|  |  |
| --- | --- |
| Project Code |  |



PPRN GRANT APPLICATION FORM

*One (1) hardcopy and softcopy (email: pprn@moe.gov.my) of this form must be submitted to the Research and PPRN Unit, Policy Planning and Coordination Division, Ministry of Education (http://www.pprn.moe.gov.my)*

***[Incomplete Application will not be considered]***

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| **DETAILS OF RESEARCHER** |
| Name of Project Leader: |
| Designation: |
| Office Telephone No:  Mobile No: |
| E-mail Address: |
| Mailing Address: |
| Name of Institute of Higher Education  / Public Research Institute : |

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| **COMPANY INFORMATION** |
| Company Name: |
| Address: |
| Company Registration Number: |
| Brief description of Company: |
| **Employees Information**   |  |  | | --- | --- | | Total Number of Employees: |  | | Malaysian Citizen Employees: |  | | Non Malaysian Citizens Employees: |  | |
| **Sales Information**  Sales turn over in the last 3 years (in Ringgit Malaysia):   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 2016: |  | 2017: |  | 2018: |  |   Quantity and Sales of the product / services related to this project in previous year:   |  |  |  |  | | --- | --- | --- | --- | | Quantity: |  | Sales: |  |   Expected turnover of the product / services related to this project in current year:   |  |  |  |  | | --- | --- | --- | --- | | Quantity: |  | Sales: |  |   Status of Company   |  |  | | --- | --- | | Micro |  | | Small |  | | Medium |  | | Large |  | |
| **Industry** Sector (*Please cross*  *one of the following options*)**:**   |  |  | | --- | --- | | Manufacturing |  | | Agriculture |  | | Construction |  | | Mining |  | | Services |  | | Others  *Please Specify:* |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Type of Business Ownership** (*Please cross*  *one of the following options*)**:**   |  |  | | --- | --- | | Enterprise |  | | Partnership |  | | Private Limited |  | | Limited Liability |  | |
| Is the company registered with any Government/State Agency (e.g. SME Corp Malaysia, MARA, etc.):  (*Please cross*  *one of the following options*)   |  |  | | --- | --- | | No |  | | Yes |  |     *If Yes, please state all the Agencies and the year registered|
| Has the company received any grant or other financial or non-financial assistance from any Government/State Agency in the last 3 years *(Please state the information in detail, including the Agency involved, amount received and year)*: |
| Company’s needs in the project:  (Please briefly describe the current status of company’s production and current process. What are the limitations and solutions needed) |
| Note:   1. Please attach the copy of company’s registration certificate with SSM or related local authorities 2. Please attach copy of registration certificate/letter with agencies or platform such as SME Corp, MOA, MESTECC etc 3. Please attach copies of audited account report/Bank statement 4. Please attach a support letter signed by Company’s top management |

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| **INSTITUTION INFORMATION** | | | | | | |
| Name of Institute of Higher Education  / Public Research Institute : | | | | | | |
| Address: | | | | | | |
| Brief description of the Institute: | | | | | | |
| Institute’s role in the project: | | | | | | |
| **RESEARCH TEAM MEMBERS:** | | | | | | |
| **No.** | **Name** | **Institute of Higher Education / Public Research Institute** | **Designation** | **Highest Academic Qualification / Area of Expertise** | **Email and h/p number** | **Signature** |
| 1 | (Project Leader) |  |  |  |  |  |
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| Note:  Please provide a one page Curriculum Vitae for all team members using the format below: | | | | | | |

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| **A** | | **INFORMATION ON THE PROPOSED PROJECT** | |
| **A(i)** | | **Title of the proposed project:** | |
| **A(ii)** | | **Duration:**  (up to 6 months for Micro sized companies and up to 12 months for Non-Micro sized companies)  (Maximum **12 months** for **Targeted R&D Grant (NPD/NPI)**)  Duration (months): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Gantt Chart of Project Activities including Milestones and Dates:**  *(please enclose in Appendix as appropriate)* | |
| **B** | | | **DETAILED INFORMATIONON THE PROPOSED PROJECT** | |
| **B(i)** | | | **Executive Summary of the Proposed Project (maximum 300 words)**  (Please include the background of the problem faced by the company, objectives of this project, proposed solution and expected outcomes) | |
| **B(ii)** | **Project Background including Problem Statement**  *(Please enclose in the Appendix as appropriate)* | | | |
| **B(iii)** | **Objective(s) of the Proposed Project**  **The implementation of the proposed project is** (*please cross*  *the appropriate box(es))***:**   |  |  | | --- | --- | |  | To increase efficiency (*please state details)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | To reduce process time (*please state details)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | To improve quality (*please state details)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | To increase revenue (*please state details)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | To reduce manpower (*please state details)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | | |
| **B(iv)** | **Please describe Details of the Proposed Solution** (design, concept, specification, flow chart and suitability with company) *(Please enclose in the Appendix as appropriate)* | | | |
| **B(v)** | **Risk Plan** (Time, Financial, Technical, etc)     |  |  |  |  | | --- | --- | --- | --- | | **Rank** | **Risk Statement** | **Risk Level** | **Risk Response** | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | | | |
| **B(vi)** | | | **Expected deliverables:**  **New or improved Product or Process (with manual, commissioning and training)**  *(Please enclose in the Appendix as appropriate)*   |  |  |  | | --- | --- | --- | |  |  |  | | |
| **B(vii)** | | | **Expected** **Impact***(Please enclose in the Appendix as appropriate)***:**   1. **How does this project impact the participating company?** 2. **How does this project develop new talent?** 3. **How does this project benefit other companies within the industry?** 4. **What is the level of industry readiness to adopt the solution in term of space, manpower, facility, expertise?** | |

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| **C** | **BUDGET** |
| **E(i)** | **Indicate your estimated budget for the proposed project in the table below and provide detailed information for each Vot** *(in an Appendix as appropriate)***:**   |  |  |  | | --- | --- | --- | | **CATEGORY** | **PROPOSED FUNDING (RM)** | | | **PPRN** | **INDUSTRY** | | **Vot 11000**  Salary and Wages |  |  | | **Vot 21000**  Travelling and Transportation |  |  | | **Vot 24000**  Rental |  |  | | **Vot 27000**  Materials and Supplies |  |  | | **Vot 28000**  Maintenance and Minor Repair Services |  |  | | **Vot 29000**  Professional Services |  |  | | **Vot 35000**  Accessories and Equipment |  |  | | **TOTAL** |  |  | | **Administration Fees (5%)** |  | | | **GRAND TOTAL** |  | | |

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| **F** | **DECLARATION BY APPLICANTS**  **(Please cross** **):** |
|  | I hereby declare that:  All information stated in this form is accurate and the Ministry of Education Malaysia has the right to reject or to cancel the application without prior notice if there is any inaccurate information given.  No conflict of interest exists between the Institute of Higher Education / Public Research Institute, Lead Researcher or any other team members in the research team and the Company involved in this proposed project.  **Date :**   |  |  | | --- | --- | | **-----------------------------------------------**  **(Name of Company’s Representative)** | **-----------------------------------------------**  **(Name of Lead Researcher)** | | **(Company’s Stamp)** | **(Institution’s Stamp)** | |  |  | |  |  | |
|  | **Recommended by Director of Research Management Center(PPP)** |
|  | **Please tick ( √ )**  **Recommended:**  ***A.* Approved for Submission**      ***B*. Rejected (Please specify reason)**    **Comments:**  *Ulasan:*  ---------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------  **Name: Signature:**  *Nama: Tandatangan:*    **Date:**  *Tarikh:* |

Note:

Application submitted will be treated in full confidence. The award decision is final.

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| **CHECKLIST FOR PPRN GRANT APPLICATION FORM**  (Please cross ) |
| 1. One (1) set of hardcopy PPRN Grant Application Form 2. One (1) set of softcopy PPRN Grant Application Form 3. Letter of Support signed by Company’s top management 4. Currriculum Vitae for every researcher 5. Company’s yearly sales turnover is RM100,000 and above 6. Copy of company’s registration certificate with SSM or equivalent 7. Copy of registration certificate/letter with agencies or platform 8. Copies of audited account report/Bank statement |