

2. ACTIVITY AND BUDGET PLANNING FOR THE COMING TWO YEARS - pairs	
Structure of the form	Question
General Information	
Some points of attention:	
- Please submit a planning of activities and budget in accordance with the ISN funding you get at each SRC level (eg. USD 3'000 - corresponding at 1'500/year - paid at once at the beginning of year 1 to cover both years at level C, USD 12'000/year at level B and USD 15'000/year at level A). Not more or less, please!	
- Do not indicate in the form activities you are planning to undertake with exterior sources of funding	
- The ISN money is meant to be an educational grant, not a service grant. <u>No capital, consumable, salary or equipment costs will be allowed.</u>	
- Only 10% of your budget can be allocated to travel supplement to attend nephrology conferences	
- Your budget must be spent in the current year (from January to December)	
- The ISN offers other exciting programs - Fellowships, Educational Ambassadors, CME, Clinical Research and Mentorship Programs. Make use of them to fund some of your SRC activities - as a SRC partnership you have priority points when applying to these programs and this would allow you to use the SRC money for other educational activities. For more information: https://www.theisn.org/programs or isnprograms@theisn.org	
Further details on the SRC program (e.g. budget information) can be found in the SRC Guidelines.	
In order to achieve the objectives you defined in your application form, which activities (visits & projects) do you plan to take in the <u>coming two years</u> ? Please be as precise as possible.	
1. VISITS	
Multidisciplinary training exchanges between the centers.	
A. Planned visits from Emerging Center (EC) to Supporting Center (SC)	
Please provide a general description of the planned visit(s) from EC to SC and how this/these would help to meet the objectives defined in your application form.	
Projected budget YEAR 1	You can fill in up to three visits. For each visit, please indicate: - Name(s) of visitor(s) + profession - Duration in weeks - Starting date - Travel cost (USD) - Accommodation cost (USD) - Total cost (USD)
Projected budget YEAR 2	You can fill in up to three visits. For each visit, please indicate: - Name(s) of visitor(s) + profession - Duration in weeks - Starting date - Travel cost (USD) - Accommodation cost (USD) - Total cost (USD)
B. Planned visits from Supporting Center (SC) to Emerging Center (EC)	
Please provide a general description of the planned visit(s) from SC to EC and how this/these would help meet the objectives defined in your application form.	
Projected budget YEAR 1	You can fill in up to three visits. For each visit, please indicate: - Name(s) of visitor(s) + profession - Duration in weeks - Starting date - Travel cost (USD) - Accommodation cost (USD) - Total cost (USD)
Projected budget YEAR 2	You can fill in up to three visits. For each visit, please indicate: - Name(s) of visitor(s) + profession - Duration in weeks - Starting date - Travel cost (USD) - Accommodation cost (USD) - Total cost (USD)
2. PROJECTS	
For example: local and regional CMEs, provision of educational materials at the EC, attendance on training courses whilst on training attachments at the SC or MC, involvement with ISN Programs, educational materials, any other educational activities (WKD, Clinical research activities, etc).	
Please be reminded that if you are a SRC pair/trio at level C, you will receive priority consideration to get budget from the CME program to host a CME meeting. An application however doesn't guarantee that the meeting will be sponsored.	
A. Projects year 1	
Please provide a general description of the project(s) to be organized during year 1 and how this/these would help meet the objectives defined in your application form.	
Project 1	Name of Project General description of activities Start date Project details: - List of projected costs - Costs in USD - Comments
Project 2	Name of Project General description of activities Start date Project details: - List of projected costs - Costs in USD - Comments
Project 3	Name of Project General description of activities Start date Project details: - List of projected costs - Costs in USD - Comments
B. Projects year 2	
Please provide a general description of the project(s) to be organized during year 2 and how this/these would help meet the objectives defined in your application form.	
Project 1	Name of Project General description of activities Start date

	Project details:
	- List of projected costs
	- Costs in USD
	- Comments
Project 2	Name of Project
	General description of activities
	Start date
	Project details:
	- List of projected costs
	- Costs in USD
	- Comments
Project 3	Name of Project
	General description of activities
	Start date
	Project details:
	- List of projected costs
	- Costs in USD
	- Comments
SIGNATURES	
Emerging Center Liaison Officer	Name
	Signature
Supporting Center Liaison Officer	Name
	Signature