**Work-Plan Short-Term Scientific Mission**

**(3-4 pages long)**

**To the STSM Chair and Grant Manager of the COST Innovator Grant COMULIS MultEMPlex IG17121**

Place, date: Town (Country), Day of Month of 2023

**Applicant name (First, Last):**

**Home Institution:**

**Host Institution:**

**Brief explanation of the choice for the Host institution (*including a description of the Host Lab expertise and link to the web, max 250 words*):**

**STSM title:**

**Purpose of the STSM:**

**Description of the work to be carried out during the STSM (*specify the aims of the work, and how do they relate to the objectives of the COST Innovator Grant IG17121*, max 350 words):**

**Timeliness and relevance of the STSM (*specify why is it important to carry out the STSM at the current period of the action*)**

**Requested budget (*specify in detail the foreseen travel expenses and the subsistence costs)*:**

**Expected output of the STSM (*foreseen publications, future collaboration, etc.*):**