

# Administrative Form

## Multilateral Academic Projects

### MAPS

Project proposal number

Project proposal Acronym

#### 1. Principal investigator and organization:

Name

Surname

E-mail address

Academic title

Are you currently a Principal Investigator and/or a research member of two or more projects funded by the Croatian Science Foundation ending after 31 October 2024?

Are you currently a Principal Investigator or a team member of an international project?

Institution

Institution address (street name and number)

Postal code

City

Head of the Institution

Telephone number

Institution's main web page

#### 2. Research group

User ID number	Academic title	Name	Surname	Institution	E-mail	Project status	Role

#### 3. Swiss Principal Investigator

Name	<input type="text"/>
Surname	<input type="text"/>
E-mail address	<input type="text"/>
Academic title	<input type="text"/>
Institution (in English)	<input type="text"/>
Institution address (street name and number)	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Telephone	<input type="text"/>
Web page	<input type="text"/>
Support Measure Partner	<input type="text"/>
Support Measure Partner's web page	<input type="text"/>
Support Measure Partner's link to the Call	<input type="text"/>

**4. Partner 3**

Name	<input type="text"/>
Surname	<input type="text"/>
E-mail address	<input type="text"/>
Academic title	<input type="text"/>
Institution (in English)	<input type="text"/>
Institution address (street name and number)	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Telephone	<input type="text"/>
Web page	<input type="text"/>
Support Measure Partner	<input type="text"/>
Support Measure Partner's web page	<input type="text"/>
Support Measure Partner's link to the Call	<input type="text"/>

**5. Partner 4 (if applicable)**

Name	<input type="text"/>
Surname	<input type="text"/>
E-mail address	<input type="text"/>

Academic title	<input type="text"/>
Institution (in English)	<input type="text"/>
Institution address (street name and number)	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Telephone	<input type="text"/>
Web page	<input type="text"/>
Support Measure Partner	<input type="text"/>
Support Measure Partner's web page	<input type="text"/>
Support Measure Partner's link to the Call	<input type="text"/>

### 6. Partner 5 (if applicable)

Name	<input type="text"/>
Surname	<input type="text"/>
E-mail address	<input type="text"/>
Academic title	<input type="text"/>
Institution (in English)	<input type="text"/>
Institution address (street name and number)	<input type="text"/>
Postal code	<input type="text"/>
City	<input type="text"/>
Telephone	<input type="text"/>
Web page	<input type="text"/>
Support Measure Partner	<input type="text"/>
Support Measure Partner's web page	<input type="text"/>
Support Measure Partner's link to the Call	<input type="text"/>

### 7. General information on the project proposal

CIP- project code	<input type="text" value="GENERATED BY THE SYSTEM - PROJECT NUMBER"/>
Full title of the project proposal in English	<input type="text"/>
Full title of the project proposal in Croatian	<input type="text"/>
<i>Project proposal acronym</i>	<input type="text"/>

Duration (in months)

Total budget requested from HRZZ (in EUR)

Budget – Year 1 (EUR)

Budget – Year 2 (EUR)

Budget – Year 3 (EUR)

Budget – Year 4 (EUR)

Total project budget

Key words  
(at least 5 key words)

Scientific area (Please choose one)

1	<input type="checkbox"/>	Natural Sciences
2	<input type="checkbox"/>	Technical Sciences
3	<input type="checkbox"/>	Biomedicine and Health
4	<input type="checkbox"/>	Biotechnical Sciences
5	<input type="checkbox"/>	Social Sciences
6	<input type="checkbox"/>	Humanities
7	<input type="checkbox"/>	Interdisciplinary field
8	<input type="checkbox"/>	Interdisciplinary project

*For interdisciplinary projects, please rank science areas so that the primary science area is 1, the next one is 2, and so on.*

<input type="checkbox"/>	Natural Sciences	<input type="text"/>
<input type="checkbox"/>	Technical Sciences	<input type="text"/>
<input type="checkbox"/>	Biomedicine and Health	<input type="text"/>
<input type="checkbox"/>	Biotechnical Sciences	<input type="text"/>
<input type="checkbox"/>	Social Sciences	<input type="text"/>
<input type="checkbox"/>	Humanities	<input type="text"/>

*Please chose the primary scientific area of the project proposal.*

*Please insert other areas of science included in the project proposal*

Scientific area according to ERC

Scientific Field

Project summary (ENG)  
(min 100, max 2000 signs)

We, the undersigned, hereby declare under material and criminal liability the truthfulness and completeness of the information specified in the Administrative form, financial plan and the Work plan, and all the supporting documents. We confirm that we are familiar with the Normative Acts and

Recommendations of the Croatian Science Foundation and with our signatures and official stamp, we undertake to comply with and accept their provisions.

With this signature and the official stamp, the Head of the Institution certifies that the project leader is permanently employed at the Institution where the project will be implemented, or is a full member of the Croatian Academy of Science and Arts. The Head of the Institution declares that the Principal Investigator will be able to devote sufficient working time to project funded by the HRZZ (CSF).

Principal Investigator

Head of the Institution

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(Official stamp)

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