**Medical University of Bialystok**

**APPLICATION FOR FINANCING A RESEARCH PROJECT**

**IN 2019**

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| **Title of the project:** |

**Principal Investigator’s survey**

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| **Name and surname** of the Project Investigator |  | |
| **Professional title, academic degree**, no degree, PhD student |  | |
| **Position / group of employees**: research-didactic, research, didactic |  | |
| **Scientific discipline/s**, in which the Project Investigator declared him/herself to the N number |  | |
| **Unit of employment/Unit of PhD studies** |  | |
| **Contact**: | Tel. No.: |  |
| E-mail: |  |
| Research team: title / academic degree, name and surname, unit of employment, position at MUB |  | |

**Questionnaire of the relevance of the scientific project**

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| **Project description**  ***(project description should be at least 4 500 characters long)*** |
| **Research assumptions and goals** |
| **Methodology** |
| **Scientific and practical effects planned** |
| **Literature** |

**Cost estimate of the research project**

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| --- | --- | --- |
| **Estimated costs of the project**  **(the costs of the apparatus and publication should not be included in the cost estimate)** | | **Amount PLN** |
| Reagents and small laboratory equipment **without apparatus** | |  |
| External services **without the costs of publication** | |  |
| Remuneration for civil law contracts (i.e. translations and proofreading, statistical services) | |  |
| Domestic and foreign business trips | |  |
| Other costs  *(i.e. office supplies, animals, IT equipment)* | |  |
| **Total costs** | |  |
| **Justification of the costs** |  | |
| **The project is subject to evaluation** | □ Bioethics Committee  □ The Local Ethical Committee for Animal Experiments in Olsztyn (LKE)  □ Is not subject to, because it concerns tissues collected during research which had gained the approval of the LKE nr …...................  □ Is not subject to | |
| **Name of the unit where the project will be carried out:** | |  |
| **Scientific discipline in which the project will be carried out *(one leading discipline should be chosen)*** | |  |
| **Is the project based on a survey?** | | □ Yes  □ No |
| **Is the project based on a query?** | | □ Yes  □ No |

**Criteria for increasing the base amount** *(on the day of submitting the application)*

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| **Position criterium:** | □ Professor (x 3) | □ Habilitated doctor (x 2) |
| **Quality criteria** | | |
| 1. **Research publications**   ***(2017-2018)*** | min. **25 pts.** | □ 1 publication – 10%  □ 2 publications – 20%  □ 3 publications – 30%  □ 4 publications – 40%  □ 5 publications *and more* – 50% |
| min. **30 pts.** | □ 1 publication – 20%  □ 2 publications – 40%  □ 3 publications – 60%  □ 4 publications – 80%  □ 5 publications – 100%  □ …… publications – ……… % |
| 1. **Research projects**   ***(2017-2018)*** | □ 50 000 PLN – up to 299 999,99 PLN + **30 %**  □ 300 000 PLN – up to 999 999,99 PLN + **50 %**  □ more than 1 000 000 PLN + **100 %** | *Please specify: the name of the contest, the budget and the number of the project, date of signing the agreement for the project.* |
| 1. **Patents**   ***(2017-2018)*** | **+ 50%** | *Please specify: the number, name and the date of obtaining the patent* |
| 1. **Revenues from service or commercialization activities**   ***(2017-2018)*** | □ up to 10.000 PLN + **25%**  □ 10.001 PLN – up to 50.000 PLN +**50%**  □ more than 50.001 PLN + **100 %** | *Please specify: the name of the agreement, the value obtained, the date of the realization* |

**Questionnaire of the scientific project**

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| **Is the principal investigator a young scientist ?** | □ PhD student  □ academic teacher without a doctoral degree  □ academic teacher with a doctoral degree obtained less than 7 years ago |
| **Is the project carried out at a hospital?** | □ Yes / No  (*if YES please specify the name of the hospital)* …………… |
| **Does the project involve patients?** | □ Yes / No  *(if YES please fill in the following information)*  □ Number of patients planned: ............  □ Planned number of blood drawing procedures: ............ |
| **Is the project implemented in cooperation with other national or foreign units?** | □ Yes /No  *(if YES please specify the units)*  ............ |
| **Does the project involve biotechnological methods?** | □ Yes / No  *(if YES please fill in the information for GUS (Statistics Poland) available on the Dział Nauki website – Działalność statutowa – SUBWENCJA 2019 projekty naukowe – Biotechnologia GUS)* |
| **Does the project involve nanotechnological methods?** | □ Yes / No  *(if YES please fill in the information for GUS (Statistics Poland) available on the Dział Nauki website - Działalność statutowa - SUBWENCJA 2019 projekty naukowe – Nanotechnologia GUS)* |
| **Does the project involve animals? (rats, mice)?** | □ Yes / No |

**Signatures**

|  |  |
| --- | --- |
|  | **Date and signature** |
| **Principal Investigator** |  |
| **Head of the department employing the Project Investigator** |  |
| **Head of the department/s where the project will be carried out** |  |
| **Principal Investigator/supervisor**  *(for PhD students)* |  |

**I hereby declare that I have read the information (***available on the Dział Nauki website – Działalność statutowa – SUBWENCJA 2019 projekty naukowe)* **about the processing of personal data of persons implementing projects at the University (among others: Project Investigators, academic teachers, members of research teams, PhD students, young researchers) and the principles of personal data protection in research at the Medical University of Bialystok**

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(date) (signature)

The completed form should be delivered in **one printed copy** to the Office For Science and **sent via e-mail** to the following address: **wnioski@umb.edu.pl**

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| **Financing calculator**  ***(filled by the Office for Science)*** |
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| **Acceptance of the Vice Rector for Scientific Affairs** |
| ...................................................... ......................................................  (date) (signature) |