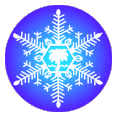
** INQUA SKILLS ENHANCEMENT GRANT APPLICATION**

**Deadline for receipt of applications by the President of the sponsoring Commission: *October 15th of the year prior to which funding is requested*. Please read about INQUA funding and procedures on the INQUA webpage before completing this document; we encourage you to consult the appropriate Commission President at an early stage in the development of your proposal or if you have any queries about eligibility.**

**The finalized application, must be received by the INQUA Secretary-General and the President of the sponsoring Commission by *31st January of the year for which funding is requested*.**

**DETAILS**

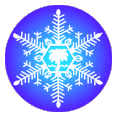
1. **Name of primary Commission supporting your proposal:**
2. **Activity title:**
3. **Leader(s) (name, mailing address, e-mail address): (**All communications will take place by email unless specifically requested otherwise, in which case a fax number should be supplied.):
4. **Confirmed participation:** please give name and affiliation, and indicate if the participant is a graduate student (PhD), early-career researcher (ECR), developing-country researcher (DCR) or senior scientist (SS), using the table below). Please add rows to this table as necessary!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Institute | Country | Role | Status  (PhD, ECR, DCR, SS) | To receive INQUA funding  (yes/no) |
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**DESCRIPTION**

1. **General description:** (maximum 500 words)**.** Please describe the background and long-term goals of the skills enhancement activity in terms accessible to a non-specialist. If the application is successful, this paragraph will be used by the sponsoring Commission to advertise your activity on the website.
2. **Identification of skills enhancement required**. Please describe in ***2-3 sentences*** what lack of skills the proposal is seeking to address and why these skills are important to the INQUA community.
3. **Justification for skills enhancement**. Please provide a justification (***maximum one page***) of the need for skills enhancement in this area. Please identify the benefits of this activity, both for individuals involved and the wider INQUA community.
4. **Are there other initiatives addressing this area of skills enhancement**? If so, please provide details of these activities and explain how the proposed activity differs from or will enhance ongoing initiatives (***maximum 1 page***).
5. **Description of activity**. Please give details (***maximum one page***) of the proposed activity (or activities) including type of activity, where/when it will be carried out and who will be involved. Please identify (by name if possible) any people who will be funded by INQUA to participate in the activity.
6. ***How will this activity contribute to skills enhancement***. Please ensure that you explain how each component of the activity will contribute to the overall goal (***maximum one page***).
7. Please specify the likely concrete outcomes of the proposed activity (***maximum half page***), including whether this activity will lead to future applications for e.g. INQUA IFG or project funding.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

** INQUA SKILLS ENHANCEMENT GRANT APPLICATION**

**PROPOSED BUDGET**

**PROPOSED BUDGET**

Please complete the table below, giving the full costs in the third column and the amount requested from INQUA for any allowable item in the fourth column. If the item involves funding e.g. travel or subsistence for a specific person, they should be named in the second column.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Person involved**  **(and status)** | **Cost**  **(in Euro)** | **Funding requested from INQUA** |
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|  |  |  |  |
| ***Totals*** | |  |  |

**BUDGET JUSTIFICATION**

|  |  |  |
| --- | --- | --- |
| **Item** | **Justification** | **Link to outcomes/products** |
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**ADDITIONAL SUPPORT FROM OTHER ORGANIZATIONS**

We recognize that INQUA may not be able to provide all the level of support that you need for an activity. Please specify additional sources of funding (in Euros) for this activity in the table below.

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount requested** | **Status**  Confirmed (C), pending confirmation (P), application to be made (TA) |
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|  |  |  |
| ***Total*** |  |  |

**Please note:** INQUA grants may be held in institutional or non-institutional accounts. Because INQUA requires that its limited funding is specifically used to assist Developing Country and Early Career scientists, it does not allow overheads to be taken off its grants. In the case of institutional accounts, INQUA anticipates that the institution will waive any overheads normally charged. In case of non-institutional accounts, it is the Project Leader’s responsibility to make sure that his/her institution allows this, and that all formalities and legalities are observed. Grants are normally transferred to the Project Leader. However, at the Project Leader's request they can be transferred to a co-leader or local organizer.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**