**Funding Scheme for the Scientific Research Devices and Equipment of Higher Education Institutions**

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **For use by Science and Technology Development Fund only** | | | |
| **Receipt** | | **Dispatch** | |
| **File no.** |  |  | |
| **Date** | **/ /** |
| **Recipient** |  |
| **Documents required for submission:** | | | |
| 1. **Identification documents of the applying entity** | | ☐　 Submitted | ☐　Not submitted, remark: |
| 1. **Identification document of the person in charge of the entity** | | ☐　Submitted | ☐　Not submitted, remark: |
| 1. **A compact disc containing this Application Form and relevant certificates** | | ☐　Submitted | ☐　Not submitted, remark: |

＊ The applying entity shall submit the missing documents within 15 days, if any, otherwise its application will not be considered.

**Declaration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I hereby declare, on behalf of the applying entity, that:**   1. **All the information in the application is true and correct, and I shall be responsible for any untrue information or any violation of regulations during execution of the funding.** 2. **The applying entity ensures that it has sufficient space and operators for the funded devices and/or equipment, and make necessary modifications to the water, electricity, gas and ventilation equipment, etc. of the laboratories in which the devices and/or equipment are placed to ensure their smooth operation.** 3. **The applying entity undertakes to submit, upon receipt of the funding from the Science and Technology Development Fund, a work report of the relevant execution of the funding pursuant to Article 13 of the *Financial Aid Grant Regulation*, approved as per the Chief Executive’s Dispatch No. 235/2018 and to comply with the other rules of the *Regulation*.**  |  |  |  | | --- | --- | --- | |  |  | **/ /** | | **Signature of applicant/ responsible person of entity** | **Stamp** | **Date** | |

**Information of applying entity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name in Chinese** |  | | | | |
| **Name in other languages** |  | | | | |
| **Address** |  | | | | |
| **Contact person** |  | | | | |
| **Email address** |  | **Tel. no.** |  | **Fax no.** |  |

**List of devices/equipment for purchase in the application**

|  |  |
| --- | --- |
| **Total amount applied (MOP)** |  |

| **Order of priority** | **Device/Equipment names** | **Belonging affiliated organization(s)** | **Site of device/equipment** | **Quantity** | **MOP**  **Unit price (MOP)** | **MOP**  **Total price (MOP)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| **Intended use**  **(No more than 100 words)** |  | | | | |
| **Expected benefits**  **(No more than 100 words)** |  | | | | |
| 2 |  |  |  |  |  |  |  |  |  |
| **Intended use**  **(No more than 100 words)** |  | | | | |
| **Expected benefits**  **(No more than 100 words)** |  | | | | |
| 3 |  |  |  |  |  |  |
| **Intended use**  **(No more than 100 words)** |  | | | | |
| **Expected benefits**  **(No more than 100 words)** |  | | | | |

**Instructions for filling the Application Form**

1. Order of priority: Devices and equipment will be purchased according to an order of priority based on higher education institutions’ needs for their overall development
2. Device/Equipment names: The Chinese and English names of the main body and essential parts, Model and Brand of the device(s)/equipment.
3. Belonging affiliated organization(s): The name(s) of the organizations under the applying entity, such as faculty, research institute and laboratory.
4. Site of device/equipment: A place where a device or equipment is used.
5. Intended use: Summarize the major intended use of a device/equipment and relevant service positioning with no more than 100 words.
6. Expected benefits: Give a prediction of the use trend and benefits of a device/equipment in the next three years with no more than 100 words.