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

**Collaborative Research Project Application for FY2024**

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| Applicant Name | *Last First* | | | | Phone: | | | | | |
| Mail: | | | | | |
| Affiliation/Organization  Position/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 Amount  in 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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