**Guidance Notes on Research Funding Application**

**Application Procedures**

1. Applicants should read carefully these notes as well as the “[Sponsorship Application Guideline](https://www.pcfb.org.hk/Publish/researchdownload/20170821144615_0.pdf)” posted on the Board’s webpage at <https://www.pcfb.org.hk/prevention_download.php> before submitting the application, particularly the parts related to “Probity Requirements”, “Declaration of Interest” and “Personal Data”.
2. Under normal circumstances, applicants will be notified of the preliminary or final result within 12 months.
3. Please refer to the website of the Board for the application periods for funding. Applicants should submit their applications during these periods and state clearly in the forms the expected project commencement date.
4. For enquiries, please contact Mr. Chung at 3578 8102 or research@pcfb.org.hk.

**Terms and Conditions of Application**

1. Applicants may need to submit supplementary information for evaluation. Regardless of the outcome of the application, all submitted documents will not be returned to the applicant.
2. The Board reserves all rights to reject any application at its discretion.
3. Applicants should provide true and accurate information in their application. The Board will terminate the respective funding if any successful applicant is found to have provided false information for evaluation, and, in which case, the Board reserves all rights to recover all the monies previously paid for the funding.
4. Applicants’ personal information and organisational details are collected for application evaluation. If necessary, such information may be disclosed to the Government, statutory or professional bodies.

**Warning**

**If the Applicant wilfully gives any false information or withholds any material information in this Application Form, or fails to notify the Board of any subsequent change of information provided, the Board may withdraw its approval of the funding application, and will reserve the rights to recover any sum paid to the Applicant/the Institution.**

**Pneumoconiosis Compensation Fund Board (PCFB)**

**Application Form for Research Funding**

**Personal Particulars**

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| --- | --- | --- | --- |
| 1. **Name of Applicant:**   **(PI of the project)** | (Eng) Enter Text  (Chi) Enter Text | | |
| 1. **Post, Department, Institution** | | | |
| (Eng) Enter Text  (Chi) Enter Text | | | |
| 1. **Telephone No:** | Enter Text | 1. **Email Address:** | Enter Text |
| 1. **Correspondence address:** | | | |
| Enter Text | | | |
| 1. **Current employment status with institution:** | | | Enter Text |
| 1. **In case the applicant is a contract staff, please state if the contract would expire before the expected termination date of the project** | | | Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  N/A |

\* please tick ‘√’ as appropriate

**Details of the Research Project**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Title of Project:** | | | | | |
| (Eng) Enter Text  (Chi) Enter Text | | | | | |
| 1. **Name(s) and Affiliation(s) of Applicant(s):** | | | | | |
|  | Name | | Post | | Unit/Department/  Institution (Company) |
| Principal Investigator [PI]  (with title) | Enter Text | | Enter Text | | Enter Text |
| Co-Investigator(s)  [Co-I(s)]:  (with title) | Enter Text | | Enter Text | | Enter Text |
| 1. **Total Applied Fund:**   (The maximum funding for each project per year is HK$2,000,000) | | | | (HKD) Enter Text | |
| **The applicant is required to complete the** [**Budget Breakdown Form**](https://www.pcfb.org.hk/Publish/action/files/Budget%20Breakdown%20Form_final%281%29.xlsx) **in both English and Chinese.** | | | | | |
| 1. **Has the project been submitted and assessed previously by other research grant institution(s)** | | | | | Yes  No |
| If yes, when?  And what is the outcome? | | (d/m/y) Enter Text  Enter Text | | | |
| 1. **Has the project received funding from other source(s)** | | | | | Yes  No |
| If yes, please also complete the following (a) & (b)   1. Please specify the funding institution(s):   Enter Text   1. Funding amount that has been approved: (HKD) Enter Text   Note: Unless under very special circumstances, PCFB will usually not consider funding applications for those projects that have already received grants from other institution(s). | | | | | |
| 1. **Are the PI and/or Co-I(s) currently applying funding from other institution(s) for the same project?** | | | | | Yes  No |
| If yes, please also complete the following (a), (b) & (c)   1. Name of institution(s) that the researcher(s) are applying funding for the same project   Enter Text   1. Applied funding amount: (HKD) Enter Text 2. When the applicant(s) should expect to receive the result#? (d/m/y) Enter Text   (#Applicant(s) are required to inform PCFB the result within 14 days after they have been notified of it) | | | | | |
| 1. **Nature of application**   New [i.e. PI and/or Co-I(s) applying for PCFB funds on this research topic for  the first time].  Re-submission [i.e. PI and/or Co-I(s) have previously applied for PCFB funds  on this research topic but application not supported].  On-going [i.e. PI and/or Co-I(s) extending work previously funded by PCFB | | | | | |

\* please tick ‘√’ as appropriate

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| --- |
| 1. **(a) Abstract of research** (in both English and Chinese, and be comprehensible to a non-specialist)   Enter Text |
| 1. **(b) A detailed proposal with the following should be submitted as a separate document:**   **Background –**   * General information and/or research gap in relation to pneumoconiosis, mesothelioma and/or protection against aforementioned diseases for construction and/or quarry workers * Previous work done and how the proposed project is related   **Objectives** – Specific aims to be carried out of the proposed project  **Expected outcomes** – please state clearly the achievable outcomes/endpoints/performance evaluation  **Significance** – please state clearly how the proposed project is important to the management of above diseases  **Application** – please state clearly how the data/outcomes can apply to below,   * Disease prevention * Patient care * Disease detection * Potential treatment * Education and promotion   **Implementation plan and methodology** – please include the followings if applicable,   * Study design * Sample population and justification * Sample collection * Research techniques to be applied * Endpoint markers for comparison * Data collection and analysis * Data handling   **Project schedule** –please include the followings if applicable,   * Expected work to be done through the project duration * Responsible staffs   **Roadmap or follow up application plans –** please state how the outcomes/results can benefit patients or workers directly if the outcomes/results are positive  **Any other relevant information** –please include the followings if applicable,   * Preliminary data * Ethical considerations   **References** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **(a)** Details of ongoing and completed research projects funded by PCFB undertaken by the **PI** (in the capacity of a PI or Co-I) and each Co-I (or in the capacity of a PI) in reverse chronological order. | | | | | | | |
| Project Title | | Funding Source(s)  And Amount  (HK$) | | Start Date | | (Expected)  Completion Date | |
| Enter Text | | Enter Text | | Enter Text | | Enter Text | |
| Enter Text | | Enter Text | | Enter Text | | Enter Text | |
| Enter Text | | Enter Text | | Enter Text | | Enter Text | |
| Enter Text | | Enter Text | | Enter Text | | Enter Text | |
| 1. **(b)** Details of on-going and completed research projects funded by other sources undertaken by the PI (in the capacity of a PI or Co-I) and each **Co-I** (in the capacity of a PI) in the recent **three** years (in reverse chronological order). | | | | | | | |
| Name of Co-I(s) | Project Title | | Funding Source(s) and Amount  (HK$) | | Start Date | | (Expected) Completion Date |
| Enter Text | Enter Text | | Enter Text | | Enter Text | | Enter Text |
| Enter Text | Enter Text | | Enter Text | | Enter Text | | Enter Text |
| Enter Text | Enter Text | | Enter Text | | Enter Text | | Enter Text |
| Enter Text | Enter Text | | Enter Text | | Enter Text | | Enter Text |

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| 1. **(c) Institutional Endorsement** (for applicants from institutions)   (To be completed by the appropriate administrative authority of the institution)  I confirm that (1) the application has been evaluated and endorsed by the institution for submission to PCFB, and  (2) the PI is a full-time staff member of this institution  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of Administrative Authority |
| 1. **Curriculum vitae (CV) of applicant(s)**   For the PI and each Co-I, attach **one A-4 page** CV with personal particulars, academic qualifications, positions held and publication records. Please present publications in two sections: most representative publications (ten at maximum), and research-related prizes and awards. |
| 1. **Declaration**   I certify that all the information given in this application is true and correct, and understand that any inaccurate information that is given will render the application void. I have read the [[Research Fund – Guide for Applicants]](https://www.pcfb.org.hk/prevention_fund_application.php?lang=en) and [[Guidance Notes on Research Funding Application](#_top)], and understand that I need to comply with all applicable laws and regulations of Hong Kong Special Administrative Region and relevant corruption prevention guidelines, and agree to abide by and be bound by them.   * Name of Principal Investigator: Enter Text * Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text * Name of Co-Investigator: Enter Text * Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text * Name of Co-Investigator: Enter Text * Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text   (Add more names if necessary) |
| 1. **Disclosure of Interests**   I/We\* disclose interests as follows  do not have any significant connection^ with the Board  will not derive any monetary or any other benefits from the project  please specify: Enter Text  \* please delete whichever inappropriate  # please tick ‘√’ as appropriate  ^ connection includes:   1. any family or other personal relationship with any member/committee member or staff of the Board; 2. any advisory, client, employment or other relationship with the Board; and 3. any shareholdings, directorship or other roles (which he/she has himself/herself or with or on behalf of his spouse or children) in companies or other bodies with any advisory, client or other relationship with the Board. |

END

**Appendix I**

* **Prevention of Bribery**

For applicants of sponsorship or research fund application, you shall not and shall ensure that your director, member, agent and employee shall not give or offer any advantages as defined under the Prevention of Bribery Ordinance to any agent or employee of PCFB. You are also prohibited from colluding with other bidders in the invitation exercise in whatever forms (e.g. price rigging). Any breach of or non-compliance with these clauses by the applicant shall, without affecting the application’s liability for such breach or non-compliance, invalidate his application.

If the applicant, director, member, employee or agent of the applicant shall be found to have committed an offence under the Prevention of Bribery Ordinance in relation to the application or the agreement, PCFB may terminate the agreement without entitling the applicant to any compensation therefore, and the applicant shall be liable for all losses and expenses necessarily incurred by PCFB as the result of such termination of the agreement.

* **Personal Data Collection Statement**
* **Purpose of Collection**

The personal data and other related information provided by you in the Application Form will be used by PCFB or any third party assigned by PCFB for the purpose of processing your application. The provision of personal data and other related information in the Application Form is voluntary. You may apply PCFB to withhold some data from release to the public. However, if you do not provide adequate and accurate data we may not be able to process your application.

* **Disclosure** **of Information**

PCFB will have the right to put your application materials (including your personal information unless requested otherwise) and the progress and completion reports on the PCFB website as public information. Where deemed necessary, the particulars submitted by you may also be provided to other departments/organisations/persons for verification purposes and any other purposes considered appropriate and relevant to the application by PCFB.

* **Data Access and Correction**

You have the right of access and correction with respect to personal data provided herein pursuant to sections 18 and 22 and Principle 6 of Schedule 1, PDPO. The right of access includes the right to obtain a copy of your personal data provided during the occasion as mentioned hereinabove. A fee may be imposed for obtaining a copy of the data.

Enquiries concerning the personal data provided, including access and making of corrections, should be addressed to:

Data Protection Officer

Mr. Erik Kei

Pneumoconiosis Compensation Fund Board

15/F Nam Wo Hong Building

148 Wing Lok Street, Sheung Wan, Hong Kong

Tel: 3578 8102

Fax: 2116 0116

Email: research@pcfb.org.hk

I have read and understood and agreed to be bound by the above Conditions for applying the PCFB Research Fund.

* Name of Principal Investigator: Enter Text
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text
* Name of Co-Investigator: Enter Text
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text
* Name of Co-Investigator: Enter Text
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter Text

(Add more names if necessary)

Notes: Electronic signatures are acceptable in all signature fields on this form