

Application for research grants

Applicant (project leader)

Name			Work phone (including area code)		
E-mail (work)		ORCID, more information on ifau.se			
Administrative author	ority				
Name		Phone (including area code)	IBAN and SWIFT		
Address		Postal code and city			
		,			
Premises for the project					
The work is carried out at (name of dept)			Phone		
Address		Postal code and city			
		Signature of the director of the department			
Premises are available					
Premises are required	<u> </u>				
Project specification	l .				
Project title					
The application concerns					
	ct, previously financed by IF	AU; project no:			
	ously financed by IFAU	1			
The project will start/started on, date	Is estimated to be finished, date	SCB-codes, more information on	ifau.se		

Personal data that is submitted in connection with the application with be treated in accordance with GDPR. More information is available at the IFAU website.



Other participants	in the proje	ect				
Name	Title	E-mail			ORCID	
Coocified budget o	oonlo (in Cl		η			
Specified budget, p Please find instructions						
People, name	tor content o	% of full time	Monthly salary	Payroll	Costs year 1	Costs year 2
			(full time)	taxes		
Total	,					
Material and equipmen		enclosure)				
Travel (specified in encl						
Other costs (specified in						
Total costs for the proje	:UL					

Summary of the aim, the importance and the implementation of the project (maximum of 200 words)



Other financing for the project				
Financing for this project has	Donor of the grant		Amount	
also been applied for at				
has been granted from				
Other projects that will simu	ıltaneously be l	ed by the project lead	ler	
Project title				
Applicant's signature (proje	ct leader)			
Place and date		Name in block letters		
Signature				



Appendix 1

Please find the instructions for content and number of characters on the website of IFAU.	



Appendix 2

lease find instructions for content on the website of IFAU.	