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



**KEMENTERIAN PENGAJIAN TINGGI**

PPRN GRANT APPLICATION FORM

*One (1) hardcopy and softcopy (email:* *pprn@mohe.gov.my* *and pprn.kpt@gmail.com) of this form must be submitted to the Research and PPRN Unit, Policy Planning and Research Division, Ministry of Higher Education*

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

|  |
| --- |
| **PROJECT TITLE:** |
| 1. **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 : |

|  |
| --- |
| 1. **COMPANY INFORMATION**
 |
| Company Name:  |
| Company Contact Person:Phone No:Email: |
| Company Address: |
| Company Registration Number(MyCoID): |
| Business Premise Registration Number (Local Authority / Authorised Government Agency): |
| 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):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: \_\_\_\_\_  |  | Year:\_\_\_\_\_\_ |  | Year:\_\_\_\_\_\_\_ |  |

Quantity and Sales of the product / services related to this project in for the past 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity: |  | Sales: |  |

Expected turnover of the product / services related to this project after receiving PPRN grant:

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity: |  | Sales: |  |

**Size of Company**

|  |  |
| --- | --- |
| Micro |  |
| Small |  |
| Medium |  |
| Large |  |

*(refer to Garis Panduan Pelaksanaan Public-Private Research Network 2.0 to determine company size)* |
| **Industry** **Sector** (*Please cross* [x]  *one of the following options*)**:**

|  |  |
| --- | --- |
| Manufacturing |  |
| Agriculture |  |
| Services |  |
| Mining |  |
| Construction |  |

 |
| **Type of Business Ownership** (*Please cross* [x]  *one of the following options*)**:**

|  |  |
| --- | --- |
| Enterprise |  |
| Partnership |  |
| Private Limited |  |
| Limited Liability |  |

 |
| Has the company been assessed by any Government/State Agency (e.g. SCORE SME Corp Malaysia etc.): (*Please cross* [x]  *one of the following options*)

|  |  |  |
| --- | --- | --- |
| No |  | *(please fill in the Business Model details in the following page)* |
| Yes |  |  |

  *If Yes, please state all the Agencies and the year assessed:*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Has the company received any grant or other financial or non-financial assistance related to the project from any Government/State Agency in the last 3 years e.g. PPRN, MOSTI, MTDC, SMECorp, TEKUN, PUNB, MARA, CREST, SIRIM, MDEC ***(Please state the information in detail, including the Agency involved, title and scope of grants, amount received and year****)*: |
| Future state of the company:(Please briefly describe how do you see your business in the near future)   |
| Company Performance Evaluation: (Please attached related supporting documents as a proof that the company has been evaluated on their performance)Business Model Canvas:Please attached the Business Model Canvas for company that has not been evaluated in terms of their performance by agency such as SME Corp, PUNB, MTDC, SIRIM, MARA, MDEC, MIGHT and other related agencies). Example of Business Model Canvas can be downloaded at <https://canvanizer.com/downloads/business_model_canvas_poster.pdf> |
| Company’s needs in the project:(Please briefly describe the current status of the company’s production and its process. What are the limitations and solutions needed) |
| 1. **INSTITUTION INFORMATION**
 |
| Name of Institute of Higher Education (IHE) / Public Research Institute (PRI):   |
| Address: |
| Brief description of the Institute: |
| Institute’s role in the project: |
| 1. **RESEARCH TEAM MEMBERS:**
 |
| **No.** | **Name** |  **IHE / PRI** | **Highest Academic Qualification / Area of Expertise** | **Email address and H/P number** | **Role and responsibility**  | **Signature** |
| 1 | (Project Leader) |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| Note:Please provide a **one-page** Curriculum Vitae for all team members |

|  |  |
| --- | --- |
| **E** | **INFORMATION ON THE PROPOSED PROJECT**  |
| **Title of the proposed project:** |
| **Project Duration(months): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Maximum of 6 months for micro sized company\*\*Maximum of 12 months for small, medium and large company **Gantt Chart of Project Activities including Milestones and Dates:***(please enclose in Appendix as appropriate)* |
| **F** | **DETAILED INFORMATIONON THE PROPOSED PROJECT** |
| **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) |
| **Scope of PPRN Project (Please tick X)**Product Innovation Process InnovationBriefly describe what is the specific product/process to be innovated or upgraded in this proposal? (maximum 100 words)Briefly describe what is the scientific and technological solution that can be offered by the researcher/s to solve this problem. (maximum 100 words)**Project Background (including Problem Statement)***(Please enclose in the Appendix as appropriate)* |
| **Objective(s) of the Proposed Project****The implementation of the proposed project is** (*please cross* [x]  *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)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

 |
| **Please describe Details of the Proposed Solution** (design, formulation, concept, specification, flow chart and suitability with company) *(Please enclose in the Appendix as appropriate)* |
| **Risk Plan** (Time, Financial, Technical, etc)

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank** | **Risk Statement** | **Risk Level** | **Risk Response** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

 |
| **Expected deliverables:****New or improved Product or Process (with manual, commissioning and training)***(Please enclose in the Appendix as appropriate)*

|  |  |  |
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 |
| **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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| **G** | **BUDGET** |
| 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** | **COMPANY** |
| **Vot 11000** Salary and Wages |  |  |
| **Vot 21000** Travelling and Transportation(maximum of RM5,000) |  |  |
| **Vot 24000** Rental* only applicable for rental of external facilities/equipment.
* maximum of 10% total project cost or maximum of RM15,000 (whichever lower).
 |  |  |
|  **Vot 27000** Materials and Supplies  |  |  |
| **Vot 28000** Maintenance and Minor Repair Services* maximum of 2.5% total project cost or maximum of RM10,000 (which ever lower).
 |  |  |
| **Vot 29000** Professional Services* Researcher’s professional fees
* Testing/Instrumentation/Characterization
* Fabrication work
 |  |  |
| **Vot 35000** Accessories and Equipment (attached quotation)* Not more than 40% of the total PPRN funding
 |  |  |
| **TOTAL** |  |  |
| **Administration Fees (5%)** |  |
| **GRAND TOTAL** |  |

**Note: Evidence of item pricing must be provided for Vot 24000,27000,28000,29000 and 35000 (e.g Quotation or Price list from Manufacturer/Vendor website, etc)** |
| **H** | **ADDITIONAL CONTRIBUTION BY THE COMPANY** |
|  | **List of additional contribution that company is willing to offer (e.g industrial training for students, Training of Trainers (ToT) to local industries, job offers for student’s involved in the project, etc)** |
| **I** | **ADDITIONAL APPROVAL** |
|  | **Does the research team require approval from a particular Agency / Committee such as Malaysia Nuclear Agency, Institutional Biosafety Committee,** Ethics Committee, etc regarding specific requirements or aspects about this project?*(If yes, please describe the need to gain the approval and attach the prove of approval)* |
| **J** | **DECLARATION BY APPLICANTS****(Please cross** [x] **):**  |
|  | I hereby declare that:[ ]  All information stated in this form is accurate and the Ministry of Higher Education and Project Management Centre 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. [ ]  The Lead Researcher or any other team members in the research team and the Company involved in this project have not made application with similar scope to other grant/fund providers.**Date :**

|  |  |
| --- | --- |
| **-----------------------------------------------** **(Name of Company’s Representative)** | **-----------------------------------------------** **(Name of Lead Researcher)** |
| **(Company’s Stamp)** | **(Institution’s Stamp)** |
|  |  |

 |
|  | **Recommended by Director of Project Management Centre (PMC)** |
|  | **Please tick ( √ )** **Recommended:** ***A.* Approved for Submission** ***B.* Rejected (Please specify reason)** **Comments:**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**Name: Signature:**  **Date:** |

Note:

All applications submitted will be treated in full confidence. The award decision by Ministry of Higher Education is final.

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| **CHECKLIST FOR PPRN GRANT APPLICATION FORM**(Please cross [x] ) |
| 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. One-page Curriculum 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 related documents to show the performance of the company

 had been evaluated by agencies or platform 1. Copies of latest 3 years full audited account report (Sdn Bhd) or

 6 months latest certified Bank statement (Enterprise)1. Business model canvas (for companies that has not been evaluated

 by any agencies/platform)1. Project evaluation form by IPT/PRI technical committee
2. Company Form 24
3. Copy of related document to show that additional approval from

 related Committee/Agency has been received (Item I in the form) |