

**KNOWLEDGE FIELDS DEVELOPMENT**

**DEVELOPMENT GRANTS**

**APPLICATION FORM**

**SUBMIT APPLICATION PDF TO**: [Pamela@nrf.ac.za](mailto:Pamela@nrf.ac.za)

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| **1. Title of Project** |

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| **2. Short Title** |

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| **3. Duration of the project in terms of the funding period** *(start and completion date)* |

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| **4. Date when the planned project will be held** |

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| **5. Place where the planned project will be held** |

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| **6. Contact details of Principal Applicant / Managing Institution** | |
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| **Title:** |  |
| **Name:** |  |
| **Surname:** |  |
| **Rating:** |  |
| **Race:** |  |
| **Gender:** |  |
| **ID number:** |  |
| **Institution:** |  |
| **Department** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Postal address:** |  |
| **E-mail:** |  |

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| **7. Details of Partners** *(please complete for all partners)* | | |
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| **Name** | **Institution** | **Role in Project** |
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| **8. Motivation for the Project** *(Why it constitutes a developmental intervention; how the realization of the project will assist in developing the* ***research*** *field(s); why it should be supported.)* |

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| **9. Description of the project activity** |

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| **10. Comment on potential capacity development aims and outcomes of the project** |

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| **11. Expected outcomes** *(milestones with timelines)* |

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| **12. NRF requested budget** | | |  |
| **Item** | **Motivation** | **Amount** | **Amount Approved** |
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|  |  | **TOTAL:** | **TOTAL:** |

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| **13. Other sources of funding** |

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| **14. Institutional research office endorsement** *(please include institution stamp, designated authority signature and approval date)* |

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| **15. NRF approval** (please include approved amount, signature and date) |