



International University of Sarajevo OSP PROJECT PROPOSAL REQUEST FORM (F-104-1)

Instructions/Steps:

If you wish to engage in **project partnerships** with other institutions and/or apply for **external grants**, please follow these steps:

- Complete the OSP Project Proposal Request Form F-104-1 in its entirety.
- Submit the completed form to the Office of Sponsored Projects (OSP).
- Wait: OSP will share the OSP Project Proposal Request Form with Rector and seeks his approval. Project proposals are reviewed on a constant basis. OSP will send you a decision via email within 7 business days.
- If a project idea is approved, Project Coordinator works with OSP to prepare the project application.
- Once the application is completed, OSP submits it to the funding organization on behalf of IUS.

Please note: If you have any questions, please do not hesitate to contact OSP (osp@ius.edu.ba or 033-957-430).

For more information about OSP procedures and guidelines, please visit the OSP website:

<https://osp.ius.edu.ba/en/forms-documents>



International University of Sarajevo

OSP PROJECT PROPOSAL REQUEST FORM (F-104-1)

Project Title:			
Project Coordinator Name:	<p>Please write the name of the Project Coordinator. Project Coordinator is the person responsible for conducting and successfully implementing the project and is subject to the policies and procedures determined by IUS and the sponsor.</p>		
Co-principal Investigators:	Please list all IUS and non-IUS staff members that will be involved in the project.		
Project Description:	Please provide a clear and concise summary of this project's scope.		
Project Objective(s):	Please list main objectives the project must achieve. Include reasons why the project should be pursued.		
Duration:	From dd / mm / yyyy to dd / mm / yyyy		
Deadline to apply:	dd / mm / yyyy		
IUS role in the project (Please specify):	Project Coordinator or Partner		
Partner(s):	Please list other participating institutions/organizations.		
Project Funding:	EU <input type="checkbox"/> National <input type="checkbox"/> Internally Funded Projects <input type="checkbox"/> Other <input type="checkbox"/>		
IUS Contribution:	Please specify the sum IUS needs to contribute to the project.		
IUS Budget Share:	Please specify the sum that IUS would get from the external grant.		
Project Benefits:	List all anticipated IUS benefits resulting directly from the project (e.g., financial, new equipment, partnership, promotion of IUS, etc.).		
SDG Goals:	Is this event related to SDGs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please check the goal(s) the event relates to:		
	SDG 1: No Poverty <input type="checkbox"/>	SDG 7: Affordable and clean energy <input type="checkbox"/>	SDG 13: Climate action <input type="checkbox"/>
	SDG 2: Zero hunger <input type="checkbox"/>	SDG 8: Decent work and economic growth <input type="checkbox"/>	SDG 14: Life below water <input type="checkbox"/>
	SDG 3: Good health and well-being <input type="checkbox"/>	SDG 9: Industry, Innovation, Technology and Infrastructure <input type="checkbox"/>	SDG 15: Life on land <input type="checkbox"/>
	SDG 4: Quality education <input type="checkbox"/>	SDG 10: Reduced inequality <input type="checkbox"/>	SDG 16: Peace, justice and strong institutions <input type="checkbox"/>
	SDG 5: Gender equality <input type="checkbox"/>	SDG 11: Sustainable cities and communities <input type="checkbox"/>	SDG 17: Partnerships for the goals <input type="checkbox"/>
SDG 6: Clean water and sanitation <input type="checkbox"/>	SDG 12: Responsible consumption and production <input type="checkbox"/>		

Project Risk:

List and briefly describe possible risks may adversely affect the success of the project and the measures to be taken to ensure the successful execution of the project when these risks are encountered (Plan B) should be explained. The implementation of Plan B should not deviate from the main objectives of the project.

DECLARATION

Project Title:

Project Coordinator Name:

I hereby certify that the information provided above is accurate at the time of submission. I agree to notify the University immediately of any change to this information.

Project Coordinator Signature

____ / ____ / ____

Date

The project proposal has been:

- Approved
- Not Approved

Rector, Prof. Dr. Ali Osman Kuşakcı