**Research Ireland Discover Programme**

**Other Body Cover Sheet (State Body)**

This cover sheet should only be used if your organisation is a State body (e.g. city or county council). If you are unsure about the status of your organisation in relation to this Call, please email discover.programme@researchireland.ie

|  |  |
| --- | --- |
| **Programme Name:** |  |
| **Closing Date:** |  |
| **Title of Proposal (10 words maximum):** |  |
| **Name of Host Institution:** |  |
| **VAT Registration Number:** |  |
| **Project Lead’s Name:** |  |
| **Total Project Budget:** |  |
| **Total Funding Requested:**  |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Project Duration:** |  |
| Signatures below confirm acceptance of and agreement with the Grant Terms and Conditions of the Research Ireland Discover Programme, that the applicant meets eligibility requirements and all details provided are correct. |
| **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.***