**Project Proposal**

***Project Title:***

***Applicant:*** *Title/Name, ID/Tax Identification Number*

***Contact Information:*** *Telephone Number, Email*

***Supervisor:*** *Title/Name, ID/Tax Identification Number*

***Contact Information:*** *Telephone Number, Email*

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***Project participants:***  *Title/Name, ID/Tax Identification Number*

1. ***participant 1***
2. ***participant 2***
3. ***participant 3***
4. ***participant 4***

***Focus Area, direction of Project (Biomedicine; Clinical Medicine):***

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***Budget Request:*** *Requested Amount (GEL)*

1. ***Project Abstract (200 words)****:*

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1. ***Project Goal and Objectives:*** *Outline the general purpose and specific objectives of the project.*

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1. ***Proposed Research Activity and Methodology:***

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1. ***Capacity to implement the project: What capacity do you have to successfully carry out proposed activities? Provide a brief overview of the relevant experience.***
2. ***Expected Results:*** *If funded, what results do you hope to achieve?*