**AgroHealth 2024 – 2nd Edition**

Application Form

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| **Proposal Title** |  |
| **Principal Investigator 1** |  |
| **Principal Investigator 2** |  |
| **Labor Center Investigator 1** |  |
| **Labor Center Investigator 2** |  |

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| **1.- Proposal summary in both English and Catalan/Spanish (maximum 1,200 characters each language)** |
| (English) |
| (Catalan/Spanish) |

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| **2.- State of the art (maximum 10,000 characters)** |
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| **3.- Relevant bibliography (maximum 2,000 characters)** |
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| **4.- Hypothesis (maximum 1,000 characters)** |
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| **5.- Objectives (maximum 1,000 characters)** |
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| **6.- Methodology – Study design, items and subjects; data extraction and analysis; data management plan, study limitations, contingency plan (maximum 16,000 characters)** |
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| **7.- Collaboration purpose justification between groups (maximum 1,000 characters)** |
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| **8.- Work Plan – Including a Gantt’s Chart where the associated costs, personnel involved and responsible PI are properly included for each work package (maximum 2,000 characters)** |
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| **9.- Previous experience and results (maximum 2,000 characters)** |
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| **10.- Adequation to the RRI principles (maximum 2,000 characters)** |
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| **11.- Transfer possibilities to the general market (2,000 characters)** |
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| **12.- Alignment with strategic lines of Agrotecnio and IRBLleida (1,200 characters)** |
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| **13.- Previous funding, if exists, for the proposed project** |
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| **14.- Detailed Budget** |
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| **15.- Is the CEIm or CEEA approval necessary?** |
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| **16.- Are the PI or co-PI under 45 years old?** |
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| **17.- Are the PI or co-PI leaders of an emerging group?** |
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| **18.- Responsible Declaration Form Principal Investigator 1** |
| I, Mr/Ms. ............................................................ of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call for applications and that all the information provided in the same is true.    And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature) |

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| **19.- Responsible Declaration Form Principal Investigator 2** |
| I, Mr/Ms. ............................................................ of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call for applications and that all the information provided in the same is true.    And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature) |