

New Application *Please fill in Part 1 to Part 4*

Application for Amendment *Please fill in Part 1 and Part 5 (FES Acknowledgement No: _____)*

Category of Subsidy Application	<input type="checkbox"/> Equipment Purchasing <input type="checkbox"/> Facility Optimisation <input type="checkbox"/> Teaching & Research Quality Improvement <input type="checkbox"/> Others(_____)
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(1) Institution Information

Name of Institution	_____		
Name of Contact Person	_____	Contact Number	_____
Email Address	_____	Fax	_____

(2) Basic Information of Application Project

Equipment Purchasing

Faculty / Unit that Equipment Belongs to _____

Expected Procurement Period _____

Estimated Total Amount _____

Amount of Subsidy Applied for _____

Facility Optimisation

Faculty / Unit that Equipment Belongs to _____

Expected Project Period _____

Estimated Total Amount _____

Amount of subsidy applied for _____

Teaching & Research Quality Improvement

Name of Event _____

Location of Event _____ **Date of Event** _____

Others

Name of Project _____

Location _____ **Date** _____

Project Applying for Subsidy	Project Description and Expected Outcome	
	Attachment	<input type="checkbox"/> List of proposed equipment to be purchased <input type="checkbox"/> Quotation Information <input type="checkbox"/> List of proposed optimised facilities <input type="checkbox"/> List of existing facilities/equipment planned to be replaced <input type="checkbox"/> Other (Please specify) _____

(3) Budget for Application Project					
Items Applying for Subsidy	Item of Expected Expenses			Estimated Expenditure Amount (MOP)	
	1				
	2				
	3				
	4				
	5				
Total				MOP	
Other Sources of Subsidy	Subsidy Application sent to Organisations below	Status		Approved Item	Subsidy Amount
		<input type="checkbox"/> Approved	<input type="checkbox"/> Processing		
		<input type="checkbox"/> Approved	<input type="checkbox"/> Processing		
		<input type="checkbox"/> Approved	<input type="checkbox"/> Processing		

Note: 1. Please provide price reference documents /quotation for all expenditure items (Please sort in order to facilitate checking).

2. If there not enough space to fill in all items in application form, please attach supplementary sheet.

(4) Advance Payment Application	
Advance Payment application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for advance payment application	

