



NATIONAL RESEARCH FUND

**COLLABORATIVE INTERVENTIONS TO CONTROL
DESERT LOCUSTS INVASION IN KENYA**

APPLICATION FORM

2019/2020 FINANCIAL YEAR

(Expand the spaces provided in this form to fit your content. The **Proposal** should not exceed 25 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 background information defining the issues that the proposal is seeking to address).

2.0. Justification of the study (provide a clear justification for the proposed research project(s), 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 project objectives)

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

Objective/Work package 1:					
Key Action Steps (Activities)	Timeline	Expected Output	Means of verification	Person/Institution Responsible	Approx Budget
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for</i>	<i>An expected output must be defined for each action step.</i>	<i>Indicate what will be used to measure achievement</i>	<i>A responsible person must be identified for each action step and the institution</i>	<i>Provide costs/budget for action steps.</i>

		<i>each action step.</i>				
Objective/Work package 2:						
Key Action Steps (Activities)	Timeline	Expected Output	Means of verification	Person/Institution Responsible	Approx Budget	
Objective/Work package 3:						
Key Action Steps (Activities)	Timeline	Expected Output	Means of verification	Person/Institution Responsible	Approx Budget	

7.0 Budget (Provide a clearly **Itemized** and realistic budget using the below described format. Budgetary notes on each budget item should be provided as footnotes. **Note Mobility Costs** i.e. (Travelling costs, Subsistence Allowances, Accommodation) must not exceed 20% of the total budget; **Research management costs** must not exceed 7.5%; Travel costs should not involve international travel)

Budget Item	Item description	Quantity	Cost/Unit	Year 1 Amount (KES)	Year 2 Amount (KES)	Year 3 Amount (KES)	Total Cost
Direct costs							
	<i>Items e.g Research equipment;</i>						
	<i>Consumables</i>						
	<i>Add as necessary</i>						
Dissemination/ Training costs							
	<i>Publications</i>						
	<i>Workshops</i>						
	<i>Add as necessary</i>						
Mobility Costs							
	<i>Transport</i>						
	<i>Subsistence allowance</i>						
	<i>Accommodation</i>						
	etc						
Total Costs							

8.0 Other sources of fund (*List any other FUNDS that you or your institution have obtained from other sources for this project*)

Source (donor, agency, etc)	Component funded	Time frame	Amount (Kshs)

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

10.0. 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><i>List related research projects that you have been involved in</i></p> <p><i>Name of Research Project:</i></p> <p><i>Year:</i></p> <p><i>Field of Research:</i></p> <p><i>Role played:</i></p> <p><i>Status: (Completed, ongoing, stalled)</i></p>
Publications	List peer-reviewed scientific publications, relevant for this proposed project