**FORM A**

**PROPOSAL SUBMISSION FORM**

**FOR BRUNEI RESEARCH COUNCIL GRANTS**

**Parts 1 – 3 are to be filled by applicants.**

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| **PART 1. RESEARCH PROJECT SUMMARY**  **(to be filled for all grant types)** | | | | | | | |
| **1. Project Title:**  *(No more than 15 words)* |  | | | | | | |
| **2. Research Cluster Type:**  (Please tick ✓relevant cluster) | **Food Science & Technology** | |  | | | **Health & Biotechnology** |  |
| **ICT & Digital Technology** | |  | | | **Energy** |  |
| **Other (Please state cluster if selected** | |  | | | **Specify Cluster if “Other” is selected:** |  |
| **3. Principal Investigator(s):**  *(Identify EITHER one principal investigator OR up to 2 co-principal investigators)* | **Title**  (Mr / Ms / Mrs / Dr /Prof or other) | | | |  | | |
| **Full Name:** | | | |  | | |
| **Position & Organisation:** | | | |  | | |
| **Identification Type:**  (Select response) | | | | Passport  Bruneian National Identity Card | | |
| **Identification Number:** | | | |  | | |
| **Address:** | | | |  | | |
| **E-mail:** | | | |  | | |
| **Phone:** | | | |  | | |
| **CV Attached?** (Select response)  *(Please ensure CV is submitted)* | | | | Yes / No | | |
| **Title**  (Mr / Ms / Mrs / Dr /Prof or other) | | | |  | | |
| **Full Name:** | | | |  | | |
| **Position & Organisation:** | | | |  | | |
| **Identification Type:**  (Select response) | | | | Passport  Bruneian National Identity Card | | |
| **Identification Number:** | | | |  | | |
| **Address:** | | | |  | | |
| **E-mail:** | | | |  | | |
| **Phone:** | | | |  | | |
| **CV Attached?** (Select response)  *(Please ensure CV is submitted)* | | | | Yes / No | | |
| **4. Host Organisation(s):** | **Organisation Name:** |  | | | | | |
| **Address:** |  | | | | | |
| ***Focal Point Details*** | | | | | | |
| **Title:** |  | | | | | |
| **Name:** |  | | | | | |
| **Position & Department:** |  | | | | | |
| **Email:** |  | | | | | |
| **Phone:** |  | | | | | |
|  | **For Private Sector applicants, Form C: Pre-Qualification Questionnaire Attached?** (Select Response) | | | Yes / No | | | |
| **4. Expected Start and End Dates:**  *(DD-MM-YYYY)* | Start: | | | End: | | | |
| **5. Duration of the project:** | Months  Years | | | | | | |
| **6. Project One-Paragraph Summary**  ***(****200 word limit. Your summary should include planned activities, benefits and outcomes.)* |  | | | | | | |
| **7. Total Project Scheme Value (BND):**  *(This should tally with the figures in Form B Project Proposal)* |  | | | | | | |

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| **PART 2. FUNDING OVERVIEW**  **(Complete Relevant Section – Complete one only)** | |
| **1. Applied Research Fund Requested**  *(This value would be the same as in Part 1 (7) above, maximum BND 300,000)* |  |
| **2. Industrial Research Fund Requested**  *(This value is 50% of the value in Part 1(7) above, maximum BND 2,000,000)* |  |
| **3. R&D Commercialisation Support Programme**  *(This value would be the same as Part 1(7) above, maximum BND 10,000)* |  |

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| **PART 3. COLLABORATOR INFORMATION**  **(For Industrial Research Fund – Fill as required, and add on more blocks if more than 1 (e.g. in case of a consortium)** | | |
| **Collaborator #1** | *Focal Point* |  |
| **Title**  (Mr / Ms / Mrs / Dr /Prof or other) |  |
| **Full Name:** |  |
| **Position & Organisation:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Form C: Pre-Qualification Questionnaire Attached?** (Select response) | Yes / No |

**I declare that the above statement is true to the best of my knowledge and belief.**

**Submitting PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of submission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***This part is to be filled by the BRC Secretariat only.***

***BRC Secretariat Remarks***

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| ***Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |