

RESEARCH GRANT COMMITTEE
THE HONG KONG LUNG FOUNDATION
(To reach the Research Grant Committee by 30 Nov of each year)

PART A SUMMARY OF THE RESEARCH PROPOSAL

1. Project title :

2. Name(s) of Applicant(s) and Units involved :

<u>Name</u>	<u>Post</u>	<u>Department/ Institution</u>
Principal Investigator : (with title)		
Co-Investigator(s) : (with title)		

3. Grant requested :

Total cost of project :

(a) Staff	HK\$
(b) Equipment	HK\$
(c) General Expenses	HK\$
<u>Less:</u>	
Other research funds secured from other sources	HK\$
Net grant requested * :	HK\$

4. Abstract of protocol :
(A short summary amounting to less than 400 words, comprehensible to a non-specialist, should be given. This should state the aims of the protocol, key issues and problems to be addressed, possible outcome of the research project, and its relevance and significance to Hong Kong)

PART B DETAILS OF RESEARCH PROPOSAL

1. Background of research :
(Summary of related work already done and outline of previous approaches to the problem -
 - (a) By others
 - (b) By your team

(Maximum 2 pages including key references)

2. Research plan and methodology : (Maximum 3 pages)
(please include key references)

3. Expected duration for entire project (in months)

Proposed starting date : Proposed completion date :

4. Estimated cost and resource implication of the whole project :

	<u>Year 1</u> HK\$	<u>Total</u> HK\$
(a) Staff		
Rank No. Salary per month		

(b) Equipment
(please itemize and provide two quotations for each item costing over HK\$50,000)

(c) General expenses
(please itemize)

Total

5. Other research funds secured which have been successfully obtained to reduce the total amount stated in Item 4 .

<u>Source</u>	<u>Amount</u> HK\$
---------------	-----------------------

6. Allocation for grant requested : HK\$
(Item 6 = Item 4 - Item 5)
(The amount shown here should be the same as shown
in Item 3 of Part A above)

7. Other research funds which are being/will be sought to reduce the amount of grant requested in Item 6. (If the funds under Item 7 are secured, the net amount of research grant requested in Item 3 of Part A may be reduced.)

Source

Amount
HK\$

8. Justifications for each category/item of the budget in Item 4 above:
(Outline of each item of request must be provided to support the request for funding)

9. Have funds previously been sought from any source for the same or similar project(s) ?

Yes

No

If yes, please state Organization/Committee applied to :

Project Title (if different from Item 1 of Part A above)

Date of application :

Outcome :

10. If this proposal *is the same as or similar to one previously submitted*, what alterations or improvement has been made? Please itemize these changes and provide a copy of the original application protocol for comparison.

11. Are there similar or related projects in your institution(s) ?

Yes

No

If yes, please give brief details (titles, brief nature of the projects, name of investigators and organizations involved.)

12. Results of previous HKLF funded projects (Attach one page summarizing the progress, key results and publications in respect of each projects; please show HKLF project reference number if applicable)
13. Curriculum vitae of applicant(s)
 (Attach to the end of the application CVs giving personal particulars, qualifications, working and research experience, ten most representative/relevant publications, etc. Each CV should be limited to 2 pages. **Full list of publications need not be provided unless subsequently invited by the Committee.**)
14. Research ethics/safety approval

(a) For projects requiring approval in the following areas, please tick ‘ ‘ in the appropriate box(es) to confirm whether the appropriate approval has been obtained : -

	Approval required	Approval obtained
Human research ethics	<input type="checkbox"/>	<input type="checkbox"/>
Animal research ethics	<input type="checkbox"/>	<input type="checkbox"/>
Biological safety	<input type="checkbox"/>	<input type="checkbox"/>
Ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>
Non-ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>
Chemical safety	<input type="checkbox"/>	<input type="checkbox"/>

(b) Approval required, if any, by other authorities and prospects of such approval :

(N.B. : The primary responsibility of seeking the relevant approval rests with the applicants. The institution is required to complete and sign Part C of this application form to certify whether the relevant approval has been given.)

15. I/We certify that I/we have completed this application form in accordance with the Guidance Notes ERG2. The information given is to the best of my/our knowledge complete and accurate.

Name of Principal : _____ Signature : _____ Date : _____
Investigator

Name of : _____ Signature : _____ Date : _____
Co-investigator

Name of : _____ Signature : _____ Date : _____
Co-investigator

(Add more names if necessary)

PART C **INSTITUTIONAL ENDORSEMENT**

(To be completed by the appropriate administrative authority e.g. Chief of Service or Head of Department)

1. I confirm that :
- (a) the application has been evaluated and endorsed by the institution for submission to the Hong Kong Lung Foundation;

 - (b) my Department or Institute will assist in creating a separate account to hold the research grant, if awarded, which will only be spent on the aforementioned expenditure incurred on the said project;

 - (c) the Principal Investigator (PI), _____ , is a full-time staff member of my Department/Institute of Staff Grade _____. The PI is also expected to be employed full time in my Department/Institute until the end of this project as stated in Part B (3);

 - (d) the institution understands that the Hong Kong Lung Foundation grant, if given, will be withdrawn if the project does not start or the PI leaves my Department/Institute within one year of the funding award. I agree that my Department/Institute will then forward the balance of unspent award to Hong Kong Lung Foundation.

Signature : _____

Name : _____
(IN BLOCK LETTERS)

Designation : Chief of Service or
Head of Department

Date : _____

PART D **DECLARATION OF RESEARCH ETHICS/SAFETY**

(To be completed by the appropriate administrative authority e.g. Chief of Service or Head of Department)

- (a) I have examined the research proposal and confirm that the approval of the appropriate authority(ies) has been/will be obtained in respect of the following :
(please tick ‘ ‘ as appropriate)

	<u>Approval obtained</u>	<u>Approval being sought</u>
Human research ethics	<input type="checkbox"/>	<input type="checkbox"/>
Animal research ethics	<input type="checkbox"/>	<input type="checkbox"/>
Biological safety	<input type="checkbox"/>	<input type="checkbox"/>
Ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>
Non-ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>
Chemical safety	<input type="checkbox"/>	<input type="checkbox"/>

- (b) I have examined the research proposal and confirm that no approval is required in respect of research ethics/safety as stated in Section (a) above.

Signature : _____

Name : _____
(in BLOCK letters please)

Designation : _____

Date : _____