**THE HONG KONG POLYTECHNIC UNIVERSITY**

**Application for Large Equipment Fund**

**Part I**

(to be completed by the project team)

Details of Project Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Post** | **Department/School/Unit** |
| **Team Leader** |  |  |  |
| **Team Member** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Detailed Description of Equipment

(A valid quotation with detailed equipment specification should be attached.)

Large Equipment for Research

Name of Equipment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of the Equipment

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| --- |
|  |

Proposed Utilisation of the Equipment

[Please provide a list of designated researchers (including their positions and departments) and/or a list of research projects (including information on PIs and funding sources) who/that will benefit from the use of the equipment.)

|  |
| --- |
|  |

Operational Plan of Equipment

(Please provide a plan on where the equipment will be located, how will it be operated and how will the installation/training/maintenance/operational costs be supported in the next three years, and the potential implications on the utilization of space upon completion of new equipment installation.)

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|  |

Does the installation of the new equipment involve disposal or relocation of existing equipment in the concerned location? Yes □ No □

If the answer to the above question is “yes”, please provide details of the equipment concerned and a plan for its disposal or relocation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreseeable Safety and Health Concerns

(please “√” as appropriate)

□ Ionizing radiation

□ Non-ionization radiation

□ Use of hazardous substances or controlled chemicals

□ Biological agents

□ Alteration or addition of ventilation system required

□ Others (Please specify): \_\_\_\_

Please elaborate the potential safety and health risks to the user when the equipment is installed and in operation:

|  |
| --- |
|  |

Proposed Budget

In this round of application, the University Central and Departments/Faculties are required to provide a matching fund in the ratio of 75:25, i.e., 75% from University Central and 25% from departments/faculties.

The total estimated amount required for the purchase of the equipment is HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the provision of matching fund from University Central and departments/faculties are as follows:

|  |  |
| --- | --- |
|  | **Proposed Amount** |
| Department/School |  |
| Department/School |  |
| Faculty/School Board |  |
| University Central |  |
| Total |  |

Declaration (please “√” as appropriate)

1. To the best of our understanding, no similar piece of equipment is available on the campus.

We confirm that the upgrading of existing equipment could be a means to meet the needs of the proposed research needs.

We understand that there is a similar piece of equipment available on the campus, the justifications for purchasing the proposed equipment are listed below:

|  |
| --- |
|  |

1. We understand that no additional space will be allocated by the University for accommodating the equipment and we will consult Health, Safety and Environment Office if health risks or safety implications arising from the installation and operation of the equipment were identified.
2. We understand that no top-up grant will be provided to cover deficiency in funding arising from unforeseeable events such as price variation, exchange rate fluctuation, etc.

Signature of Project Team:

|  |  |  |
| --- | --- | --- |
| **Name of Team Member (Dept)** | **Signature** | **Date** |
| Team Leader |  |  |
| Team Member |  |  |
| Team Member |  |  |
| Team Member |  |  |

**Part II – Endorsement from Department / Faculty**

[to be completed by Head of Department / Dean of School / Dean of Faculty]

Each Head of Department (HoD) / Dean of School (DoS) and relevant Dean of Faculty is invited to indicate the Department/School/Faculty’s support on the application in the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of HoD/DoS (Dept)/ Dean of Faculty Dean\*** | **\*The application is** | | **Signature of HoD/ DoS / Faculty Dean and Date** |
| **Supported** | **Not Supported** |
| Head of Department of Team Leader ( ) |  |  |  |
| Head of Participating Department / School ( ) |  |  |  |
| Head of Participating Department / School ( ) |  |  |  |
| Faculty Dean of Team Leader ( ) |  |  |  |
| Faculty Dean of Participating Department / School ( ) |  |  |  |

Each Head of Department / Dean of School and Dean of Faculty is invited to provide additional comments on the application in the space below:

|  |  |
| --- | --- |
| **HoD / DoS (Dept)**  **Faculty Dean** | **Additional Comments** |
| Head of Department of Team Leader ( ) |  |
| Head of Participating Department/School ( ) |  |
| Head of Participating Department/School ( ) |  |
| Faculty Dean of Team Leader ( ) |  |
| Faculty Dean of Participating Department/School ( ) |  |

**Part III – Provision of Matching Fund from Department / School / Faculty**

[to be completed by Head of Department / Dean of School and Dean of Faculty (if deemed necessary)]

**The Committee will not consider the application if there is no provision of matching from Department/School/Faculty*.***

Each relevant Head of Department / Dean of School and Dean of Faculty is invited to indicate the Department/School/Faculty’s support on the provision of matching fund in the following table:

|  |  |  |
| --- | --- | --- |
|  | **Department / School** | **Faculty / School Board\*\*** |
| **Amount of matching fund (HK$)** | [*e.g., $250,000 (ABCT)]* | [*e.g., $250,000 (FAST*) |
| **Please specify the source of funding for matching fund. Charging account code should also be provided if available.** | *[e.g., one-line budget, departmental earnings account]* | *[e.g., Dean’s Reserve, Faculty Reserve]* |
| **Name of authorized person** |  |  |
| **Signature of authorized person\*** |  |  |

\* Authorized person refers to HoD, DoS, Faculty Dean or School Board Chairman

\*\* If Deans of Faculty decides to use Faculty Reserve to support the purchase of large equipment, approval from DP & Provost can be provided later.

January 2024