**Application for Funding for INSIGHTS Workshops**

Please send applications to insightsoffice@wzb.eu

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| **Name of applicant:** |
| **Affiliation:** |
| **Date of application:**  |
| **Date and venue of planned workshop:**  |
| **Title of workshop, description and justification of the application (please attach the proposed call for papers/contributions):**  |
| **How much money are you applying for?**  |
| **Are additional funds contributed by other sources?** |
| **When are the funds needed?**  |
| **Please attach documents supporting your cost estimates and the conference guidelines for catering, room rent etc. of your institution and fill out the calculation below (mandatory).**  |
| **Are other BSE members involved and in which role? If so, please list their names, affiliations, and proposed roles.** |
| **In case that the application is done by a BSE Faculty member, please explain how PhD researchers and/or research associates will benefit from the event.** |
| **Are additional funds contributed by other sources? If yes, please specify the other sources.** |

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| **Detailed finance plan:**Costs have to be calculated and accounted in accordance with the regulations of your institution, according BRKG or specific regulations of the federal state, observing caps for catering costs, honoraria etc.  |
| Pos. | Description (insert lines as required) | Total costEUR | Financed by other sourcesEUR | Amount requested from INSIGHTSEUR |
| **1.1** | **Catering**  |  |  |  |
| 1.1.1 | Beverages, lunch, refreshments |  |  |  |
| 1.1.2 | Dinner, reception |  |  |  |
| **1.2** | **Travel expenses** |  |  |  |
| 1.2.1 | From GermanyNumber of persons: XX |  |  |  |
| 1.2.2 | From European countriesNumber of persons: XX |  |  |  |
| 1.2.3 | From outside Europe: Number of persons: XX |  |  |  |
| 1.2.4 | Other costs of transportation |  |  |  |
| **1.3** | **Hotel/accommodation** |  |  |  |
| 1.3.1 | Number of nights: XX |  |  |  |
| **1.4** | **Cost of venue** |  |  |  |
| 1.4.1 | Room rent |  |  |  |
| 1.4.2 | Conference equipment (please specify) |  |  |  |
|  |  |  |  |  |
| **1.5** | **Fees** (e.g. for speakers), please specifiy) |  |  |  |
|  |  |  |  |  |
| **1.6** | **Other Costs** |  |  |  |
| **TOTAL** |  |  |  |

I will spend the approved funds for the purpose I have described above and I will obey the rules and regulations of the institution I am affiliated with on how the research funds can be used.

I give permission to the Insights Team to announce and promote the workshop activities through social media channels, BSE website, etc.

I will adhere to the Workshop PROMOTION guideline.

Date Signature

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**Internal notes (please do not fill in)**

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| Entscheidung über das Projekt (bewilligt, teilweise bewilligt, nicht bewilligt) |  |
| Höhe der bewilligten Mittel |  |
| Auflagen |  |
| Datum der Entscheidung |  |
| Unterschrift der/s Programmdirektorin/s  |  |