# Sports Science and Research Funding Scheme (“SRFS”) Application Form

**Important Information**

1. Please read the **Disbursement, Accounting and Monitoring Arrangements (DAMA)** prior to completing this **Application Form**.
2. All Projects are to align with the intent of the funding which is collaborative with the HKSI to contribute to athletes’ competitiveness in the upcoming Major Games.
3. Submission from individuals, and submissions which do not result from collaborative discussion with the HKSI’s Elite Training Science and Technology Division will not be accepted.
4. The Application Form is to be completed in English.
5. Annexes may be attached if space provided is insufficient.
6. Applications may be submitted, to the SRFS Secretariat, by post, to: SRFS Secretariat, Hong Kong Sports Institute, 25 Yuen Wo Road, Sha Tin, NT, Hong Kong; by email to srfs@hksi.org.hk; or through the online application portal.
7. Information provided in the Application Form will only be used for the purposes directly related to the application assessment; project monitoring, and implementation process.
8. In case of conflict between the **DAMA**, this **Application Form** and the **Approval Letter** **of Agreement** to be signed by the Lead Institution, the latter shall prevail.
9. To facilitate time efficient assessment and approval the Application Form is structured into four Sections as follows:

|  |  |
| --- | --- |
| **Section** | **Content** |
| **1.** | Introductory Information (Lead Institution; Project Lead; Contact person) |
| **2.**  | Project Overview Information (Key summary information of Project) |
| **3.**  | Assessment Criteria Information (Detailed information addressing the 5 assessment areas) |
| **4.**  | Attachments of Additional Information |
| **5.**  | Declaration (Affirmation of truth, permission to use data provided, and confirmation of Lead Institution support for participation in the Project) |

Section 1: Introductory Information

|  |  |
| --- | --- |
| Project Title: |  |
| Lead Institution: |  |
| Collaborator: |  |
| Project Lead: |

|  |  |
| --- | --- |
| Name: |  |
| Post Title: |  |
| Tel: |  |
| Email: |  |

 |
| Contact Person: |

|  |  |
| --- | --- |
| Name: |  |
| Tel: |  |
| Email: |  |

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Section 2: Project Overview Information

1. Project Title:

|  |  |
| --- | --- |
| Project Title: |  |

2. Project Cost:

|  |  |
| --- | --- |
| Total Project Cost (HK$ ‘000): |  |
| Amount of SRFS Funding Sought (HK$ ‘000): |  |

3. Schedule:

|  |  |
| --- | --- |
| Commencement Date (dd/mm/yyyy): |  |
| Completion Date (dd/mm/yyyy) |  |
| Duration of the Project Period(No. of months) |  |

Section 2 (Contd.)

**4. Relevant Scope (Select all that apply)**

* Science and research projects on areas including sports science and sports medicine;
* Purchase of equipment and software applications on scientific research related to strength and conditioning, sports science, and sports medicine; and
* Further improvements to athletes’ gear, etc.
1. **Relevant Area (Select all that apply)**
* Sports scientific research
* Sports medicine
* Sport engineering
* System development and optimisation
* Data science
* Equipment enhancement
* Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Project Summary** (no more than 200 words)

(Please provide a summary of the project objectives, design, and potential impact, etc.)

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1. **Project Deliverables** (no more than 300 words)

(Please provide a brief description of the expected measurable outcomes and the timeframe required for achieving them.)

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1. **Project Milestones**

Please set out the key milestones of the work progress, and relevant deliverables to be achieved.

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| --- | --- |
| Proposed Commencement Date: |  |

|  |  |  |
| --- | --- | --- |
| Milestones | Date(dd/mm/yyyy) | Work Progress/Deliverables |
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|  |  |  |
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| --- | --- |
| Proposed Completion Date: |  |

Section 3: Assessment Criteria Information

Please provide information on the following components to assist with efficient processing of the application:

1. Please explain how the project addresses an issue/s recognised by the HKSI/Head Coach/NSA as potentially contributing to improving the competitiveness of Hong Kong Athletes at international level? (30% Weighting)

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1. Please describe the relevant elite sport body of knowledge; and relevant science/medical/technology evidence on which the project approach is based. How are assumptions as to potential impact of the project on identified aspects of elite training supported? (30% Weighting)

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1. Please provide details on the objectives, viability within the time frame; methodology to achieve interim milestones; and final measurable outcomes. Please attach a project **Gantt Chart**. (15% Weighting)

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1. Please provide details of the Project team including background, qualifications, experience, and track record. (15% Weighting)

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5. Please provide projected budget breakdown in the relevant category below. (10% Weighting)

a. Personnel

Please provide details of members the research team to be employed to work directly on the project (in order of rank).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position Rank | No.Required | Duration(months) | Monthly rate or equivalent (HK$ ‘000) | Total(HK$ ‘000) | Role Description |
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|  |  |  | Sub-total (a) |  |  |

1. Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment to be used | Quantity | Unit Cost(HK$ ‘000) | Total(HK$ ‘000) | Justification |
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|  |  | Sub-total (b) |  |  |

1. Other Direct Costs

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| --- | --- | --- | --- | --- |
| Item | Quantity | Unit Cost(HK$ ‘000) | Total(HK$ ‘000) | Justification |
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|  |  | Sub-total (c) |  |  |

1. Administrative Overheads (up to 15% where applicable)

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| Item | Total(HK$ ‘000) |
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| Sub-total (d) |  |

Projected Budget Summary:

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| --- | --- |
|  | Cost(HK$ ‘000) |
| 1. Personnel
 |  |
| 1. Equipment
 |  |
| 1. Other Direct Costs
 |  |
| 1. Administrative Overheads

(up to 15% where applicable) |  |
| Total project cost and funding request: |  |
|  | (a)+(b)+(c)+(d) |

Section 4: Declaration

* I/We certify that all the information provided in this form is true, complete and accurate.
* I/We agree that information provided in this form can be used and/or disclosed by the HKSI to relevant parties to process the application, and if the application is successful, to monitor the project.
* I/We confirm by signature and chop below that participate in the project is supported by our institute.

**Lead Institution**

|  |  |  |
| --- | --- | --- |
| Authorised Signature of Project Lead for and on Behalf of the Lead Institution |  | ChopLead Institute Chop |
| Name |  |
| Post Title |  |
| Tel |  |
| Name of Lead Institute |  |
| Date |  |