Joint-Research-App-Form-1

**FY2017 Application Form for Joint Research Task of IOES**

To Director of Institute of Ocean Energy, Saga University.

Date: / /

**Principal Investigator\***

Name: (Your signature)

Institution (University, College, etc.) and position:

※Please describe it exactly.

Phone No.: + - FAX No.: + -

E-mail address: @

\* Principal investigator is a responsible person for your proposed joint research project. It may be different from a center of the project.

I will apply for the research category and grant.

|  |  |  |
| --- | --- | --- |
| Research Categories | Field | Necessity of Grant |
| Necessary | Not |
| Specially Promoted Research A | Research of Ocean Thermal Energy Conversion (OTEC) |  |  |
| Specially Promoted Research B | Research of Wave Energy Conversion |  |  |
| Specially Promoted Research C | Research of Tidal Power Generation |  |  |
| Specially Promoted Research D | Research of Offshore Wind Power Generation |  |  |
| General Joint Research | Research of Ocean Energy which are not related to the above-mentioned four field |  |  |

Please choice research categories “Specially promoted A, B, C, D or General joint research” and put a check mark ☑ into the check box of “Necessity of grant”.

If you don’t need our grant for your proposed research, you can apply this Joint Research all FY2017.

If you would like to apply our grant, please send this application form until dead line. (Dead line: show application procedure)

Ⅰ. Title of proposed project [□ New □ Continued] †If continued your last year research as same project title, please choice [Continued].

|  |
| --- |
| Title: |

Ⅱ. Project members. †Please add lines, if you would like to write more members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Research institution | Position\*\* | Gender | Phone No. |
| E-mail address |
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\*\* In case of graduate school student, please describe their graduate courses and school year.

Ⅲ. Devices which you demand. †Please add lines, if you would like to write more devices.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Device No.\*\*\* | Date of use(approx. month, year) | Time of use\*\*\*\* |
| 1st |  |  |  |
| 2nd |  |  |  |
| 3rd |  |  |  |
| 4th |  |  |  |

\*\*\* Please show IOES web site. \*\*\*\* Please write hour(s) or day(s) your using.

Ⅳ. Research meaning, purpose, plan, feature and prospective result.

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|  |

Ⅴ. Research subject and preliminary conditions related to your application.

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Ⅵ. Research plan and Method (Summary)

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Ⅶ. Statement of costs for devices

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Itemize | Device | Amount [A] | Unit price [B](unit: JPY) | Total amount(A x B) |
|  |  |  |  |
|  |  |  | Total:  |

Ⅷ. Other items

|  |
| --- |
| * Bringing apparatuses or labware:
* Matter(s) to be careful about the handling (e.g. bringing poisons or radioactive substances):
* Special report:
 |

Ⅸ. Organizer name of IOES \*Please show the application procedure

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| --- | --- |
| \* Accept Date. |  |
| \* Accept No. |  |
| \* Adoption No. |  |

\* These columns will be filled by IOES.