The CSIR Photonics Centre PO Box 395

Pretoria South Africa 012 841 2713

nlcrentalpool@csir.co.za

**CSIR / DSI**

**ALC RESEARCH GRANT APPLICATION**

**2025** **APPLICATION FORM**

How to complete this template:

1. Complete all sections as comprehensively as possible. Not that the review of the project will only be conducted on the written information provided in this proposal.
2. Do not change any of the formatting of the tables in this template.
3. If necessary, tables and figures can be inserted in the text blocks
4. Final proposals needs to be signed and scanned as pdf documents.
5. Follow the instructions provided meticulously and do not replicate information from one section to a next unnecessarily.
6. The CSIR require a Microsoft Word version as well as a scanned pdf version of the proposal.

Please submit documents as per point 5 above by return email to nlcrentalpool@csir.co.za and to tiduplooy@csir.co.za by 25 October 2024.

|  |
| --- |
| **Project Title:** |
|  |

|  |
| --- |
| **Type of application:**Support may be requested for periods up to 3 years, with continuation application yearly. |
| Period of Support: |  |
| Date of this New Application |  |

|  |
| --- |
| **Principal investigator details:**Please include a CV in Appendix G-2. |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Home Country |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |
| Contribution to the project |  |

|  |
| --- |
| **Collaborating investigator details:**Please include a CV in Appendix G-2. |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Field of Research |  | e-mail |  |
| Contribution to the project |  |
| **Collaborating investigator details**:Please include a CV in Appendix G-2. |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |
| Contribution to the project |  |

|  |
| --- |
| **Collaborating investigator details:**Please include a CV in Appendix G-2. |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |
| Contribution to the project |  |

**Track record**

Since this is a new application, please use the tables to indicate your general academic track record over the past three years under the headings of each category.

|  |
| --- |
| **Refereed journal papers/books** (Reference using the Harvard Referencing style): |
|  |

|  |
| --- |
| **Conference presentations** (Reference using the Harvard Referencing style): |
|  |

|  |
| --- |
| **Other outputs** (Patents (Names, Creator. Patent title. Patent number, and year of filing), technology transfer, popular articles, technical highlights etc): |
|  |

|  |
| --- |
| **Post graduate students that graduated in the last three years** (Fill in exactly as requested in the table): |
| Name | Nationality | Degree completed | Graduation Date | Gender |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PROJECT DETAILS**

**Project research question**

|  |
| --- |
| Provide a short statement on the research question to be addressed in this project |
|  |

**Abstract**

|  |
| --- |
| Briefly summarise the proposed research project. Mention what is state-of-the-art and what your contribution will be to the field. |
|  |

**Objectives**

|  |
| --- |
| List the main objectives of the project and their explanation in bullet form. |
|  |

**Management plan:**

|  |
| --- |
| Give a high-level plan of how the project will be executed. Make reference to own expertise, equipment required, challenges expected and how they will be addressed. The Management plan needs to clearly reflect the importance of the proposed collaboration, and what the contribution will be of the research collaboration partners that will participate in this project. A Gantt chart providing an overview of the project tasks, task durations and milestones must be included in the proposal, as a separate document. **Project proposals without a Gantt chart will be eliminated**. Include comments on laboratory safety and plans around laser safety. Max of 2000 words allowed. |
|  |

**Project Description: Detailed Management Plan**

|  |
| --- |
| Give a detailed plan of how the project will be executed. List all major tasks to be undertaken, including timeframes (start & end date) and resources linked to each task. Describe the task deliverable(s). In cases where your tasks exceeds the provided tables, please click on the table mover handle at the top left corner of the table to select it copy and paste the table below the last tasks to complete this section. |

|  |  |
| --- | --- |
| Task |  |
| Start Date |  |
| End Date |  |
| Deliverables |  |
| Resources |  |

|  |  |
| --- | --- |
| Task |  |
| Start Date |  |
| End Date |  |
| Deliverables |  |
| Resources |  |

|  |  |
| --- | --- |
| Task |  |
| Start Date |  |
| End Date |  |
| Deliverables |  |
| Resources |  |

|  |  |
| --- | --- |
| Task |  |
| Start Date |  |
| End Date |  |
| Deliverables |  |
| Resources |  |

**Project team**

|  |
| --- |
| List all the members of the research team who form this collaboration. Be sure to highlight staff involvement, student involvement, post docs, technical support and external collaborations (Nationally and Internationally). Please also indicate the expertise and experience that the main collaborators bring to the project and specifically highlight their contribution to the project. Expand on joint supervision of students, joint publications, and specific expertise that they bring to the project. Note that it is expected that collaborators provide specific capabilities and competencies that is required for the successful completion of the project. Technical support staff are not considered collaborators. |
|  |

**Project team table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Collaborator name** | **Gender** | **Institution** | **Role and****contribution in the collaboration project** | **Co-author on****publications? (YES / NO)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Project Overview**

|  |
| --- |
| Give a detailed overview of the project, including scientific and technical aims, expected challenges, planned experimental set-ups and equipment available. Please include diagrams where appropriate. Please limit to not more than 5 000 words |
|  |

**Project funding sources**

|  |
| --- |
| List all expected sources of funding that will be used to support the research to be undertaken. |
|  |  |
|  |  |
|  |  |
|  |  |

**Expected impact, benefits and outputs.**

|  |
| --- |
| Provide a narrative on why this research is relevant to the country, the African continent and the world? List and expand on who will benefit from this research e.g., explain social, environmental or economic impact and the beneficiaries of this impact. Also mention if this support will result in significant human capital development at your institution. |
|  |

**Scientific Output:**

**Expected Outputs: Scientific Outputs**

|  |
| --- |
| Provide a description of the expected scientific outputs from the project (eg: publications in highly rated journals, novel prizes, etc) and provide more detailed on the planned outputs in the table below. Since this is a research collaboration project, it is expected that the work will lead to **joint publications** with the collaboration partners |
|  |
| Title or proposed title of scientific output planned  | Type of outputs | Potential authors and affiliation | Planned date | Name of publication / Conf / other | Status of the output |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Human capital development:**

|  |
| --- |
| List all the students and staff who will be working towards higher degrees as part of this project. This weighs highly in the assessment of this application. |
| Name | Nationality (specify home country) | HEI where registered | Degree  | Staff Member / Student | Gender | Thesis title |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Human capital development - supervision details:**

|  |
| --- |
| For the students listed in the table above, please provide information of the supervisors and co-supervisors and their institutions, and their role in the project. |
| Name | Thesis | Supervisor | Co-supervisor | Co-supervisor institution | Role in the project |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Transfer of knowledge / skills:**

|  |
| --- |
| Provide a short description of actions that are planned to support transfer of knowledge and skills between the collaboration partners. This can for example be in the form of training sessions, workshops, reports, student supervision |
|  |

**Opportunities for commercialisation**

|  |
| --- |
| Describe the economic potential of the proposed work, and how this economic impact can be realised. Indicate which aspects of the proposed research will deliver new products or services that can be commercialised. Indicate what steps will or have been taken to protect any Intellectual Property? If possible, also describe the route to industrialisation and commercialisation for these products/services and indicate or name the potential commercialisation partners. |
|  |

**Financial detail – provide detailed budget**

Support from the ALC can only be considered if complete details on the project funding sources are made available. Projects with clear co-funding secured from other sources will receive preference.

**Budget breakdown**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Name of participant (researcher / student)** | **Date and number of days[[1]](#footnote-1)** | **Amount[[2]](#footnote-2)** | **Requested from ALC** | **Requested from other sources** |
| **S&T**(As per the guideline) |  |  |  |  |  |
| **Accommodation** Maximum R7000p/m (trip> 2 weeks) or maximumR1000 p/d (trip< 2 weeks) |  |  |  |  |  |
| **Mobility**(Only 2 trips p/a per researcheror student) |  |  |  |  |  |
| **Consumables** (max R50k)[[3]](#footnote-3)  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**Budget summary**

|  |  |  |
| --- | --- | --- |
| **Description** | **Source** | **Amount** |
| **Requested from ALC** |  |
| **Requested from other sources** |  |  |
|  |  |
|  |  |
| **Total project budget required** |  |

**APPROVALS**

I declare that the information supplied is correct and complete

|  |  |
| --- | --- |
| Applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Co-applicant Signature | Date |
|  |  |

**Approval by designated authority/research administration or equivalent executive**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Telephone |  |
| Surname |  | Fax |  |
| Department |  | Mobile |  |
| Institution |  | e-mail |  |
| Designated Authority Signature | Date |
|  |  |

Please scan as a pdf and submit by return email to nlcrentalpool@csir.co.za

**APPENDICES**

G-1. Details of team members

Please copy and paste the tables below as required.

|  |
| --- |
| RESEARCHER: |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |

|  |
| --- |
| RESEARCHER: |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |

|  |
| --- |
| SAFETY OFFICER: |
| Title |  | Initials |  | Surname |  |
| First Name |  | Gender |  |
| Department |  | I.D./Passport Number |  |
| Institution |  | Citizenship |  |
| Address |  | Telephone |  |
| Postal Code |  | Fax |  |
| Field of Research |  | e-mail |  |

G-2. CVs of Investigators

Please note that no applications will be considered unless CVs of the Investigators are attached.

1. Research visits are limited to 10 days and 60 days per project for senior staff and junior staff respectively [↑](#footnote-ref-1)
2. Please provide a rationale on how this amount was calculated. (e.g. 25 participants x R100.00/participant) [↑](#footnote-ref-2)
3. It is recommended that quotations are submitted with the application to support the budget requested [↑](#footnote-ref-3)