

FP7 PROJECT CO-INVESTMENT FUNDING APPLICATION TO DST**DST CONTACT DETAILS**

Key contact person:	Mamohlosing Tlhagale
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APPLICANT'S CONTACT DETAILS

Name of Institution:	
PIC Number:	
Postal Address:	
Director of Research:	
Principal Investigator:	
Portfolio:	
Tel No:	
Fax No:	
E-mail Address:	
Administration / Legal Contact:	
Tel No:	
Fax No:	
E-mail Address:	
DATE	

1. Summary (including the duration of the project)

2. Applicant profile

3. Overview of the project

3.1 Contract details

Project acronym	
Project title	
Funder	
Proposal number	
Project duration	
Work programme details	

3.2 Objectives of the project

3.3 List of project participants

Participant Role	No.	Participant Name	Short name	Country

**3.4 Details of work packages
(Briefly explain all the project’s work packages, and highlight what your institution is responsible for)**

3.5 Project deliverables

3.6 Project impact

4. Details of Applicant’s involvement

4.1 Objectives of participation

4.2 Activities to be undertaken (work package details)

4.3 Deliverables

4.4 Benefits and impact of participation

5. Project Budget Details

Note that the budget spreadsheets must be attached as an annexure.

5.1 Total project budgetary requirements

Cost item	EC grant (€)	EC Grant*	DST co-investment requirement (Rand)	Total budget requirements (Rand)	Applicant's Contribution (Rand)
Labour					
Running costs					
Travel & Accommodation					
Consumables					
Equipment					
Other					
Overheads					
Total					

*Assume exchange rate of RX = 1€

5.2 Budget justification

Labour

Travel and subsistence

Consumables

Equipment

Other

Overheads

5.3 Motivation for co-investment

6. Strategic significance of the project from a national R&D perspective

7. Conclusion

8. Appendices

Attach a letter from your institution endorsing this application.

Institution's banking details:

Registration number if you have:

Physical Address:

Account Holder Name:

Bank:

Account number:

Branch Name:

Branch Number:

Reference number:

DST will sign an agreement with all successful institutions. Please provide information:

Authorised Representative to sign agreement:

Capacity of Authorised Representative:

Fax Number of the authorised representative: