

**Application for A Collaborative Meeting ISF-Helmholtz Research Centers**

1. **Israeli PI**

|  |
| --- |
| Name: |
| Institution: |
| ISF’s Grant No.  |
| Proposal’s Title: |

1. **Helmholtz PI**

|  |
| --- |
| Name: |
| Institution:  |
| Research Field: |
| Email: |

1. **Expected date of the collaborative meeting: xx/xx/2024/5 – xx/xx/2024/5**
2. **Who will attend the meeting (only one representative) – PI / Postdoc/Graduate students**
3. **A brief description (up to one page) of the expected added value and outcomes of the collaborative meeting and its contribution to the Israeli PI’s current ISF grant**
4. **Is there any prior collaboration between the two PI’s? Yes / No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Helmholtz’s PI Signature of Israeli PI**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of signature Date of signature**