# JERICO-NEXT

# Proposal for Transnational Access

# to Coastal Observatories

**2nd Call**

**20 February 2017 - 10 April 2017**

|  |
| --- |
| **Description of the project to be sent in pdf format to jerico.tna@ismar.cnr.it****on 10 APRIL 2017 23:59 HOURS (CET) the latest***Please consult access rules at http://www.jerico-ri.eu and contact the manager of the infrastructure/installation you wish to use before writing the proposal* |

|  |
| --- |
| **PART 1** |

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Title of the project (255 characters max.)** |  |
| **Acronym (20 characters max.)** |  |
| **Applying Institution** |  |
| **Legal contact****Name****Address****Function****e-mail address** |  |
| **Legal representative****Name****Address****Function****e-mail address** |  |
| **Host Institution** |  |
| **Legal contact****Name****Address****Function****e-mail address** |  |
| **Legal representative****Name****Address****Function****e-mail address** |  |
| **Host facility(ies)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you or other members of your user group previously used the requested facility(ies)?** |  | Yes |  | No |
| **If yes, please indicate the EU Program(s), the name of the project(s) and year(s) you or other members of your user group have used such facility(ies)** |  |
| **If you have received transnational access support by the JERICO FP7 project, please list below resulting publications, conference contributions, patents. List only the ones that acknowledge the support of the European Commission and JERICO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this a resubmission of a previously rejected proposal?** |  | Yes |  | No |
| **If yes, please give the exact reference number and submission date. Kindly describe briefly the changes made in comparison to the rejected version.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this a continuation of an earlier project funded under a previous call for Transnational Access in JERICO-NEXT at the same facility?** |  | Yes |  | No |
| **If yes, please give the exact reference number and submission date. Kindly indicate also what has been achieved in the previous experiment and the reasons why the objectives have not been fully met.** |  |

1. **USER GROUP DETAILS**

|  |
| --- |
| *Indicate if the proposal is submitted by*  |
|  | an individual |
|  |  |
|  | a user group |

**Principal Investigator (user group leader)**

|  |  |
| --- | --- |
| **First and last name** |  |
| **Gender** |  | Male |  | Female | **Nationality** |  |
| **Institution** |  |
| **Address** |  |
| **Country** |  |
| **Email address** |  |
| **Telephone** |  |
| **Fax** |  |
| **Previous user** |  | Yes |  | No |

**User group members**

*Member # 1*

|  |  |
| --- | --- |
| **First and last name** |  |
| **Gender** |  | Male |  | Female | **Nationality** |  |
| **Institution** |  |
| **Address** |  |
| **Country** |  |
| **Email address** |  |
| **Telephone** |  |
| **Fax** |  |
| **Previous user** |  | Yes |  | No |

*(duplicate below for each member of the user group)*

1. **HOST INFRASTRUCTURE**

**Indicate the JERICO-NEXT host facility(ies) offered in you are interested in**

*(Tick more than one boxes if it is useful for your project)*

**Chapter 1 (Observing systems)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***Short name*** | ***Requested access time (UA\*)*** |
|  | cabled observatory |  |  |
|  | ferrybox |  |  |
|  | fixed platform |  |  |
|  | fishing vessel |  |  |
|  | glider |  |  |

*\*UA: please refer to the Infrastructure description in the JERICO-NEXT website*

**Modality of access**

|  |  |  |
| --- | --- | --- |
|  | remote | *the measuring system is implemented by the operator of the installation and the presence of the user group is not required* |
|  | partially remote | *the presence of the user group is required at some stage e.g. installing and un-installing* |
|  | in person/hands on | *the presence of the user group is required/recommended during the whole access period* |

**Chapter 2 (Supporting facilities and special equipment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***Short name*** | ***Requested access time (UA\*)*** |
|  | Supporting facilities and specialized equipment |  |  |

*\*UA: please refer to the Infrastructure description in the JERICO-NEXT website*

**Modality of access**

|  |  |  |
| --- | --- | --- |
|  | remote | *the measuring system is implemented by the operator of the installation and the presence of the user group is not required* |
|  | partially remote | *the presence of the user group is required at some stage e.g. installing and un-installing* |
|  | in person/hands on | *the presence of the user group is required/recommended during the whole access period* |

|  |  |
| --- | --- |
| **Explain briefly why you think your project will be best carried out at the specified host facility(ies)** |  |
| **If possible, list other JERICO-NEXT facility(ies) where you think your experiment could alternatively be carried out** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is there a facility similar to one/all those you wish to utilize in your country?** |  | Yes |  | No |
| **If yes, please indicate your reasons for requesting access to the JERICO-NEXT facility(ies) you have chosen and also exist in your country** |  |

1. **REQUEST FOR A JERICO-NEXT GRANT**

*(tick the box)*

|  |  |
| --- | --- |
|  | **Travel grant** (\*) |
|  | ***Shipment of your equipment, if applicable*** |

*(\*) travel, hotel and meals*

***Please provide a detailed and realistic budget for the expenses you expect to incur, including the number of people and days required. Explain clearly the role of each person for which a travel grant is requested.***

*Please note that a comprehensive nominal reference amount of 3000-6000 € is available to each project. The effective grant assigned to a project will be considered case- by-case depending on the type of access, the types and number of facilities requested, the length of stay, and the costs in the visited country.* ***Please be sure to provide detailed justification of your request.***

|  |
| --- |
| * Travel : *<* *number, costs, persons’ role >*
* Hotel : *<* *number, costs, persons’ role >*
* Meals : *<* *number, costs, persons’ role >*
* Shipment of equipment : *<what equipment, type of carrier, costs>*
 |

|  |
| --- |
| **PART 2** |

*Note: This part contains material for the evaluation*

1. **SCIENTIFIC AND TECHNOLOGICAL EXCELLENCE OF USER GROUP**

**(maximum score: 5)**

**Short biography of the PI *(half a page)***

|  |
| --- |
|  |

**Expertise of the user group in the domain of the application *(half a page)***

|  |
| --- |
|  |

**A list of 5 recent, relevant publications/patents of the user group in the field of the project**

|  |
| --- |
| 1)2)3)4)5) |

1. **SCIENTIFIC AND TECHNICAL VALUE OF THE PROJECT**

**(maximum score: 5)**

**Description of the project**

**Main objectives *(half a page)***

|  |
| --- |
|  |

**Scientific/Technical background and rationale *(one page)***

|  |
| --- |
|  |

1. **QUALITY OF THE WORK PLAN**

**(maximum score: 5)**

**Experimental method and work plan  *(one page)***

|  |
| --- |
| *<Describe the proposed method and work plan for the project>* |

**Proposed time schedule *(half a page)***

|  |
| --- |
| *<Provide here a clear time schedule for your project including interruption, restarts and expected duration of access time>* |

**Please specify your requests regarding the use of your chosen facility’s equipment/instruments/sensors, including any additional services, data or other requirements**

|  |
| --- |
|  |

**List all material/equipment you plan to bring to the facility**

|  |
| --- |
|  |

**Risks, contingencies and mitigation measures**

*<Describe below the potential risks and contingencies that might occur during the project and how do you plan to avoid, mitigate or resolve them?>*

|  |  |  |
| --- | --- | --- |
| **#** | **Risk / Contingency** | **Prevention / Mitigation / Corrective action** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **POTENTIAL FOR SEEDING LINKS WITH INDUSTRY AND/OR POTENTIAL APPLICATION TO STAKEHOLDERS**

**(maximum score: 5)**

**Highlight below any innovative aspect of your proposal beneficial to industrial application and/or relevant to other stakeholders.**

 ***(half page)***

|  |
| --- |
|  |

1. **EUROPEAN RELEVANCE AND INTERESTS FOR THE SCIENTIFIC COMMUNITY**

**(maximum score: 5)**

**Describe the relevance of your proposal at the European level and the potential interests for the research community**

 ***(half page)***

|  |
| --- |
|  |

Date of compilation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of an appropriate authorised person

(e.g. Head of Department, Research Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This section is reserved to the JERICO-NEXT TNA Office***

Date of proposal receipt by email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned reference number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of receiving officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_