**نموذج رقم (1/د)**

**الإطار العام للمشروع البحثي المقترح**

**(خاص بمشروعات البحوث في مجال العلوم التطبيقية)**

**رقم المشروع البحثي (يوضع بمعرفة أمانة برنامج تمويل المشروعات البحثية ):**

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| **رقم المشروع** | **رقم الدورة** | **السنة** |
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| **عنوان المشروع المقترح باللغة العربية:****........................................................................** |
| **الميزانية المقترحة : ( ) ريال** | **المدة المقترحة : ( ) شهراً** |
| **نوع مشروع البحث: منفرد مشترك** |

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| **الفريق البحثي** | **الباحث الرئيس** | **المشارك (1) إن وجد** | **المشارك (2) إن وجد** |
| **الاسم** |  |  |  |
| **الرتبة العلمية** |  |  |  |
| **الجامعة** |  |  |  |
| **الكلية** |  |  |  |
| **القسم العلمي** |  |  |  |
| **الهاتف/ الجوال** |  |  |  |
| **البريد الإلكتروني** |  |  |  |
| **الهوية/ الإقامة** |  |  |  |
| **الجنسية** |  |  |  |

* مجال المشروع: التخصص العام : .................. التخصص الدقيق : ..............................
* هل سبق تقديم المقترح لـوحدة/ مركز البحوث في دورات سابقة؟

 نعم (رقم المقترح. ................) لا

* عدد البحوث الممولة سابقاً للباحث الرئيسي من عمادة البحث العلمي ( )
* عدد الأوراق البحثية التي ستنشر من المشروع:
* الكلمات الدالة على البحث **Keywords (6 إلى 10 كلمات) :**
* **هل يندرج المشروع البحثي للتمويل ضمن أولويات البحث العلمي للقسم العلمي الذي تعمل به؟ نعم لا**

**إذا كانت الإجابة بنعم,فما هي تلك الأولوية :**

**رقم الأولوية: ( ) وتنص على: .................................................................................................**

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Complete below in full. Do not modify/remove sections – if not applicable to you please indicate “n/a”.

|  |
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| **Research Project Title** |
|  |
| **Type of Research (select one)** |
| * Medical ( ○ Clinical ○ Biomedical )
* Science
* Engineering
* Computing
 |
| **Principal Investigator/Applicant** |
| Full Name |  |
| Academic Appointment  | Title | Dept/College |
| Contact Information | Telephone | Email |
| Address | Street Address and Suite/Unit |
| City/Town | Province | Postal Code |
| **Funding Requested** *(maximum per year for up to two years)* |
| Year One: \_\_\_\_\_\_\_\_\_\_\_\_ Year Two: \_\_\_\_\_\_\_\_\_\_\_ Total Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_Duration of Project \_\_\_\_\_\_\_\_\_\_ (*maximum two years*) Project Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Co-Principal Investigator Information**  |
| Full Name |  |
| Project Role of Co-PI (select one) | Supervisor\_\_\_\_\_ Peer \_\_\_\_ |
| Clinical or Tech Appointment  | Title | Institution |
|  Academic Appointment  | Title | Institution |
| Contact Information | Telephone  | Email |
| Address | Street Address and Suite/Unit |
| City / Town | Province | Postal Code |
| **Co-Investigators** *(maximum of three co-Investigators)*CVs **are** required. |
| **Full Name**  | **Title and Institution****(i.e. clinical / academic appointment)** | **Project Role/Expertise** |
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| **Collaborators** *(add rows as needed to list all collaborators)*CVs **are not** required; Letters of support **are** required |
| **Full Name** | **Title and Institution****(i.e. clinical / academic appointment)** | **Project Role/Expertise** |
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| **Lay Summary Description of Project** *maximum 200 words*(Describe objectives and methodology in plain language. If funded, this description will be used to describe your project in communications.)  |

**Other Funding**

Results of funding from other sources may affect your approved budget, therefore please notify the deanship of scientific research immediately if you have received other funding. Have you applied / intending to apply for other funding for this study? Yes\_\_ No\_\_\_ (if yes, complete below) *(add rows as necessary*):

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| --- | --- | --- |
| **Funding Agency** | **Amount Requested/Duration** | **Status** |
|  |  | Approved\_\_\_ Declined\_\_\_ Pending \_\_\_\_(Expected Date of Decision):\_\_\_\_\_\_\_ |

**Suggested External Reviewers**

Complete below in full (**all four fields**) to suggest individuals who have the appropriate expertise for the Foundation to potentially ask to peer review your research grant proposal. Suggested reviewers must not be associated in any way with your project or other research activities, your hospital or academic institution. They also should not be anyone who you trained or recently collaborated with or supervised.

|  |  |
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| Suggested Reviewer | Contact Information*(all fields required)* |
| Name, Title, / Academic Appointment | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |
| Name and Title, / Academic Appointment  | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |
| Name and Title, / Academic Appointment  | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |
| Name and Title, / Academic Appointment  | Street Address/City/Province or State / Country / Postal Code |
| Email Address | Telephone |

### Application Instructions:

Your application must include each of the following sections in the requested order, using the titles and numbering as below. Page numbering is required, starting with the first page of the Application Form as page 1. The content must be single spaced, 12 pt font. Sections 1 through 9 must not exceed page limits where stated. Please read the guidelines before completing the application to ensure your project is eligible for consideration.

1. **Resubmission Response (5 page maximum)** If this is a resubmission of a previously declined application to the deanship, provide a letter explaining in detail how the resubmission addresses the comments of the external peer reviewers of the previously declined submission.
2. **Statement of objectives and specific aims of the project in the form of hypothesis (1 page maximum)**
3. **Statement of Relevance (1/2 page maximum)** Please highlight the relevance and impact of this proposal on the national level.
4. **Background, rationale and present state of knowledge (6 pages maximum). List of reference for this section (2 pages maximum).**
5. **Project design, methodology and analysis (8 pages maximum). List of references for this section (1 page maximum).**
6. **a) Project Budget requested from DSR (format below must be used) 2 pages maximum**

Please read guidelines to ensure eligible items only are requested. Ineligible items will be removed.

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| **Budget Items** | **Year 1** | **Year 2** |
| **Personnel**  |  |  |
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| **Total Personnel** |  |  |
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| **Equipment**  |  |  |
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| **Total Equipment** |  |  |
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| **Materials & Supplies**  |  |  |
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| **Total Materials & Supplies** |  |  |
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| **Other Expenses**  |  |  |
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| **Total Other Expenses** |  |  |
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| **TOTAL PROJECT BUDGET REQUESTED** **(maximum per year for up to two years)** |  |  |

**b)** **Project Budget Rationale (2 page maximum)** All the above items require additional explanation to justify funding. Please provide in this section.

**Personnel:** describe type/role of personnel and indicate amount of time per week or month

**Equipment:** describe type and quantities and how it will be used for study

**Materials & Supplies:** describe type and quantities required and how will be used for study

**Other Expenses:** full detailed description, quantities and amounts must be provided

1. **Project timetable:** use the provided form to give detailed time line for your research.

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| **السنة الأولى First Year****(12 شهرا 12 months)** | **المهمة والمكلف****Planned sequence of major tasks** | **البند Items** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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| **السنة الثانية Second Year****(12 شهرا 12 months)** | **المهمة والمكلف****Planned sequence of major tasks** | **البند Items** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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1. **Other Funding Summary** If funding has been requested from other sources, please provide the summary, budget and budget justification from these applications.
2. **Appendices (30 pages maximum)**
3. **Curriculum Vitae for PI, co-PI (if applicable) and each co-investigator**. Each CV is to be made up of two components: the first component is to be limited to three pages and will include all relevant information such as education, appointments, committees, etc. The second component is to be a list of publications, presentations, grants received, etc. for the past 5 years only. Both components are required.
4. **Deanship of scientific research Report** **(1 page per grant)** If a deanship of scientific research grant has been received by the Principal Investigator in the past, please provide citations for all publications or presentations resulting from the grant. Please specify if presentations are podium or poster. If none are available, please provide a summary of the results of research and the reasons for the lack of publication or presentation.

**12- الأنشطة المقترحة:**

**(ثلاث أنشطة أو فعليات نابعة من البحث لخدمة المجتمع )**

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| **وصفها** | **تاريخها** | **مكانها** | **نوعها** | **اسم الفعالية** | **م** |
|  |  |  |  |  | 1 |
|  |  |  |  |  | 2 |
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**13- جهات الاستفادة من مخرجات البحث:**

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| **وصف الاستفادة الممكنة** | **عنوانها** | **الجهة** | **م** |
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**14- أوعية النشر المناسبة لنشر البحث:**

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| **سبب اختياره** | **عنوانه** | **اسم وعاء النشر** | **م** |
|  |  |  | 1 |
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