



**GENERALITAT
VALENCIANA**

Conselleria de Innovación,
Universidades, Ciencia
y Sociedad Digital

CDEIGENT (CIDEIG)

2023

SUBVENCIONES PARA LA CONTRATACIÓN DE PERSONAL INVESTIGADOR DOCTOR CON
EXPERIENCIA INTERNACIONAL

GRANTS FOR RECRUITING PHD RESEARCH STAFF WITH INTERNATIONAL EXPERIENCE

PLAN GENT

GUIDE TO COMPLETING THE ONLINE APPLICATION FORMS

CDEIGENT 2023

IMPORTANT:

ONCE THE ONLINE REGISTRATION OF THE APPLICATION **WITH AN ELECTRONIC SIGNATURE** HAS BEEN COMPLETED, A COPY OF THE RECEIPT GENERATED MUST BE SENT TO THE UNIVERSITY OR RESEARCH CENTRE, SO THAT THE PERSON RESPONSIBLE FOR RESEARCH AT THE INSTITUTION CAN APPROVE THE SUBMISSION OF THE APPLICATION.

IF THE APPLICATION HAS BEEN COMPLETED **WITHOUT AN ELECTRONIC SIGNATURE**, AFTER SENDING IT ELECTRONICALLY, THE RECEIPT GENERATED MUST BE PRINTED OUT AND, IN ORDER FOR IT TO BE VALID, IT MUST BE SIGNED AND REGISTERED IN ANY OF THE PLACES INDICATED IN ARTICLE 16.4 OF LAW 39/15, OF 1 OCTOBER. A COPY OF THE SUPPORTING DOCUMENT MUST ALSO BE SENT TO THE UNIVERSITY OR RESEARCH CENTRE, SO THAT THE PERSON RESPONSIBLE FOR RESEARCH CAN AGREE TO THE SUBMISSION OF THE APPLICATION.

THE APPLICANT MUST COMPLETE THE FOLLOWING FORMS:

Form name	Form information
SUGUS GENERAL FORM GENERAL GRANT APPLICATION	General information on the beneficiary ORGANIZATION and the applicant (listed as "representative person")
APPLICANT PROJECT OR ACTIVITY	General information on the project
RESEARCHER 1	Information on the applicant researcher
RESEARCHER 2	Information about the principal investigator in the reference group
OTHER PARTICIPANTS	Reference group information, if it does not have current PROMETEO funding
ANNUAL BUDGET	Information on annual budgeted amounts relating to reference group expenditure



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GENERAL GRANT APPLICATION FORM

IMPORTANT:

Section **A DATOS DE LA PERSONA O ENTIDAD SOLICITANTE** must be completed with the details of the **beneficiary organization** (host institution / beneficiary of the grant).

Sections **B DATOS DE LA PERSONA REPRESENTANTE** and **C NOTIFICACIONES** must be completed with the details of the **researcher who applies for the grant**, since the application is carried out on behalf of the entity that owns the research centre.

For applications with an electronic signature, the system automatically loads the data of the applicant researcher in this section.

Required fields are marked with a red asterisk.

A DATOS DE LA PERSONA O ENTIDAD SOLICITANTE

NIF / NIE *	PRIMER APELLIDO * <u>RAZÓN SOCIAL *</u>	SEGUNDO APELLIDO	NOMBRE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATURALEZA JURÍDICA *			
<input type="text" value="UNIVERSIDADES: ALICANTE, CASTELLÓN, VALENCIA"/>			
FILTRO CNAE			
<input type="text"/>			
CNAE			
<input type="text"/>			
DOMICILIO (CALLE/PLAZA, NÚMERO Y PUERTA) *			CP *
<input type="text"/>			<input type="text"/>
PROVINCIA *		LOCALIDAD *	
<input type="text" value="Escoge una opción"/>		<input type="text" value="Sin selección"/>	
TELÉFONO *	FAX	CORREO ELECTRÓNICO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



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- NIF (Tax ID No.) and RAZÓN SOCIAL (REGISTERED NAME): indicate the Tax ID No. and the name of the UNIVERSITY OR RESEARCH CENTRE. (The NIF/CIF number of the entity can be found on the internet).

- NATURALEZA JURÍDICA (LEGAL NATURE): use the drop-down menu (magnifying glass) to select the type of legal nature that best suits the options.

- DOMICILIO (ADDRESS) and CP (POST CODE): Address and Post Code of the Research Centre.

- PROVINCIA (PROVINCE) and LOCALIDAD (TOWN): select from the drop-down menu.

- TELÉFONO (TELEPHONE): provide a telephone number for the Research Centre.

B DATOS DE LA PERSONA REPRESENTANTE

APELLIDOS	NOMBRE	NIF / NIE	TELÉFONO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C NOTIFICACIONES

IDIOMA DE LA NOTIFICACIÓN *

TIPO DE VÍA NOMBRE DE LA VÍA PÚBLICA

NÚMERO	LETRA	ESCALERA	PISO	PUERTA	CP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROVINCIA LOCALIDAD

CORREO ELECTRÓNICO *

- APELLIDOS (SURNAME), NOMBRE (FIRST NAME) and NIF (ID No.) of the **researcher** completing the application. If the researcher does not have a Spanish NIF, leave the field blank. It is recommended that an identification document is included in OTHER DOCUMENTS.

- DOMICILIO, LOCALIDAD, PROVINCIA (ADDRESS, TOWN, PROVINCE) (if applicable) and CP (POST CODE) of the researcher completing the application. If the address is outside Spain, in the ADDRESS field the complete address must be entered together with POST CODE, LOCALITY, PROVINCE AND COUNTRY.

CORREO ELECTRÓNICO (EMAIL) for sending a reminder of notifications to the researcher completing the application.

All notifications will be made electronically.



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D LUGAR DE ACTIVIDAD / PRESENTACIÓN DE LA SOLICITUD

DOMICILIO (CALLE/PLAZA, NÚMERO Y PUERTA) *

CP *

PROVINCIA *

LOCALIDAD *

Escoge una opción

Sin selección

TELÉFONO *

Complete with the data for the **university or research centre**.

E DATOS BANCARIOS

Seleccione o indique la cuenta en la que desea que se efectúe el pago.

Recuperar cuenta:

Sin selección

Número de cuenta bancaria (IBAN):

PAÍS Y DC IBAN

ENTIDAD

OFICINA

DC

NÚMERO DE CUENTA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BANK DETAILS OF THE BENEFICIARY OF THE GRANT (RESEARCH CENTRE), LEAVE BLANK (UNLESS KNOWN).

IMPORTANT:

SECTION F: CONSULTATION OF DATA (AUTHORISATION/OPPOSITION)



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G DECLARACIÓN DE AYUDAS SOLICITADAS O RECIBIDAS PARA ESTE PROYECTO O ACCIÓN

- Sí ha solicitado u obtenido las siguientes ayudas:
- NO ha solicitado u obtenido ninguna otra ayuda para este mismo fin o coste subvencionable

ORGANISMO	CONVOCATORIA	IMPORTE SOLICITADO	IMPORTE CONCEDIDO

Si se solicitan ayudas de minimis, se adjuntará declaración según modelo.

TICK YES OR NO DEPENDING ON WHETHER OTHER GRANT HAS BEEN OBTAINED FOR THE SAME PROJECT FOR WHICH THE APPLICATION IS BEING MADE

IMPORTANT:

SECTION H : RESPONSIBLE STATEMENTS

You must accept, otherwise you cannot continue with the procedure.

SECTION I : DATA PROTECTION

You must accept, otherwise you cannot continue with the procedure.



Envía

Once this form has been sent, continue to "PROJECT OR ACTIVITY REQUESTED".



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PROJECT OR ACTIVITY REQUESTED

2A PERSONA QUE SOLICITA LA AYUDA (PERSONA INVESTIGADORA)				
* N° DOCUMENTO	* TIPO DOCUMENTO	* NOMBRE	* PRIMER APELLIDO	SEGUNDO APELLIDO
<input type="text"/>	Selecciona...	<input type="text"/>	<input type="text"/>	<input type="text"/>
* TELÉFONO PARA NOTIFICACIONES		* E-MAIL PARA NOTIFICACIONES		
<input type="text"/>		<input type="text"/>		
2B DATOS DE ENTIDAD/PERSONA BENEFICIARIA DE LA AYUDA				
* TIPO DOCUMENTO	* N° DOCUMENTO	* NOMBRE O RAZÓN SOCIAL	PRIMER APELLIDO	SEGUNDO APELLIDO
Selecciona...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* TELÉFONO CONTACTO		* EMAIL CONTACTO		
<input type="text"/>		<input type="text"/>		
* TIPO ENTIDAD / PERSONA BENEFICIARIA				
Selecciona...				
* CNAE PARA SICTI				
Selecciona...				

Section 2A. PERSONA QUE SOLICITA LA AYUDA (PERSON APPLYING FOR THE GRANT). The document number must match with:

- the one indicated in the "Representative" section of the general form
- the one of **Researcher 1**

Section 2B. DATOS DE ENTIDAD/PERSONA BENEFICIARIA DE LA AYUDA (ORGANIZATION RECEIVING THE GRANT). The document number must be the same as in section A of the general form.

- TIPO ENTIDAD (ENTITY TYPE): select the **type of research centre** from the drop-down menu.
- CNAE PARA SICTI (NACE CODE): select the NACE code of the research centre from the drop-down menu.
- Details of the research centre (beneficiary organization).



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2C DATOS DEL PROYECTO O ACTIVIDAD SOLICITADA

* NOMBRE

■ Área específica Plan Vega Renhace

ÁREA AEI SUBÁREA AEI

* CÓDIGO UNESCO

* CÓDIGO NABS

Número máximo 50 caracteres por palabra. Ej
PALABRA1;PALABRA2;PALABRA3;PALABRA4

* PALABRAS CLAVE (indicar un mínimo de 4 palabras, separadas por un punto y coma)

* RESUMEN

NOMBRE (NAME): name of the **research project**.

ANEP, UNESCO, NABS, FORD codes: select the corresponding code from the dropdown.

PALABRAS CLAVE (KEYWORDS): indicate a minimum of 4 keywords for the applicant project or activity.

They must be separated by ";" (without spaces)

RESUMEN (SUMMARY): write a brief summary of the applicant project or activity. This field is limited to 1250 characters or 11 paragraphs.

Finaliza ✓

Press and move on to the form "RESEARCHER 1".



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RESEARCHER 1 FORM DATA FOR THE APPLICANT RESEARCHER

IMPORTANT:

- RESEARCHER 1 form, the information refers to the researcher who is completing the application.

Fill in the mandatory data, the doctoral degree and postdoctoral positions. For all other fields, only as appropriate.

Press

Finaliza ✓

and move on to the form "RESEARCHER 2".

RESEARCHER 2 FORM DETAILS OF THE LEAD RESEARCHER IN THE REFERENCE GROUP

IMPORTANT:

- The INVESTIGATOR 2 form, the information refers to the **principal investigator in the reference group**.

Fill in the mandatory data and the other fields, only as appropriate.

In Section 4F DATA ON THE REFERENCE RESEARCH GROUP, if the group has current funding from the PROMETEO program, indicate the file number; otherwise, tick the box "The group is made up of doctoral research personnel who have a civil servant, statutory or contractual relationship with a research centre in the C. Valenciana...."

4F

DATOS DEL GRUPO INVESTIGADOR DE REFERENCIA

N.º EXPEDIENTE SI EL GRUPO TIENE FINANCIACIÓN VIGENTE DEL PROGRAMA PROMETEO:

El grupo está conformado por personal investigador doctor que mantiene vinculación funcional, estatutaria o contractual con un centro de investigación de la C. Valenciana, y su composición cumple los requisitos requeridos en las vigentes bases reguladoras de las subvenciones del Programa Prometeo (art. 4, h), apartado 2), de las bases reguladoras)

Finish and go to the **"OTHER PARTICIPANTS"** form which will appear only if the reference group is not currently funded by PROMETEO.

If the reference group does not have current funding from the PROMETEO program, do not forget that the following must be provided:

- A report justifying that the group meets, at the time the application is submitted, the requirements for its constitution, in accordance with the current regulatory conditions for the PROMETEO program.


The documentation supporting the circumstances described in the aforementioned report must also be attached.

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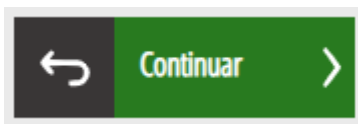
PLAN GENT

Press  and move on to the "ANNUAL BUDGET" form.

"ANNUAL BUDGET" form

Remember that the maximum amount that can be requested for the expenses of the reference group is 30,000.00 euros for each year.

Press



Section 3 "Documentation"

All documentation applicable to the specific circumstances of the applicant and the reference group must be provided, in accordance with the call resolution.

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