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**PROJECT PROPOSAL DETAILS**

When submitting the consortium proposal via the Electronic Proposal Submission System (EPSS), participants from the CAS institutes must submit this Project Proposal Details form (signed, scanned copy) to the e-mail address of the contact person (see below) by
**21 September 2023**.

# Contact Person:

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| --- |
| **Filip Zrno**Division of International Cooperation |
| CAS Head Office |
| Address: |  Národní 3, 110 00 Praha 1 |
| E-mail: |  zrno@kav.cas.cz  |
| Tel: |  +420 221 403 369 |

*Complete all white fields.*

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| --- | --- |
| Programme: | CHANSE |
| Topic Selection: |  [ ]  Crisis (CHANSE + HERA) [ ]  Enhancing well-being for the future (CHANSE + NORFACE) |
| Project Acronym: |  |
| Project Title: |  |
| Duration: |  |

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| CAS Institute | Czech Principal Investigator |
| Name: | Choose an option | Name: |  |
| Address: |  | E-mail, Tel: |  |

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| Project Leader |
| Name: |  |
| Affiliation: |  |

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| Partner Principal Investigators involved in the realisation of the project |
| Name: |  |
| Affiliation: |  |
| Other Principal Investigator |
| Name: |  |
| Affiliation: |  |
| Other Principal Investigator |
| Name: |  |
| Affiliation: |  |

*Add lines if necessary.*

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| Cooperation Partners (if applicable)*Partners, such as stakeholders, policy makers, and the creative and cultural sectors and researchers from countries or organisations not involved in the CHANSE Call.* |
| Name: |  |
| Affiliation: |  |
| Other Cooperation Partner |
| Name: |  |
| Affiliation: |  |
| Other Cooperation Partner |
| Name: |  |
| Affiliation: |  |

*Add lines if necessary.*

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| Abstract *(max. 1 100 characters incl. spaces)* |
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| Summary of Research Plans of the Czech Project Partner(s), their Implementation and Justification of Proposed Collaboration. *(max. 1/2 page)* |
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| Description of the Czech Project Team (inclusive Involvement of Young Researchers)*(max. 1/2 page)* |
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| --- |
| CV of the Czech Principal Investigator *(max. 1 page)* |
|  |

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| --- | --- | --- | --- |
| **Date:** | Insert the date | **Date:** | Insert the date |
| **Signature of Czech Principal Investigator:** | **Stamp and Signature of CAS Institute Statutory Authority:** |
|  |  |