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**MRCG/HRB Joint Funding Scheme 2018**

**PART C1**

**Collaboration Agreement Form**

**Section 1: Application details**

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| **Title of Application** |
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| **Principal Investigator’s Name** |
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**Section 2: Details of collaboration**

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| **Collaborator** |
| **Name, Institution/Company and address** |

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| **What are the objectives of the collaboration? (max 150 words)** |
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| **What is the collaborator contributing to the delivery of the project and what task(s) are they responsible for? Is the contribution unique or could a similar contribution be made by an alternate group/organisation? (max 150 words)** |
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| **Please describe how the proposed collaboration either enables the planned research to be undertaken or enables the planned research to be undertaken to the required quality and/or timescale. (max 150 words)** |
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| **For industrial collaborator(s), do any of the academic applicants have a direct or indirect interest (consultancy, shareholding, options etc)? If so what is the nature of the interest and how are conflicts of interest between the parties being managed? (max 150 words)** |
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| **Are there any restrictions on tech transfer, knowledge transfer and/or dissemination of the results from this project arising out of this collaboration? If so, what are these restrictions? (max 150 words)** |
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**Section 3: Funding**

**Please provide details of any income and/or expenditure to the project arising out of this collaboration. *Please note that any items of expenditure claimed from the project budget must also be added in the budget section of the application form.***

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| **Category** | **Cost (€)** | **Specify whether 1,2 or 3**   1. In-kind contribution 2. Funding requested from project budget 3. Additional funding leveraged from elsewhere |
| e.g. consumables |  |  |
| e.g. advice |  |  |

**Please extend table as necessary to include additional categories**

**Provide details and justification with regard to each item listed in the table above (max 200 words)**

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**Section 4: Signatures**

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| **Principal Investigator**  As the Principal Investigator I confirm, to the best of my knowledge, that the information provided in this Collaboration Agreement is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Collaborator**  As Collaborator I confirm, to the best of my knowledge, that the information provided in this Collaboration Agreement is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Collaboration agreement form must be included with the application.**

**Forms must be completed, signed, and dated.**

Electronic signatures are accepted.