



FRENCH EMBASSY  
IN THE UNITED STATES

CENTERS OF EXCELLENCE

UNIVERSITY :

PROJECT LEADER :

NAME OF THE PROJECT :

CENTER OF EXCELLENCE  
APPLICATION FORM  
2017

# CENTERS OF EXCELLENCE

## PROJECT PROPOSAL

### APPLICATION FORM - YEAR 2017

#### NOTICE

This application form shall present your Center of Excellence's project for the year 2017. Centers are allowed to present only one project each year, but this project can be composed of several events, as long as they are linked in the same topic and show coherence between the different parts of the project.

#### OBJECTIVES OF THE NETWORK

The network of French Embassy Centers of Excellence, housed at major research universities, enhances the stature of France within European Union studies; promotes France-US relations through interdisciplinary teaching programs; encourages public-private and research partnerships with France; and innovates in the realm of outreach activities to encourage student interest in France.

The Centers support the Embassy of France's efforts in University cooperation by identifying and integrating existing research and teaching activities connected with France in their institutions, and establishing a framework through which these and other activities related to France can be facilitated and promoted.

## I. GENERAL INFORMATION

### OVERVIEW OF THE PROJECT

Name of the project:

Acronym:

Disciplinary fields:

Total budget: \$

Amount requested: \$ (max \$25.000)

Is this project the continuation of a 2016 project:

NO

YES

*If YES:*

Name of the project:

Amount of the grant allocated: \$



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## CENTER IN CHARGE OF THE APPLICATION

Name of the Leading Center<sup>1</sup>:

Host University:

## CENTER'S DIRECTOR(S) INFORMATION

First name:

Last Name:

Job Title:

Department:

Email Address:

Phone Number:

*Co-Director:*

First name:

Last Name:

Job Title:

Department:

Email Address:

Phone Number:

## PROJECT LEADER

*(if different than the Director of the Center)*

First name:

Last Name:

Job Title:

Department:

Email Address:

Phone Number:

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<sup>1</sup> Name of the Center or of the Consortium as indicated in the annual Agreement



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## II. PARTICIPANTS

### LIST OF PARTNER INSTITUTIONS INVOLVED IN THE PROJECT

| # | Name of the partner institution | Country |
|---|---------------------------------|---------|
| 1 |                                 |         |
| 2 |                                 |         |
| 3 |                                 |         |
| 4 |                                 |         |
| 5 |                                 |         |
| 6 |                                 |         |
| 7 |                                 |         |
| 8 |                                 |         |

### OTHER FACULTY INVOLVED WITHIN THE LEADING INSTITUTION

| First Name | Last Name | Job Title | Department | Email Address |
|------------|-----------|-----------|------------|---------------|
|            |           |           |            |               |
|            |           |           |            |               |
|            |           |           |            |               |

### OTHER FACULTY INVOLVED FROM PARTNER INSTITUTIONS

| First Name | Last Name | Job Title | Partner institution # | Department | Email Address |
|------------|-----------|-----------|-----------------------|------------|---------------|
|            |           |           |                       |            |               |
|            |           |           |                       |            |               |
|            |           |           |                       |            |               |

### ASSOCIATE PARTNERS

*Please list below all supports, funders, individuals not listed above that you would like to mentioned*

| Company or Institution | First Name | Last Name | Job Title | Email Address |
|------------------------|------------|-----------|-----------|---------------|
|                        |            |           |           |               |
|                        |            |           |           |               |
|                        |            |           |           |               |



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### III. PROJECT

#### PROJECT DESCRIPTION AND RATIONALE

Name of the project:

Aims of the project:

- To enhance the stature of France within European Union studies
- To promote France-US relations through interdisciplinary teaching and/or research programs
- To encourage public-private and research partnerships with France
- To innovate in the realm of outreach activities to encourage student interest in France

**Project Summary: rationale, departments, schools involved, activities, structures and tangible outcome**

*If your project is selected the French Embassy may use this summary in its external communication*

*2500 characters max (spaces included)*

#### BACKGROUND AND GENERAL OBJECTIVES

*1000 characters max (spaces included)*

#### SPECIFIC OBJECTIVES, ORIGINALITY AND NOVELTY OF THE PROJECT

*1000 characters max (spaces included)*

#### AUDIENCE

- |   |  |
|---|--|
| <input type="checkbox"/> Student - Undergraduates | <input type="checkbox"/> Student - Graduates   |
| <input type="checkbox"/> Student - PhD            | <input type="checkbox"/> Student - High School |
| <input type="checkbox"/> Professors               | <input type="checkbox"/> Researchers           |
| <input type="checkbox"/> General Public           | <input type="checkbox"/> Companies, Industries |
| <input type="checkbox"/> : other :                |  |

#### OUTCOMES OF THE PROJECT

**Please detail the expected outcomes of the project:**

*1000 characters max (spaces included)*



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Please detail how this project addresses the Center's core priorities for the year 2017:

1000 characters max (spaces included)

#### IV. BUDGET

##### ACTIVITIES

| Activities | Estimated date of realization | Cost |
|------------|-------------------------------|------|
|            |                               | \$   |
|            |                               | \$   |
|            |                               | \$   |
|            |                               | \$   |
|            |                               | \$   |
|            |                               | \$   |
|            |                               | \$   |

##### TOTAL

① You must produce a balanced budget – see budget table attached

|                       |  |
|-----------------------|--|
| <b>Total costs:</b>   |  |
| <b>Total incomes:</b> |  |