CRCNS 2019 – Financial Plan of the French Partners

**The following form must be completed in accordance with ANR funding regulations[[1]](#footnote-1)and joined, as a “supplementary document” to the proposal submitted to NSF by the American partner**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project title** |  | **Project acronym** |  |
|  |   |  |  |
|   | **French partner 1** | **French partner 2** | **…** |
|   |   |   |   |
| Principal Investigator |   |   |   |
| Institution and department |   |   |   |
| Full address |   |   |   |
| E-mail  |   |   |   |
| Phone number |   |   |   |
|   |   |   |   |
| Person 1 \* | *E.g. “Post-doc, 12 PM, XXX €”* |   |   |
| Person 2 \* |   |   |   |
| Person 3 \* |   |   |   |
| … |   |   |   |
| Total (PM) |   |   |   |
| Total requested budget (€) |   |   |   |
|  |  |  |  |
| Person 1 \*\* | *E.g. “Permanent researcher, 12 PM”* |   |   |
| Person 2 \*\* |  |   |   |
| Person 3 \*\* |   |   |   |
| … |   |   |   |
| Total (PM) |   |   |   |
|   |   |   |   |
| Consumables | *Item(s) description, XXX €* |   |   |
| Equipment | *Item(s) description, XXX €* |   |   |
| Travel | *Item(s) description, XXX €* |   |   |
| Other direct costs\*\*\* | *Item(s) description, XXX €* |   |   |
|   |   |   |   |
| Overheads |   |   |   |
|   |   |   |   |
| Partner total requested budget (€)  |   |   |   |
| **Total requested budget (€)** |  |
|  |
| \* Provide information on number of person.months (PM), qualification (e.g. post-doc, technician…) and requested funding.  |
| \*\* Provide information on number of person.month (PM), qualification (e.g. DR1, technician, post-doc…) not requesting for funding |
| \*\*\* E.g. subcontracting, provisions, licensing fees |

1. [http://www.anr.fr/RF](http://www.agence-nationale-recherche.fr/RF) (contact ANR for any further information) [↑](#footnote-ref-1)