**Research Ireland Discover Programme Call**

**Eligible Research Body Cover Sheet**

|  |  |
| --- | --- |
| **Programme Name:** | Discover Programme Call |
| **Closing Date:** |  |
| **Title of Proposal (10 words maximum):** |  |
| **Name of Host Institution:** |  |
| **Project Lead’s Name:** |  |
| **Total Project Budget:** |  |
| **Total Funding Requested:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Project Duration:** |  |
| Signatures below confirm that the [Discover Programme Grant Terms and Conditions](https://www.researchireland.ie/wp-content/uploads/2024/12/Research-Ireland-Discover-Programme-TCs-Interim-Version-2024.pdf) have been read and understood; that the applicant meets eligibility requirements; that all details provided are correct and the research proposal is the applicant’s own work. | |
| **Institutional Signatory Authority** |  |
| Name: |  |
| Position: |  |
| Contact Telephone Number: |  |
| Email: |  |
| Correspondence Address: |  |
| Signed: |  |
| Date: |  |
| **Project Lead** |  |
| Name: |  |
| Signed: |  |
| Date: |  |

***This cover sheet must be stamped with the official stamp of the relevant institution.***