting the proposed project. The information below is ***required for the entire grant team*** to be considered for selection. All data will be processed and stored securely in accordance with local and national data security regulations.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **C. Grant Team Information** | | | | | | | |
| **Full Name** | **Job Title** | **Organization** | **Nationality** | **Home Address** | **Email** | **Phone Number** | **Role on Project** |
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| **D. Host Organization Information** | | | |
| **Organization Name:** |  | | |
| **Division/Department:** |  | | |
| **Title & Name of Person in Charge of Authorizing this Arrangement:** |  | | |
| **Town/City:** |  | | |
| **Country:** |  | | |
| **Postal Code:** |  | | |
| **Host Institution Primary Contact Information** | | | |
| **Phone Number:** |  | **Fax Number** |  |
| **Email Address:** |  | | |
| **Website**(if applicable) |  | | |

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| **E. Previous CRDF Global Funding** | | | |
| **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: |

**F. Expected Support for this Project from Host Institution and/or other Non-CRDF Global Sources**

Add additional rows if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution giving Support:** |  | | | |
| **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 Head in Charge of Authorizing Arrangement: Date:**

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

**G. 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** |  |

**H. Grant Abstract**

Please provide a summary abstract with a brief overview of the proposed project topic/scope and a proposed action plan, describing the project objectives. The abstract should be double-spaced in 12-point font no more than 900 words.

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| **Response:** |
|  |

Please describe your proposed methodology to implement your project (no word limit).

|  |
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| **Response:** |
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Please describe your proposed ways to disseminate outcomes and/or materials within the professional community following the grant period end (no word limit). Who is the target audience, and how will they be affected by the project’s outcomes?

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| **Response:** |
|  |

**I. Proposed timeline**

Please list each step/task for your project and the anticipated number of weeks or months to complete each step/task. The length of the project should not exceed six (6) months. Responses should be listed as estimated number of days.

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| --- | --- |
| Reviewing pre-award documents received from CRDF Global *(CRDF Global expects pre-award documents review to take up to three weeks. Please inform us if this step will take longer at your institution.)* |  |
| Receive signature on grant agreement after pre-award documents are approved |  |
| Outline review process at CRDF Global |  |
| Develop Rough Drafts (SOPs/ Best Practice Guides, Website, Briefing materials, etc.), or Project Plan (Quarterly Meetings, Research Security Conference) |  |
| Plan and draft review process at CRDF Global |  |
| Submitting final products and updated one-page abstract |  |
| Dissemination of final materials (This step can extend beyond the grant period) |  |
| Develop presentation for conference |  |
| Presentation review process at CRDF Global |  |
| Final grant report |  |

**J. Relevant publications, presentations, and coursework (if you are applying to training course enrollment grant project, please skip this section and leave it blank).**

Please list each team member’s recent work on this topic. Include links if possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Member Name** | **Title of Work** | **Publication or Conference** | **Date** | **Link** |
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**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 grant.
* A digital copy of each member of the project team’s passport or national ID card.
* A letter of support from your institution.
* Detailed budget.