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* Required before final submission

Academic Jewish Studies Research Consortia Application Form

Please submit by **GMT 17:00, Friday 20th March 2020**. References must be submitted no later than **Friday, 03 April 2020**. Please read the [Notes of Guidance](#) to help you complete the online application. If you need further assistance please contact us via the [Contact Us](#) link at the top of this page.

Please note that your application page must remain 'active' when completing the form. In order to keep the form active and save the text written so far, you can either click '**Next**' to navigate to the next page and then return to the previous page or click '**Save and Finish Later**' which will take you to your account dashboard. If the application is left inactive for more than 50 minutes, you will receive an alert before you lose any unsaved changes.

Summary Information

* Name of applying Department

If applicable.

* Name of Institution/Centre/Organisation Name

* Project Title

* **Total amount requested from the Foundation.** Sum total for all months/years to the nearest pound. ⓘ

The total requested amount must be the same as the total requested amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). Do not enter any currency symbols e.g. £, \$, € or full stops. **(maximum £30,000 per annum)**.

* **Total Project Budget.** To the nearest pound. ⓘ

The total project amount must be the same as the total project amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). **Please include the requested amount above in your calculation.** Do not enter and currency symbols e.g. £, \$, € or full stops.

Consortium Dates

* What is the start date of your proposed project?

Please note the earliest possible start date is 01 September 2020.

* For how long will you require funding?

(In whole months only; **36 months maximum**).

Consortium Details

* Project Summary

Please describe in no more than 150 words the key elements of your proposal.

Word count 0 of 150

* Please describe in full the aims and objectives of the project and the research methodology that you plan to apply.

2000 words maximum.

Word count 0 of 2000

Consortium Details Continued

* Please list the proposed members of your consortium, their positions, institutions and potential role within the project.

Include their name, academic position, institution and role within the proposed consortia. Put each member on a new line.

* Please describe your rationale for including the above researchers and / or institutions in the proposed consortium. What does each member add to your network and why is your department or centre best placed to serve as the overall coordinator for the work?

* How frequently, for how long, and where do you intend to meet your partners during the granting period?

What are the planned outputs of the proposed research consortium? In particular, to which research councils or funding bodies do

* you intend to apply in order to continue to expand the consortium's work? Where possible, please provide the specific grant programmes, funding rounds and amounts for which you intend to apply.

* Should your bid for further funding from the European or other national research council be successful what final products, outputs or results do you envision achieving by the end of that funding period?

Evaluation

* How will you evaluate whether the planned outcomes of the proposed research consortium have been achieved?

Please be specific.

* Please explain how a grant for your project would advance Jewish Studies in Europe.

* To what degree will your project increase the presence of Jewish Studies in the academic world?

Department/Institution Background Information

* Please describe the role of Jewish Studies within your institution.

* Please describe the organisational structure of your department/institution.

* List the faculty members associated with your department or centre, please also note their role(s).

Use a new line per member.

Department/Institution/Centre Structure

* How many Full Time Equivalent Faculty Members belong to your department/institution?

0 to 8

* Does your department/Institution/ Centre employ adjuncts-session lecturers?

Yes

If yes, on average, how many of these are employed each term?

* How many Undergraduates enrol in a Jewish Studies course each term at your University?

If relevant, how many undergraduate students are undertaking a Jewish Studies Major?

If relevant, how many undergraduate students are undertaking a Jewish Studies Minor?

Any other information

Please provide any additional information that is relevant to the consortium and is not covered elsewhere in the application form.

Maximum 300 words.

Word count 0 of 300

Please ensure that your application is accompanied by the following documents as it will not be considered for funding if you fail to include them. This applies to applicants, including those that have received funding in the past.

Please ensure that non-Latin characters or symbols (for example: à, ø, Å, é, ü, ž, *, ", l, *, spacings) appear in the title of the documents you intend to upload and JPG files are not admissible.

Please consult the Notes of Guidance for additional information for each document request.

1. Official proof of your institution's charitable/non-profit status.
2. Certification from the tax authorities (if applicable).
3. The most recent available audited accounts or financial statements stamped by the financial authority in your country.
4. Income and Expenditure - If the submitted audited accounts or financial statement are not in English, you are required to submit an English summary of the income and expenditure account and balance sheet.
5. **Budget table and budget explanation** for the proposed project - download [here](#).
Save a copy of the budget table locally and once completed upload to the relevant title below.
A sample of how to complete the budget form can be downloaded [here](#).
6. CVs of key staff members working on the project (maximum 5 pages for each staff member). Combine all CVS into one document before uploading.
7. Report on previous grants from RFHE (if applicable). Submit latest progress report or final report if not previously submitted.
8. Signed memorandum of understanding between consortium partners.
9. Current RFHE Grant Update - If you have not submitted a progress report in the last 6 months, please upload a brief grant update (maximum 3 pages) about your project.
10. Any additional supporting documentation to support your application.

Applying Department/Institution/Centre Details

* Address

Number and Street Name.

* City

* Postal Code

* Country

* Department Phone Number

Include country code.

* Department Website Address

Institution/Centre/Organisation Status

Which best describes the legal status of your organisation (please state yes or tick one box only)

Is your organisation a Registered Charity?

Tick if yes.

Registered Charity Number

If you selected yes to Registered Charity.

* Organisation in process of registration

* Public or Non Profit Organisation

Primary Contact

* Title	* First Name	* Last Name
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
* Position	* E-mail	
<input type="text"/>	<input type="text"/>	
* Direct Phone (Landline) Include country code.	Mobile Phone Include country code.	
<input type="text"/>	<input type="text"/>	
* Where did you first hear about the Rothschild Foundation Hanadiv Europe?		
<input type="text" value="- Select One -"/>		
* Would you like to register to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (Declining to register will not influence our assessment of the application) Please select Yes or No.		
<input type="text" value="- Select One -"/>		

Authorised Signatory (please only complete if different from the primary contact)

Authorised Signatory for signing grant letter and agreement (e.g. Organisation Director; Chair of the Board.)

Prefix	First Name	Last Name
<input type="text" value="<None>"/>	<input type="text"/>	<input type="text"/>
Position	E-mail	
<input type="text"/>	<input type="text"/>	
Direct Phone (Landline) Include country code.	Mobile Phone Include country code.	
<input type="text"/>	<input type="text"/>	
Would the authorised signatory like to register to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (Declining to register will not influence our assessment of the application)		
<input type="text" value="- Select One -"/>		

Collecting Personal Data & Declaration

RFHE is committed to the principles of data protection including the principle that information is only to be retained for as long as necessary for the purpose concerned. In addition to the information submitted in this form, to process this application RFHE may collect information about your project and organisation that you do not directly provide, whether it is information received from third parties, such as referees, employers and partners, or information RFHE collects about your organisation's activities. The application might be shared with an expert committee and occasionally external referees. If your application is successful, RFHE will keep your personal identifiable information for a reasonable period as part of the process of managing the grant. If your application is not successful, RFHE will retain only your contact details and basic information about the project for future reference in case you approach us again. For more information please read our privacy policy.

- * I am aware that the personal identifiable information submitted in this application including names, email addresses, phone numbers, business addresses, as well as demographic information will be used by RFHE to process this application.
Please tick this box.
- * I am the Chair, Director, Dean, Head or Principal Curator (authorised signatory) of the applying organisation or department, with the authority to accept a grant should one be awarded. If I am not an authorised signatory, then I have his or her express permission to submit this application and I have consulted with him or her prior to doing so. Please note that failure to have obtained permission from the authorised signatory prior to submitting an application will result in automatic disqualification from the application process.
Please tick this to confirm that you are either the authorised signatory or that his/ her permission has been granted.
- * I declare that the information supplied in this form is accurate to the best of my knowledge.
Please tick this as your electronic declaration.

* Required before final submission

Please supply the names and full contact details of two referees who will provide us with a confidential assessment of your proposal.

By supplying contact details of your referees you confirm that they are aware that you are sharing their information with RFHE for the purposes of acting as referees for this application.

Please download the referee form here: [referee form](#)

Instructions: When you have completed your application, please email a copy of it together with the reference form to your referees. You can do this by either emailing the application directly to them from your online account and then forwarding the form as an attachment to a separate email, or by forwarding the application from your own email and including the reference form as an attachment

When your referee has completed the form, they should email it directly to reference@rothschildfoundation.eu

The Foundation will confirm receipt of your references to you via email no later than 5 working days after the referee deadline. If the Foundation has not received your reference(s) you will be contacted no later than 3 working days after the referee deadline. Please do not contact the Foundation during this period regarding your references as there will be a delay in responding to your query.

Referee Deadline: Friday 03 April 2020

Referee 1

* Title - Select One - <input type="button" value="v"/>	* First Name <input type="text"/>	* Last Name <input type="text"/>
* Position <input type="text"/>	* E-mail <input type="text"/>	
* Department/ Institution & Street Address Please do not provide a home address. If the referee is retired, please use affiliated organisation address. Please provide number and street name. <input type="text"/>		
* City <input type="text"/>	* Postcode <input type="text"/>	* Country - Select One - <input type="button" value="v"/>
Mobile Phone Include country code. <input type="text"/>	* Landline Number Include country code. <input type="text"/>	

Referee 2

* Title - Select One - <input type="button" value="v"/>	* First Name <input type="text"/>	* Last Name <input type="text"/>
* Position <input type="text"/>	* E-mail <input type="text"/>	
* Department/Institution & Street Address Please do not provide a home address. If the referee is retired, please use affiliated organisation address. Please provide number and street name. <input type="text"/>		
* City <input type="text"/>	* Postcode <input type="text"/>	* Country - Select One - <input type="button" value="v"/>
Mobile Phone Include country code. <input type="text"/>	* Phone Landline Include country code. <input type="text"/>	

End of Application