**Programma Nazionale di Ricerche in Antartide

PNRA: research projects to deepen knowledge in Antarctica –
2022 Call for proposals**

**B Line - Research proposals at Mario Zucchelli STATION**

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 PART A

# Line

**B line - research proposals at Mario Zucchelli Station**

# Research Project Title (Max. 200 characters)

# Brief description of the proposal (Max. 2,000 characters)

#  Duration (months – max. 24)

# Scientific issues (Indicate at least 1 item)

* Life in Antarctica
* Antarctic Geology
* The Antarctic ice system and the sea level
* The global reach of the Antarctic atmosphere and Southern Ocean
* Observe Universe above Antarctica and Space Weather
* Man in Antarctica: adaptation and impact

#  Keywords (3 to 6: free)

|  |  |
| --- | --- |
|  |  |
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|  |  |

PART B

# Participating Institutions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Istitution N. | Name | Subject Type\*\*(Art.3, comma 1) | Department(s) name | Fiscal Code |
|  1\* |   |   |   |   |
|  2 |   |   |   |   |
|  3 |   |   |   |   |
|  4 |   |   |   |   |
|  5 |   |   |   |   |
|  6 |   |   |   |   |

the project proposals must be "joint", must include the involvement of at least 3 (three) eligible subjects and a maximum of 6 (six)

\* Leading institution

\*\* Indicate the type of the subject according to the note [[1]](#footnote-1):

# Leading Institution

|  |
| --- |
| Information on legal representative (or his delegate) of Leading Institution |
| *Surname, Name*  |  |
| *Qualification* |  |
| *Year of Birth* |  |
| *Italian fiscal code*  |  |
| *Organization*  |  |
| *Phone number* |  |
| *e‐mail address* |  |
| *certified electronic mail* |  |

# Principal Investigator

|  |
| --- |
| Information on the Principal Investigator |
| *Surname, Name*  |  |
| *Qualification* |  |
| *Year of Birth* |  |
| *Italian fiscal code*  |  |
| *Organization* |  |
| *Phone number*  |  |
| *e‐mail address* |  |
| *certified electronic mail* |  |
| Already under contract  |  |
| *Role within the belonging institution* |  |

***No older than:***

* 35 years old
* 40 years old
* Neither

# List of research units

the project proposals must include the involvement of 3 (three) and maximum of 6 (six) research units

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Participating Institutions | research units | Italian fiscal code | Legal Entity (address, city, province | Operations office of research units (address, city, province) | E‐mail address | certified electronic mail |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

## Research unit 1 - ……………………………………..\*

\* Participating Institutions - research units

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role | Surname | Name | Italian fiscal code | Belonging Istitution | Qualification | Email | Time assigned to the project (man/months*)* |
| PI |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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## Research unit 2- ……………………………………..\*

\* Participating Institutions - research units

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role | Surname | Name | Italian fiscal code | Belonging Istitution | Qualification | Email | Time assigned to the project (man/months*)* |
| Research Unit Leader |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
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**…………….**

PART C

**DESCRIPTION OF THE PROJECT**

1. State of the art(Max. 3,000 characters)

2. Detailed description of the project: methodologies, objectives and results that the project aims to achieve and its interest for the advancement of knowledge, international involvement, as well as methods of dissemination of the results achieved(Max. 25,000 characters, figures, tables and maps embedded in the text)

3. Time schedule

4. Description of the technical-logistic requirements, including the use of large common infrastructures (GIC) and the use of the national Antarctic Interlaboratory System (SIA) (Max. 3,000 characters)

# 5.People participating to activities in polar area (number)

|  |  |  |  |
| --- | --- | --- | --- |
| Polar platform | Year 1 \* | Year 2\* | Description |
| Mario Zucchelli Station |  |  |  |

\*select only one campaign. The eventual request for participation in two campaigns must be essential for the execution of the project, please justify in the text

6. Project development, with identification of the role of each research unit, with regards to related modalities of integration and collaboration(Max. 10,000 characters, figures and tables embedded in the text)

7. Possible application potentialities and scientific and/or technological and/or economic impact(Max. 10,000 characters, figures and tables embedded in the text)

8. Financial aspects: costs - Description of the estimated costs for the realization of the proposed project and how this requested contribution will be used, including any financial contributions from third parties, Italian and/or foreign ( Max. 2,500 characters)

# Total budget required to PNRA

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Item\* | Year 1 | Year 2 | Sum |
| Specially recruited Personnel (a) |   |   |   |
| Instrumentation/Facilities (b) |   |   |   |
| Travel allowances (c) |   |   |   |
| Consumables products (c) |   |   |   |
| Services and operating expenses (c) |   |   |   |
| General costs (max 10% b+c) |   |   |   |
| SUM\* |   |   |   |

 \*: Budget (euro) - Min 200.000 ‐ Max 400.000

***9. Description of the data collection, storage and management program (***Max. 3,000 characters)

PART D

**Curriculum Vitae of Principal Investigator (Max 2 pages)**

*[Please follow the template below as much as possible (it may however be amended if necessary).]*

**PERSONAL INFORMATION**

Family name, First name:

Researcher unique identifier(s) (such as ORCID, Research ID, etc. ...):

Year of birth:

Nationality:

URL for web site:

1. **EDUCATION**

year PhD

 Name of Faculty/ Department, Name of University/ Institution, Country

 Name of PhD Supervisor

year Master/Graduation

 Name of Faculty/ Department, Name of University/ Institution, Country

1. **CURRENT POSITION(S)**

year –year Current Position

 Name of Faculty/ Department, Name of University/ Institution/ Country

year – year Current Position

 Name of Faculty/ Department, Name of University/ Institution/ Country

1. **PREVIOUS POSITIONS**

year – year Position held

 Name of Faculty/ Department, Name of University/ Institution/ Country

year– year Position held

 Name of Faculty/ Department, Name of University/ Institution/ Country

1. **FELLOWSHIPS AND AWARDS**

year – year Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

year Award, Name of Institution/Country

year–year Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **SUPERVISION OF GRADUATE STUDENTS AND POSTDOCTORAL FELLOWS (if applicable)**

year–year Number of Postdocs/ PhD/ Master Students

Name of Faculty/ Department/ Centre, Name of University/ Institution/ Country

1. **TEACHING ACTIVITIES (if applicable)**

year–year Teaching position – Topic, Name of University/ Institution/ Country

year– year Teaching position – Topic, Name of University/ Institution/ Country

**ORGANISATION OF SCIENTIFIC MEETINGS (if applicable)**

year Please specify your role and the name of event / Country

year Please specify type of event / number of participants / Country

1. **INSTITUTIONAL RESPONSIBILITIES (if applicable)**

year – year Faculty member, Name of University/ Institution/ Country

year– year Graduate Student Advisor, Name of University/ Institution/ Country

year– year Member of the Faculty Committee, Name of University/ Institution/ Country

year – year Organizer of the Internal Seminar, Name of University/ Institution/ Country

year – year Member of a Committee; role, Name of University/ Institution/ Country

1. **REVIEWING ACTIVITIES (if applicable)**

year – Scientific Advisory Board, Name of University/ Institution/ Country

year – Review Board, Name of University/ Institution/ Country

year – Review panel member, Name of University/ Institution/ Country

year – Editorial Board, Name of University/ Institution/ Country

year – Scientific Advisory Board, Name of University/ Institution/ Country

year – Reviewer, Name of University/ Institution/ Country

year – Scientific Evaluation, Name of University/ Institution/ Country

year – Evaluator, Name of University/ Institution/ Country

1. **MEMBERSHIPS OF SCIENTIFIC SOCIETIES (if applicable)**

year – Member, Research Network “*Name of Research Network*”

year – Associated Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

year – Founding Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **MAJOR COLLABORATIONS (if applicable)**

Name of collaborators, Topic, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **CAREER BREAKS (if applicable)**

Exact years Please indicate the reason and the duration in months.

1. **TRACK-RECORD of the PI** (Max 20 publications, Max 2 pages)

***Appendix: All current grants and on-going and submitted grant applications of the PI (Funding ID)***

*Mandatory information (does not count towards page limits)*

**Current grants (Please indicate "No funding" when applicable):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Project Title* | *Funding source* | *Amount**(Euros)* | *Period* | *Role of the PI* | *Relation to current* *proposal* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Project’s Responsibilities (***in the last 10 years***) (Please indicate "None" when applicable):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Project Title* | *Funding source* | *Amount**(Euros)* | *Period* | *Role of the PI* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Luogo, data e firma digitale**

**Attachments**

1. DSAN proponente o capofila Legale Rappresentante PNRA
2. DSAN Partner Legale Rappresentante e delega PNRA capofila
3. Delega potere di firma proponente o capofila PNRA [eventuale]
1. A) Public and private Italian Universities and Italian university institutions, in any way named, including higher degree School with special regulations

B) National Public Institutions supervised by the State

C) Other research Institutions having requirements set by the Commission Regulation (EC) No 800/2008 of 6 August 2008 [↑](#footnote-ref-1)