**Medical University of Bialystok**

**APPLICATION FOR FINANCING A RESEARCH PROJECT**

**IN 2019**

|  |
| --- |
| **Title of the project:**  |

**Principal Investigator’s survey**

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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**

|  |  |
| --- | --- |
| **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)*

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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**

...................................................... ......................................................

(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**

|  |
| --- |
| **Financing calculator** ***(filled by the Office for Science)*** |
|  |

|  |
| --- |
| **Acceptance of the Vice Rector for Scientific Affairs** |
| ...................................................... ......................................................(date) (signature) |