號: 保存年限:

國家科學及技術委員會

機關地址:臺北市和平東路二段106號

聯絡人:胡敏琪 科員 電話:02-2737-7683 傳真: 02-2737-7607

電子信箱:mchu@nstc.gov.tw

受文者:國立成功大學

發文日期:中華民國114年2月27日 發文字號:科會科字第1140013427號.

速別:普通件

密等及解密條件或保密期限:

附件:如文(附件1 114U0P002306 114D2005061-01.odt、附件2

114U0P002306 114D2005062-01.pdf)

主旨:本會2026-2027年臺灣-以色列雙邊協議國際合作研究計畫

受理申請延至2025年5月12日截止,請查照。

說明:

訂

線

一、本會114年1月10日科會科字第1140003422號函諒達。

二、旨揭計畫原定自2025年1月16日起至4月30日受理申請, 配合以色列科技部作業時程,受理申請延至114年5月12 日截止,檢附修正後徵求公告1份。

正本:專題研究計畫受補助單位 (共296單位)

副本:本會科教國合處、駐以色列代表處科技組、綜合規劃處(均含附件) 日本1922年

主任委員吳誠文

Form IL-TW

Call for Proposals for Israel-Taiwan Science Research Cooperation 2026-2027 Forms

	AREA OF COOPERATION
0	SEMICONDUCTOR DESIGN
STILL STILL	D NEXT GENERATION MATERIALS
	TITLE (IN ENGLISH)
'	TAIWANESE PRINCIPAL INVESTIGATOR
	Name, institutional affiliation and contact of co-principal Taiwanese investigator - Co tw 1)

-PI (Head of team

First Name: Last Name :

Position:

Laboratory or Department: Research Institution / University: Address:

Tel: E-mail:

Signature: Date:

ISRAELI PRINCIPAL INVESTIGATOR

Name, institutional affiliation and contact of co-principal Israeli investigator - Co-PI (Head of team IL1)

IN ENGLISH IN HEBREW (must be added)

First Name:

Last Name:

Position:

Laboratory or Department:

Address:

I.D. NO. (in full):

Tel (work): Fax:

Tel (cell):

E-mail:

Date: Signature:



TAIWANESE PARTNER INVESTIGATORS

Name, institutional affiliation and contact of partn	er Taiwanese investigator (Head of Team TW2)
First Name :	Last Name :
Position :	
Laboratory or Department :	
Research Institution / University :	
Address:	
Tel:	
E-mail :	
Date:	Signature :
	C.g., a.c., 2
Name, institutional affiliation and contact of partn	
First Name :	Last Name :
Position :	
Laboratory or Department :	
Research Institution / University :	
Address:	
Tel:	
E-mail:	
Date :	Signature :
	eng
MNSTITUTIONAL AUTHORIZATION	
NSTITUTIONAL AUTHORIZATION	
INSTITUTIONAL AUTHORIZATION SIGNATURE OF THE TAIWANESE AUTHORIZ	ING OFFICIAL
SIGNATURE OF THE TAIWANESE AUTHORIZ	
y	
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro	vided, this frame may be left unfilled.
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name:	
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro	vided, this frame may be left unfilled.
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position:	vided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name:	vided, this frame may be left unfilled.
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position:	vided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position:	vided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position:	vided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date:	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date: List of the main publications for the last three	vided, this frame may be left unfilled. Last Name : Signature :
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date: List of the main publications for the last three	Last Name : Signature : years of the Co-PI (Head of team)
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date: List of the main publications for the last three ISRAELI PARTNER INVESTIGATORS Name, institutional affiliation and contact of partners.	Last Name : Signature : years of the Co-PI (Head of team)
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date: List of the main publications for the last three ISRAELI PARTNER INVESTIGATORS Name, institutional affiliation and contact of partn IN ENGLISHIN HEBREW (must be added)	Last Name : Signature : years of the Co-PI (Head of team)
SIGNATURE OF THE TAIWANESE AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) is pro First Name: Position: Date: List of the main publications for the last three ISRAELI PARTNER INVESTIGATORS Name, institutional affiliation and contact of partners.	Last Name : Signature : years of the Co-PI (Head of team)

Position:

Laboratory or Department :	
Research Institution / University :	
Address:	
I.D. NO. (in full):	
Tel (work):	Fax:
Tel (cell):	
E-mail :	
Date :	Signature :
	partner Israeli investigator (Head of Team IL3)
IN ENGLISH IN HEBREW (must be added)
First Name :	
Last Name :	
Position :	
Laboratory or Department:	
Research Institution / University :	
Address:	
I.D. NO. (in full):	
Tel (work) :	Fax:
Tel (cell):	. 500.
E-mail :	
Date :	Signature :
	Olghataro .
INSTITUTIONAL AUTHORIZATION	
INSTITUTIONAL AUTHORIZATION SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP)	
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP)	is provided, this frame may be left unfilled.
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name:	
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position:	is provided, this frame may be left unfilled
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University:	is provided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position:	is provided, this frame may be left unfilled
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University:	is provided, this frame may be left unfilled Last Name : Signature:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University:	is provided, this frame may be left unfilled. Last Name :
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University:	is provided, this frame may be left unfilled Last Name : Signature:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute:
SIGNATURE OF THE ISRAELI AUTHORIZ If a Letter of Intent (see Section H4 of the CFP) First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute: three years of the Co-PI (Head of team)
First Name: Position: Institution / University: Date: List of the main publications for the last to	Last Name : Signature: Stamp of the Institute: three years of the Co-PI (Head of team)
First Name: Position: Institution / University: Date:	Last Name : Signature: Stamp of the Institute: three years of the Co-PI (Head of team)
First Name: Position: Institution / University: Date: List of the main publications for the last to	Last Name : Signature: Stamp of the Institute: three years of the Co-PI (Head of team)

SCIENTIFIC JUSTIFICATION AND WORK PLAN

B. This section should describe the background and the proposed research. The mode of cooperation between the Taiwanese and Israeli groups should be evident, and the added value provided by the collaboration

THE FULL PROJECT SHOULD BE SUBMITTED ON A SEPARATE SHEET

The project description should include (up to 10 pages including the abstract not including bibliography):

- 1. <u>Scientific background and state of the art</u>: scientific background, including an overview of the field of research around the world, noting the relative advantage of the proposed research;
- 2. Research objectives and specific aims: the purpose of the research;
 - <u>Detailed description of the proposed research</u>: working hypothesis, research program and methods, and preliminary results;
 - Significance, importance, innovation, and potential benefits of the proposed research;
- 5. Applicability: expected use and future technological development;
- 6. <u>Cooperation vectors between the research groups</u>: proposed modes of cooperation, their benefits and how they contribute to the research;
- 7. <u>Work plan and Gantt</u>: a list of stages and milestones, wach with a short verbal description. Each stage should be plotted on a Gantt schedule diagram, clearly indicating the planned start time and an end times.

|--|



C. SUMMARY OF BUDGET REQUIRED FOR BOTH PARTS OF THE NETWORK

Indicate here the total funds requested by the research groups from both countries.

<u> </u>				
First year	Second year			
-	•			
BUDGET JUSTIFICATION Briefly explain and justify the main budget items. OTHER SOURCES OF SUPPORT Indicate if this research project (or part of it) has been submitted to another funding source. List these sources.				
sources?	res No			
Funding sources: Sum requested:				
	∕es			
upport and the amount of s uld be indicated, if in effect m may request presentation	upport. Rights or . Should it be considered			
	peen submitted to another for sources?			



D. BUDGET DESCRIPTION (UP TO 2 PAGES)

Detailed budgets should be prepared for the Taiwanese and the Israeli teams separately. Provide only the detailed budget of your side of the network, e.g., the Taiwanese applicants should only provide the detailed budget of Taiwanese side. The amounts are in \$______ for both sides.

1- TRAVEL

	Budget requested from the program	
	First year	Second year
Total budget		

2- SUPPLIES, PUBLICATION COSTS, ETC.

		Budget requested from the program		
		First year	Second year	
1				
3 77				
	Total budget			

SALARIES

Manpower (Salaries)

- 1- Man months should be calculated as follows: months of work on the project during the contract period multiplied by the fraction of work time allocated to the research project.
- 2- Gross salary includes the following components: basic salary, cost of living increment, seniority increment, family increment, academic qualification and "on-call" increments, including social benefits. Dollar professional advancement fund and sabbatical fund payments may not be included.

Name	Position in the	Budget request from the program			
(if known)	project	Man Months	First year	Man Months	Sec. year
Total salary budget					



國科會徵求 2026-2027 年臺灣-以色列 雙邊「擴充加值型(add-on)國際合作研究計畫」申請須知

2025/2/26

本會於 2006 年 1 月與以色列科技部簽署科技合作協定,共同推動雙方學術交流與發展。本項臺以雙邊合作研究計畫須由臺灣及以色列雙方計畫主持人共同研議並提出計畫申請。以方主持人須依以色列科技部之規定辦理;我方計畫主持人須依本公告所述方式向本會研提「擴充加值型(add-on)國際合作研究計畫」。

一、 計畫主持人資格:

臺方計畫主持人應符合下列資格條件:

- (一) 以刻正執行本會補助研究類計畫(以下簡稱「原計畫」)主持人為限。
- (二) 前項原計畫不含規劃推動計畫、雙邊協議國合計畫及產學合作計畫,並與 擬申請國際合作計畫之研究內容相關。

二、合作領域:

- (一) 半導體設計(Semiconductor design)
- (二) 次世代材料(Next generation materials)

三、補助經費項目及分擔方式:

- (一) 我方補助「擴充加值國際合作」經費與「原計畫」經費總和,以 3.5 萬 美元/件/年(約折合新臺幣 100 萬元)為原則,惟實際核予經費以審查結果 為準。
- (二)本會補助我方「擴充加值國際合作」經費項目包括:國際合作主持費、 國際合作所需業務費、赴國外差旅費等。
- (三) 前開國際合作主持費依本會主持費及規劃費核給標準辦理。

四、計畫作業時程:

- (一) 申請期間:自2025年1月16日起至2025年5月12日止,申請機構須於系統彙整送出,並依第五點(三)之規定於申請截止日前函送申請名冊。計畫主持人請控留申請機構受理窗口辦理行政作業之時間,以免逾期致影響權益。
- (二)公告核定日期:預定為2025年12月,若因不可抗力因素、協議機構審查時間或雙邊年會時程延後等,本會得視情形調整公布審查結果時間。
- (三) 計畫執行期間:自 2026年1月1日至2027年12月31日,為期2年, 須與以方共同研究計畫之執行期間相同。

五、申請方式:

- (一) 每項申請案須由臺灣及以色列各1位主持人共同研議計畫內容,並以相同 之英文計畫名稱分別向本會及以色列科技部提出申請。計畫申請件數每人 以1件為限。
- (二) 本會專題研究計畫線上系統申請程序:





- 1. 至本會網站(https://www.nstc.gov.tw/) 首頁右方「學術研發服務網登入」處,身分選擇「研究人員(含學生)」,輸入計畫主持人之帳號(ID)及密碼(Password)後進入「學術研發服務網」。
- 2. 在左方「功能選單」點選學術獎補助申辦及查詢後,進入下一畫面。
- 3. 在「申辦項目」內點選專題計畫工作頁後,再點選「專題研究計畫(含構 想書、申覆、產學、博後著作獎、研究學者)」項目,進入「專題研究計 畫線上申請系統」。
- 4. 在專題計畫線上申請系統上方點選新增申請案,在計畫類別「專題類一 隨到隨審計畫」下選擇「雙邊協議型擴充加值(add-on)國際合作計畫」 進入,開始新增計畫,並依系統要求填列表格及上傳相關資料。
- 5. 請依系統指示點選上傳計畫主持人執行中原計畫之「申請書合併檔」及「經費核定清單」,未上傳者視為申請資料不全。
- 6. 進入表格製作時,「計畫歸屬」請依計畫研究主題及所屬學門勾選對應 之學術司(勿選「科教國合處」)。
- 7. 計畫主持人填列表 [M01] 之「合作國家」請選「與單一國家合作」,「國別」請選填「以色列」,「外國合作計畫經費來源」為本會雙/多邊協議機構,請選填「以色列科技部」。
- 8. 申請表 MO2 為國際合作研究計畫摘要說明,應提供國際合作計畫書(得補充我方的計畫書內容)。
- 9. 申請表 IM03 為國際合作研究計畫相關資料。
- 10. 申請表 MO4 為檔案上傳功能鍵,請將下述資料依序合併為單一 PDF 檔案後上傳至系統,未上傳者視為申請資料不全:
 - (1) 英文共同申請表:「Call for Proposals for Israel-Taiwan Science Research Cooperation 2026-2027 Forms」(可自本會網站「動態資訊」—「計畫 徵求專區」下載)
 - (2) 雙方計畫主持人簽名之合作確認書(格式不拘)
 - (3) 雙方計畫主持人及主要研究人員之英文履歷及近五年著作目錄等相關資料
- 11. 本會專題研究計畫線上系統為各類型計畫共用系統,若線上填寫或檔案 上傳之指引,出現重複繳交文件,請計畫主持人自行調整編排,以申請 書合併檔內容不重複為原則。
- (三) 申請案須經主持人任職機構於系統中彙整後送出,依本會「專題計畫線上申請彙整」作業系統製作及列印申請名冊(由系統自動產生,並依計畫歸屬處別列印)1式2份,於申請截止日前函送本會。

六、注意事項:



- (一)本項共同研究計畫須經本會與以色列科技部雙方獨立審查通過,再共同審議選定補助計畫,不受理申覆。
- (二) 如具以下情况的之申請案恕不受理:
 - 1. 雙方計畫主持人中有任一方資格不符或未提出計畫申請;
 - 2. 申請日期超過公告截止日期;
 - 3. 申請資料不全;
 - 4. 未依本會專題作業規定及本申請須知所述方式提出。
- (三)本案通過之「雙邊協議型擴充加值國際合作研究計畫」為計畫主持人執行中之原計畫擴充,追加國際合作經費,故不受本會一般專題計畫補助件數之限制。惟計畫主持人同年度執行此類雙邊協議型國際合作研究計畫,每一計畫主持人以2件為限。若計畫於受理審查過程中,主持人已另獲此類型計畫(與本案計畫執行期間重疊達3個月以上者)達2件時,本會將不再核予第3件計畫。
- (四) 差旅費之估算、使用及核銷可參考行政院「國外出差旅費報支要點」。計 畫核定後之經費撥付、報銷與報告繳交作業,均依本會補助專題研究計 畫作業要點及本會雙邊協議下科技合作活動作業要點等規定辦理。
- (五) 計畫主持人應於每年計畫執行期限結束前/後提供期中/期末「雙邊協議型擴充加值國際合作研究計畫報告」,作為下一年度計畫經費補助之參考,並據以評估每項計畫之合作成效。
- (六) 計畫主持人於規劃合作時,應先議定未來雙方智慧財產權與成果之歸屬、管理及運用方式,必要時可共同簽訂相關計畫合約書。
- (七) 本須知公告於本會網站/動熊資訊/計畫徵求專區。
- (八) 年度所需經費如未獲立法院審議通過或經部分刪減,本會得依審議結果 調減補助經費,並按預算法第54條規定辦理。

七、業務承辦人:

臺灣:

胡敏琪 先生

國科會 科教發展及國際合作處

Department of International Cooperation and Science Education

National Science and Technology Council

Email: mchu@nstc.gov.tw

以色列:

On administrative matters:

Mr. Zeev Shapira

Director, Asia and Africa Department

Israel's Ministry Science and Technology

Tel: +972-54-6317475

Email: ZeevS@most.gov.il

