*Medical Institute of Bioregulation (MIB), Kyushu University*

**Collaborative Research Project Application for FY2024**

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| --- | --- | --- |
| Applicant Name  | *Last First* | Phone:  |
| Mail:  |
| Affiliation/OrganizationPosition/Title |  |
| Contact/Address |  |
| Type of research（Check one box only） | □Nucleic Acid Omics□Proteomics and Metabolomics□Structural Biology□Embryonic and Genetic Engineering |
| Research Project Title |  |
| Research Project Type（Check one box only） | □ Instrument usage type (research cost + travel expense)　□ Collaborative research type (travel expense only) |
| Project members | Name | Affiliation/Organization | Position/Title | Sex | 35 years old　or younger（Yes/No） | Mail address | Requirement of travel expense(Yes/No) |
|  |  |  |  |  |  |  |
| Facilitator name in MIB |  |
| Initial Budget Amountin FY2024 | Total budget in JPY（maximum 500,000 yen） | Breakdown |
| Travel expense in JPY | Research cost in JPY（Instrument usage type only） |
|  |  |  |
| Please describe the purpose and significance of the research/ expected results/ state of preparation/ references, etc. |  |
| Facilities you will use(as many as you want) |  |

Signature Date

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