Joint-Research-App-Form-1

**FY2025 Application Form for Joint Research Task of IOES**

To Director of Institute of Ocean Energy, Saga University.

Date (yyyy/mm/dd): / /

**Principal Researcher\*1**

Name: (Signature)

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

※Describe accurately.

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

E-mail address: @

\*1) Principal researcher is a responsible person for your proposed joint research project. It can be different from the main candidate of the project.

I will apply for the research category and grant.

|  |  |  |
| --- | --- | --- |
| Research Categories | Field | Necessity of Grant |
| Necessary | Not |
| Specially Promoted Research A | Ocean Thermal Energy (OTEC) |  |  |
| Specially Promoted Research B | Wave Energy |  |  |
| Specially Promoted Research C | Tidal Energy |  |  |
| Specially Promoted Research D | Offshore Wind Energy |  |  |
| Specially Promoted Research E | Marine Biochemical Resource Creation |  |  |
| General Joint Research | Ocean Energy which is different from A-E above |  |  |

Select a research category from “Specially promoted A, B, C, D, E 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 anytime in FY2025.

If you would like to apply our grant, send this application form until deadline, shown in the application procedure.

Ⅰ. Title of proposed project [□ New □ Continued]

The tile should be same as the previous year, in cases of [Continued].

|  |
| --- |
| Title:  |

Ⅱ. Project members (add lines if necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Research institution | Position\*2 | Gen-der\*3 | Age< 35\*4 | Phone No. |
| E-mail address |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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|  |

\*2) Fill in the course and school year for the graduate school students.

\*3) M: Male, F: Female.

\*4) Check if the member is younger than 35 years old.

Ⅲ. Devices which you use (add lines if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Device No.\*5 | Date of use(Approx. month, year) | Term to use\*6 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

\*5) Find in the IOES web site or ask for the consultation of the potential organizer.

\*6) Approximate hour(s) or day(s) you use.

Ⅳ. Research values, purpose, plan, features, and prospective results.

|  |
| --- |
|  |

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

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|  |

Ⅵ. Research plan and method (summary)

|  |
| --- |
|  |

Ⅶ. Statement of costs for devices and consumable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Itemize | Device | Amount (A) | Unit price (B)[JPY] | Total amount (A x B)[JPY] |
|  |  |  |  |
|  |  |  | 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 (Find from the application procedure)

|  |
| --- |
|  |

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

\* These columns will be filled by IOES.