

Food Institutional Research Measure (FIRM)

*Virtual* Centre of Excellence  
in Sensory Food Science

Application Form

**DEADLINE FOR COMPLETE PROPOSAL SUBMISSION   
IN PDF VIA EMAIL TO research2010@agriculture.gov.ie:**

**Tuesday 7 December 2010 @ 1pm**

All applications will be treated in confidence and no information contained therein will be communicated to any third party without the written permission of the applicant except insofar as is specifically required for the evaluation of the proposal.

 FundedBySSTI_logo

Funded by the Irish Government under the National Development Plan 2007-2013

###### For official use only

|  |  |
| --- | --- |
| Network Ref. No. |  |
| Date Received |  |

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**SECTION 1: NETWORK DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Network Title** |  | | | |
| **Acronym** |  | | | |
| **Lead Institution** |  | | | |
| **Network Coordinator** |  | | | |
| **Address** |  | | | |
| **Telephone No.** |  | | **Fax No.** |  |
| **Mobile No.** |  | | | |
| **Email** |  | | | |
| **Start Date** |  | End date (max. 24 months from start date) | |  |

**Collaborating institutions**

|  |  |  |
| --- | --- | --- |
| **Name of Institution** | **Total Network Cost**  **€** | **Total Grant Request**  **€** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **OVERALL NETWORK COST** |  |  |

**SECTION 2:**

**NETWORK INFORMATION**

**Please consult the *Guidelines for Applicants* for further information on completing the application form. Failure to fully complete this section may lead to your proposal being deemed ineligible for funding.**

**2.1 Abstract (max. 300 words – general description of the Network including membership and management)**

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**2.2 Proposal (max. 5 pages)**

**In presenting your proposal you should structure the content under the following headings:**

**2.2.1 What is the existing capability and capacity in sensory science on the Island of Ireland? Include details on the location, equipment, infrastructure and the resources currently in place in each facility.**

**2.2.2 Management Plan – describe the person who will be employed to manage the Network, describe how the interaction with industry and other research groups will be managed**

**2.2.3 Describe the website and how it will operate.**

**2.2.4 Sustainability of the Network once funding has ceased.**

**2.2.5 What are the current knowledge gaps in sensory science in Ireland? Describe the approach to filling those gaps – as per the guidelines, limited research may be funded through this initiative.**

**SECTION 3:**

**BUDGET**

**3.1 Proposed budget**

**Please complete the accompanying excel file for this section.**

**3.2 Justification for budget under the following headings: staff, T&S, consumables and any other eligible costs.**

**Staff**

**Equipment**

**Consumables**

**Travel and subsistence**

**Other eligible costs**

SECTION 4:

DECLARATION

**Failure to provide all three signatures requested will result in your proposal being deemed ineligible.**

I declare that the information contained in this application is true to the best of my knowledge and belief, and that this network is/will not be the subject for grant aid from any other source other than that indicated in the Budget Table above.

**Signed: (Network Coordinator)**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: (Authorised officer within lead institution)**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**