Proposal Tracking Form

Proposal title:													
Main applicant (name, institution):						Country:							
Co-applicant (name, institution):								Country:					
Co-applicant (name, institution):						Cour	ntry:						
Co-applicant (name, institution):								ntry:					
Funding agency:													
Project period (start and end date):	Start date):						End date:					
Date of submission:			Currency		Signed bu		ched	O N	AGB / Terms &			0	No
					completed, the budg			○ Y		itions Res	earch	0	Yes
Total amount of the whole project:		Curr			Total ar	nount f	for Eawag:					у	
											1		
		O No If yes, provide											
matching fund?		○ Ye		xplan									
2. Will this project require additional space?		○ No If yes, provide											
		○ Ye		xplan									
3. Will this project require any other additional		O No	No If was provide										
resources not available within the Department(s)?		If yes, provide explanation											
4. Will this project support Ph.D. students	s?	O No) ,,										=
		O Ye		yes, ı dviso	name of r	ame of			super- visor				
5. Number of Ph.D. students?			7										
Endorsement by the Department Hea	d (of the q	uality	of the	prop	osal and	I the ca	pacity	to pe	rform t	he work	as pro	oose	ed)
Date:													
Dept.:		Signature:											
Name:	I confirm herewith that the sc of this project conforms with the sc of the sc of this project conforms with the sc of this											annir	ng
		of this	proje	ect co	ontorms '	with th	e stra	iegy o	ı the de	epartme	rnt		
Approval/Review by the Department	Coach (or	nly if r	equi	red b	y the gu	iidelin	es)						
Date:													
Name:		Signa	huro,										
··· •		Joigna	ure:										

I confirm herewith the statement of the department head

Send the completed and signed form (electronic signatures sufficient) together with an abstract and the checked project budget to Rik Eggen and the third party funds team.