S.K. Yee Medical Foundation

Application Form for Funding of Project

Attention : **Project No. _____**

1. **Please read the Guidelines for Applicants carefully before completing this application form.**
2. **All sections of this form must be completed in English in standard size typescript using the space provided.**
3. **Completed forms should be sent to Unit 1708, Office Tower, Convention Plaza, 1 Harbour Road, Wan Chai, Hong Kong.**

Section A Project Proposal (To be completed by the Project Leader)

1. Category

(Please select **ONLY ONE** category from the following categories of support)

☐ Establishment of medical services for the poor and sick and the provision of equipment and apparatus for such services
☐ Provision of medical education
☐ Acquisition and/or construction maintenance and/or alteration of any buildings or works relevant to the provision of medical services or medical education
☐ Assistance in support of charitable organizations providing medical services for the poor and sick

If equipment is applied for, please state whether this is a new item, or replacement item for existing equipment and if so its approximate life span.

☐ New item ☐ Replacement item
Previous funding source _____

Backup availability _____

Useful life span: ☐ 0-5 years ☐ 5-10 years ☐ >10 years
Technology: ☐ Proven evidence ☐ Unproven ☐ No evidence
Mission critical for clinical service: ☐ High ☐ Medium ☐ Low

2. Project Title

3. Project Participants (Please refer to Section 14a for supporting documents to be provided)

Project Leader

Title: (*Prof/Dr/Mr/Ms/Mrs) Surname: _____ Forename: _____

Post: _____ Department: _____

Organization: _____

Address: _____

Tel. No.: _____ Fax No.: _____ E-mail Address: _____

Team Members

Name	Post	Department/Organization	Tel. No.

4. Amount Of Donation Or Grant Applied For: $

/.....2

Section B Details Of The Project Proposal
(The information should be concise and comprehensible to a non-specialist, and should not exceed the given space.)

1. Ways in which the project is of direct benefit to the poor and sick:

2. Aims, objectives and significance

3. Background, implementation plans, feasibility and work schedule:

(For new projects : Please give a summary of related work already done in the specified project area by project participants and by others in the space below.
For on-going projects : Please give a progress report in the space below.)

☐ New Project ☐ Extension to On-going Project

Planned starting date	Expected completion date	Duration (in months)

4. Justification of requirements and purpose:

5. Potential for implementation of results:

6. Sustainability of the project after expiry of the S.K. Yee Medical Foundation support:

7. Location where the project will be conducted (Please give name of centre or unit and full address)

8. Number of beneficiaries:

Patients	Paid Carers	Family Members	The General Public	Others

/.....5

9. Project cost and resource implications

(Please list all costs for the project in detail in the following tables. Vendors' quotations and detail breakdown must be provided. **The application may be rejected if these details are not provided.**)

a. Apparatus and equipment

Items	Unit Cost	1st 12-month period		2nd 12-month period		3rd 12-month period	
		Qty	Total	Qty	Total	Qty	Total
Total		$		$		$	
Total cost for all years : $							

b. Salary

Post	Monthly Salary	1st 12-month period		2nd 12-month period		3rd 12-month period	
		No.	Total	No.	Total	No.	Total
Total		$		$		$	
Total cost for all years : $							

c. General expenses

Items	Unit Cost	1st 12-month period		2nd 12-month period		3rd 12-month period	
		Qty	Total	Qty	Total	Qty	Total
Total		$		$		$	
Total cost for all years : $							

/.....6

d. Capital costs

Items	Unit Cost	1st 12-month period		2nd 12-month period		3rd 12-month period	
		Qty	Total	Qty	Total	Qty	Total
	Total	$		$		$	
Total cost for all years : $							

e. Others

Items	Unit Cost	1st 12-month period		2nd 12-month period		3rd 12-month period	
		Qty	Total	Qty	Total	Qty	Total
	Total	$		$		$	
Total cost for all years : $							

Donation or grant applied for

	1st 12-month period	2nd 12-month period	3rd 12-month period	Total Cost for All Years
a) Apparatus and equipment				
b) Salary				
c) General expenses				
d) Capital costs				
e) Others				
Less: Other sources of funding already secured Source:-				
Amount Applied for	$	$	$	$

/.....7

10. Details of other sources of funding previously applied for or with intention to apply
(Please inform the Foundation if the same or similar application has been made to other funding bodies or you intend to do so, and the results of such application when available.)

a. I confirm that this project or similar project(s) has been submitted to Research Grants Council / Health and Medical Research Fund of the Research Fund Secretariat * in the past two years immediately preceding this application. Details of such application and outcome are as follows and comments from the Research Grants Council or Research Fund Secretariat are attached. (* Please delete whichever is inapplicable.)

Funding Body	Date of Application	Project Title	Outcome	Amount Applied For	Amount Approved
Research Grants Council					
Health and Medical Research Fund					

b. I confirm that this project or similar project(s) has been submitted to the following funding bodies in the past two years immediately preceding this application. Details of such application and outcome are as follows :

Funding Body	Date of Application	Project Title	Outcome	Amount Applied For	Amount Approved

/.....8

11. Facilities and resources already available

(Please describe the same or similar facilities and resources already available or secured from other sources, including a list of public, subvented and private organizations, if any, in addition to those applied for above.)

12. Projects currently undertaken by project participants

(Please give details of on-going projects currently undertaken by project participants either individually or jointly with others.)

Name of Project Participant	Project Title	Source(s) of Funds	Starting Date and Expected Completion Date	Involvement (Average no. of hours per week)

13. Source of information about the invitation for applications

(Please indicate the source(s) from which you learnt about this round of applications.)

- ☐ Website of S.K. Yee Medical Foundation
- ☐ Newspaper Advertisement (please state which newspaper) _____
- ☐ Circular issued by my organization
- ☐ Colleagues
- ☐ Others (please specify : _____)

/.....9

14. Supporting documents to be provided

(Apart from the following documents which are absolutely necessary and fundamental to the Foundation in the consideration of the applications, additional sheets may not be attached to the application form and will be returned.)

a. Curriculum vitae of project leader and all team members (i.e. relevant education, employment history in recent 10 years and professional qualifications only. Do not attach personal information and research and publication lists.)
b. Names of two independent referees (They should not be under the employment of the registered institution or association concerned. Their opinion on the project may be sought directly by the Foundation at a later stage if deemed necessary.)

Names of Referees	Contact Address	Present Appointment	Professional Qualification
1.			
2.			

c. Vendors' quotations and detail breakdown for all items under Section B9.
d. Annual Report or other publication on the background and history of the registered institution or association concerned. (Not required for local tertiary institution, hospitals and centre under the purview of Hospital Authority)
e. Copy of evidence of registration.
f. Ethical approval of the overseeing organization, if relevant.

15. Declaration (To be read and signed by Project Leader)

I have read and accept the provisions of the Guidelines for Applicants. I agree that the Trustees may in its absolute discretion refuse this application whether wholly or in part and without giving any reason. Nor should the giving of any reason in rejecting an application detract from their absolute discretion. It is further agreed and accepted that the Trustees are under no legal or enforceable obligation to consider this application.

Signature of Project Leader: _____

Name of Project Leader: _____

Date: _____

/.....10

Section C Endorsement Of Organization / Overseeing Organization

(To be completed by the ***Head*** or ***authorized representative*** of the ***organization / overseeing organization***. A ***priority list*** and a summary of reasons on priority assignment should be provided if more than one project proposal is submitted by the same organization, or by the member institution or association under the same overseeing organization.)

1. I confirm that this application has been evaluated and

a. * **Endorsed / Not endorsed** for funding from the S.K. Yee Medical Foundation; and

b. Funding recommended : $_____

2. Comments on Proposal:

3. Comments on Funding Request:

4. If a grant is approved, the cheque should be made payable to:

_____

5. Details of the Chief Accounting Officer to be responsible for accounting and auditing matters related to this project:

Name: _____ Post: _____

Organization: _____ Tel. No.: _____

Address: _____

Signature: _____ Date: _____
(Head or authorized representative of
Organization / Overseeing Organization)

Name: _____ Post: _____

Department: _____

Organization: _____

Address: _____

* Please delete as appropriate