**Appendix 2**

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Cape Higher Education Consortium (CHEC) and the City of Cape Town (CCT)

CHEC – CCT RESEARCH PROGRAMME

Multi-institutional Project Funding Application Form

(Please complete all sections of the form with Section 3 not exceeding five pages)

1. Lead researcher’s details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | | Title |  | |
| University |  | | | | | | |
| Faculty |  | Dept / Unit | |  | | | |
| E-mail |  | Contact  telephone no’s | | |  | | |

2. Additional university researchers’ details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | | Title |  | |
| University |  | | | | | | |
| Faculty |  | Dept / Unit | |  | | | |
| E-mail |  | Contact  Telephone no’s | | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | | Title |  | |
| University |  | | | | | | |
| Faculty |  | Dept / Unit | |  | | | |
| E-mail |  | Contact  Telephone no’s | | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | | Title |  | |
| University |  | | | | | | |
| Faculty |  | Dept / Unit | |  | | | |
| E-mail |  | Contact  Telephone no’s | | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | | Title |  | |
| University |  | | | | | | |
| Faculty |  | Dept / Unit | |  | | | |
| E-mail |  | Contact  Telephone no’s | | |  | | |

3. Identified partner(s) / reference person(s) in the City of Cape Town

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | Title |  | |
| Department |  | | | | | |
| E-mail |  | Contact  telephone no’s | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | Title |  | |
| Department |  | | | | | |
| E-mail |  | Contact  telephone no’s | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | Initials |  | | Title |  | |
| Department |  | | | | | |
| E-mail |  | Contact telephone no’s | |  | | |

4. Thematic area and budget requested

|  |  |  |  |
| --- | --- | --- | --- |
| Please select the thematic area you are responding to and insert the budget amount applied for: |  | Budget Requested | Select  X |
| **Youth** |  |  |
| **Economic Growth and Development** |  |  |
| **Infrastructure, New Technologies and Sustainability** |  |  |
| **Healthy Communities** |  |  |
| **Citizenship and Democracy** |  |  |

5. Provide details of your proposed research project

|  |  |
| --- | --- |
| Title: |  |
| *Summarise the researchers’ qualifications and experience, and explain how these are relevant to the project* |  |
| *Background, Rationale and Motivation for project* |  |
| *Describe how the project aligns with the specific theme, and the City’s work in this area* |  |
| *Project objectives / research questions to be addressed* |  |
| *Research Methodology / Methods /*  *Activities* |  |
| *Ethics clearance procedures required, planned and completed* |  |
| *Envisaged outputs and outcomes* |  |
| *List all university*  *participants and describe their role(s) in the project* |  |
| *List partners identified in the City and their role(s) in the project (e.g. contribution to design, provision of data, dissemination of findings etc)* |  |
| *Outline time-frame and work plan from inception to conclusion, aligned to proposed budget* |  |

6. Budget: requests for [[1]](#footnote-1)

6.1 Budget required for above project

|  |  |  |
| --- | --- | --- |
| Please complete the table include here | | |
| Every budget item should be motivated in such a way that it justifies the amount/s requested. | | |
|  | Detailed description of budget line item | Amount |
| a. |  |  |
| b. |  |  |
| c. |  |  |
| d. |  |  |
| e. |  |  |
| f. |  |  |
| TOTAL | |  |

**6.2 Additional funding received / expected for the proposed project**

|  |  |  |
| --- | --- | --- |
| Any additional funding received and / or expected from other sources (e.g. the NRF) must be fully declared | | |
|  | Detailed description of budget line item | Amount |
| a. |  |  |
| b. |  |  |
| c. |  |  |
| d. |  |  |
| e. |  |  |
| TOTAL | |  |

**Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of submission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please note that the costs of salaries, equipment and travel beyond the Western Cape Province cannot be included in this application. Please refer to the additional notes in the Call for Proposals. [↑](#footnote-ref-1)