



NATIONAL RESEARCH FUND

COLLABORATIVE RESEARCH ON CANCER IN KENYA

CONCEPT NOTE APPLICATION FORM

2019/2020 FINANCIAL YEAR

(Expand the spaces provided in this form to fit your content. The **CONCEPT NOTE** should not exceed **10 pages** (Times New Roman 12, single line spacing) excluding appendices)

PROPOSED PROJECT DETAILS

TITLE OF RESEARCH:

Specific Area Focus

Proposed project budget: Ksh (.....

1.0 Background to the project (Provide the information defining the issue/s that the proposal is seeking to address).

2.0. Justification (a clear justification for the proposed research project, relationship to the Specific Focus Area and aligned with expected impact)

3.0 Project objective(s) (The objectives stated must be specific, measurable, realistic and attainable within the given project time frame)

4.0 Expected Outputs of the project (Clearly state the project expected outputs which should be realistic and quantifiable. The stated expected outputs should be clearly linked to your project objectives).

5.0 Research design and methodology (Provide clear descriptions of the appropriateness of the methodologies and design to realize the proposed project objectives)

6.0 Work Plan & Estimated budget (Provide a clear project activities work plan in the template below)

Expected outcome:

Objective	Expected Output	Timeline	Estimated Budget
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<i>Define each objective on its own row.</i>	<i>An expected output/s must be defined for each objective</i>	<i>An expected completion date (month and year) must be defined for each objective</i>	<i>Provide costs/budget for each objective</i>

7.0 Applying Consortium: *(Provide a clear complementary roles of each participating consortium partners in the proposed project)*

8.0. References

ATTACH PROJECT ENDORSEMENT PAGE

All the research project team members must sign this page and provide up to date contacts addresses.

Name & Area of Specialization	Institution	Contacts (Cell Phone & E-mail)	Signature Date
<i>Principal Investigator</i>			
<i>Co-Investigator(s)</i>			

The Consortium to identify the institution that will host the project and administer the Grant if successful:

Name of the Host Institution and Address:

Contacts:

Mobile No:.....

Office No...

E-Mail Address:

Head of the Host Institution:

- *Head of the institution that will administer the Grant to sign this page.*

I, (the name of Head of this institution), declare:

That my institution supports this consortium application and will manage and account for the resources in the NRF prescribed procedures for the duration of the project.

Signature.....

Date:.....

Name, title and official position

.....

Appendices: Attach Curriculum Vitae of the applicants (in the following prescribed format, maximum 2 pages)

Personal Information	Name
	Designation
	Contacts
Academic Qualifications	Highest Academic qualification:
	Year:
	Awarding Institution:
	Area of specialization:
Employment experience	Employer (start with the most recent for the last 10 years)
	Year:
	Position /Designation :
Research Project Experience	<p>List 3 most recent related research projects that you have been involved in</p> <p>Name of Research Project:</p> <p>Year:</p> <p>Field of Research:</p> <p>Role played:</p> <p>Status: (Completed, ongoing, stalled)</p>
Publications	List the best 5 selected peer-reviewed scientific publications, relevant for this proposed project