**Application for Internal University Research Funding**

**Equal Opportunities**

**1. Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Ms./Mr./Mx. | |  |  |
| Last name, First name: |  | | Year of birth: |  |
| Academic degree: |  | | Position: |  |
| Institute / Chair /  Department / Faculty: |  | | | |
| Cost center: |  |  | | |
| Telephone: |  | E-mail: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information about your position: |  | Fixed-term contract until: MMMM DD, YYYY (At least 6 months after application) | | |
|  |  |  | | |
|  |  | Permanent contract | | |
|  |  |  | | |
| Job number (“*Stellennummer*”): | | |  |  | |

**2. Funding line: Equal Opportunities**

|  |  |
| --- | --- |
| Title/topic: |  |

|  |  |
| --- | --- |
| Application sum: | (*round up to the nearest €10*) |
| Requested term: |  |

|  |  |
| --- | --- |
| Justification: | *Max. 400 words*  Please provide the following details in your abstract:  - **Necessity** of funding, particular urgency (if applicable) |

**3. Attachment**

Please enclose the following document:

|  |  |
| --- | --- |
| Brief curriculum vitae of the applicant |  |

**4. Declaration of the applicant**

**The applicant confirms** that they will disclose all applications for complementary funding for this or similar projects submitted to other funding programs at the university (e.g. high-potential and top-level research areas, see below) or to other funding institutions promptly and without further request, and that **double funding from third parties is excluded**.

Furthermore, **the applicant confirms** that a copy of the application was forwarded to the **appropriate Dean's Office**.

If the application covers a topic of a **high-potential or top-level research area**

(https://research-profile.uni-mainz.de/research-initiative/),

an additional copy of the application was sent to the **spokesperson of the research area**.

**Complementary funding** in a high-potential or top-level research area **is possible in the amount of €\_\_\_\_\_\_\_\_/ is not possible** *(strike through what does not apply)*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, applicant’s signature

**5. Declaration of the head of the institute/department or the equivalent higher-level structural unit**

The present application is approved by the **head of the institute/department/faculty** (*please select the authorized signatory from your higher-level structural unit (not chairs), strike through what does not apply)*.

*If the applicant and the head of the higher-level structural unit are the same person, the application must be signed by the deputy*.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date, applicant’s signature |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the head of the higher-level structural unit | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date, signature of the head of the higher-level structural unit |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the structural unit | |  |