This is an application form for Bayero University faculty seeking the Africa Center of Excellence Population Health and Policy (ACEPHAP) Faculty Research Seed Grant (AFRSG), Bayero University, Kano. The application form will be assessed by our team of experts for consideration. Five copies of completed forms should be submitted to the AFRSG secretariat at ACEPHAP, College of Health Sciences Aminu Kano Teaching Hospital Campus. After corrections, a soft copy should be forwarded to the email stated below.

| SECTION ONE – DETAILS OF PRINCIPAL RESEARCHER | | | | | | |
|---|----------|--------|----------------------|-------------------|--------------|--|
| Full Name of Principal Investigato | r: | | | Nationality: | | |
| Department: | | | Rank: | | | |
| Email: | | | | P100/ | Tel: | |
| Current Address: | | Highe | est Qualification: | Year obtained: | Institution: | |
| Employment: (Tick as appropriate) | Contract | If con | tract, state period: | • | | |

| SECTION TWO – DETAILS OF CO-RESEARCHERS | | | | |
|---|-----------|-------------|-----------------------|-----------|
| | Full Name | Affiliation | Emails & Telephone | Signature |
| 1. | | | | |
| 2. | | | | |
| 3 | | | | |
| 4 | | | | |
| | | | | |

| SECTION THREE: PREVIOUS RESEARCH GRANT(S) | | | | |
|---|--------------|--------|--------------|--|
| List Previous Grants (in respect of this or other project) | Grant Number | Amount | Date Retired | |
| | | | | |
| | | | | |
| | | | | |

| SECTION FOUR: RESEARCH PROPOSAL | | | | |
|---|--------------------------------|-------|--|--|
| Project Title: | | | | |
| Summary/Abstract/Synopsis: | | | | |
| Project Duration (DD/MM/YY to DD/MM/YY | (): | | | |
| 4.1 Introduction | | | | |
| Background: | | | | |
| Statement of the Problem | | | | |
| Justification | | | | |
| Aim(s) and Objectives: | | | | |
| Significance/Expected Benefit: | | | | |
| 4.2 Literature Review | | | | |
| 4.3 Research Methodology | | | | |
| Methodolody | | | | |
| Workplan | | | | |
| Innovation | | | | |
| Ethical considerations: | | | | |
| (Please attach ethical approval, if any) Monitoring and Evaluation Strategies: | | | | |
| | | | | |
| 4.3 Expected Results (Please include preliminary results, if any | y) | | | |
| | | | | |
| | SECTION FIVE: BUDGET | | | |
| (A) Personnel Cost (not more that No Description | n 20%) Nature of Engagement | Cost* | | |
| | Nature of Engagement | 0031 | | |
| | | | | |
| | | | | |
| (B) Non-Personnel Costs | | | | |
| No Description | Specification and Quantity | Cost* | | |
| 1. | | | | |
| 2. | | | | |
| Grand Total = N | | | | |
| *Attach supporting documents such as quotations. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional Funding Sources: | | | | |

Declaration: I hereby confirm that the information provided in this form is accurate.

Signature of Principal Investigator

Date

Contact email address: dir.acephap@buk.edu.ng