**HERITAGE RESEARCH GRANT (HRG)**

**APPLICATION FORM**

*Please complete* ***all the fields*** *carefully and indicate* **NIL** *if not applicable.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Details of INVESTIGATORS** | | | | | | | | |
| **a.** **PRINCIPAL INVESTIGATOR (PI)** | | | | | | | | |
| Name | | | | | |  | | |
| Designation | | | | | |  | | |
| NRIC/Passport No. | | | | | |  | | |
| University/Institution/Organisation | | | | | |  | | |
| Department/Faculty (*if applicable*) | | | | | |  | | |
| Contact Details | | | | | | Telephone No.:       (O)       (HP) | | |
| E-mail Address: | | |
| Postal Address: | | |
| **b.** **CO-INVESTIGATOR (CI) #1** | | | | | | | | |
| Name | | | | | |  | | |
| Designation | | | | | |  | | |
| NRIC/Passport No. | | | | | |  | | |
| University/Institution/Organisation | | | | | |  | | |
| Department/Faculty (*if applicable*) | | | | | |  | | |
| Contact Details | | | | | | Telephone No.:       (O)       (HP) | | |
| E-mail Address: | | |
| Postal Address: | | |
| **c.**  **CO-INVESTIGATOR (CI) #2** | | | | | | | | |
| Name | | | | | |  | | |
| Designation | | | | | |  | | |
| NRIC/Passport No | | | | | |  | | |
| University/Institution/Organisation | | | | | |  | | |
| Department/Faculty (*if applicable*) | | | | | |  | | |
| Contact Details | | | | | | Telephone No.:       (O)       (HP) | | |
| E-mail Address: | | |
| Postal Address: | | |
| **d**.  **CO-INVESTIGATOR (CI) #3** | | | | | | | | |
| Name | | | | | |  | | |
| Designation | | | | | |  | | |
| NRIC/Passport No | | | | | |  | | |
| University/Institution/Organisation | | | | | |  | | |
| Department/Faculty (*if applicable*) | | | | | |  | | |
| Contact Details | | | | | | Telephone No.:       (O)       (HP) | | |
| E-mail Address: | | |
| Postal Address: | | |
| **e.** **CO-INVESTIGATOR (CI) #4** | | | | | | | | |
| Name | | | | |  | | | |
| Designation | | | | |  | | | |
| NRIC/Passport No | | | | |  | | | |
| University/Institution/Organisation | | | | |  | | | |
| Department/Faculty (*if applicable*) | | | | |  | | | |
| Contact Details | | | | | Telephone No.:       (O)       (HP) | | | |
| E-mail Address: | | | |
| Postal Address: | | | |
| **f.** **Curriculum Vitae (CV) of INVEstigator(s)** | | | | | | | | |
| *Please provide the following information in an attachment of* ***no more than 3 pages*** *per investigator:* | | | | | | | | |
| 1. Name 2. Employment history (*Please indicate current and past appointments.*) 3. Academic qualifications (*Please indicate institution’s name and year degree awarded*.) 4. Publications (if any) most relevant to grant application 5. Other information (*Please specify.*) | | | | | | | | |
| **2. SUMMARY OF project** | | | | | | | | |
| **a.** **Title of PROJECT** | | | | | | | | |
| *The title should be specific and not generic.* | | | | | | | | |
|  | | | | | | | | |
| **b. PLANNED PERIOD OF PROJECT**  **(Maximum duration is 24 months.)** | | | | | | | | |
| Estimated start date (MM/YY) | | | | | | | | |
| Estimated completion date (MM/YY) | | | | | | | | |
| **c.** **Total REQUESTED Grant QUANTUM** | | | | | | | | |
| **(A)**  Amount for project (S$) | | | |  | | | | |
| **(B)**  Indirect Research Cost (IRC) charged  by the University or Institution (S$)  (*if applicable*) | | | |  | | | | |
| **Total (S$): (A) + (B)**  *(Total grant requested should not exceed the maximum quantum of S$150,000.)* | | | |  | | | | |
| **3. ABSTRACT OF project PROPOSAL** | | | | | | | | |
| *Please provide a succinct and accurate description of the intended research project in* ***no more than 1000 words****. The abstract must include the following information:*   * *Academic significance of the research;* * *Hypotheses or research questions to be addressed;* * *Approach and methodology of the research; and* * *Feasibility of the study.* | | | | | | | | |
|  | | | | | | | | |
| **4. DETAILS OF project PROPOSAL** | | | | | | | | |
| *Give a description of the intended research project in* ***no more than 10 pages*** *(page count excludes the references and annexes). Proposal* ***must*** *address the following:*   * *Specific research topic, objectives, background, purpose, significance;* * *Brief literature review;* * *Research questions;* * *Impact of research on Singapore’s heritage and understanding of history (e.g. how the research addresses a gap in knowledge);* * *Proposed methodology;* * *Research limitations (i.e. limitations of the proposed methodology or research approach);and* * *Proposed methods of dissemination of research findings.*   *References cited should be provided at the end of the document. Proposal should be sufficiently self-contained for an assessment without further reference to other materials.*  *Please attach your research proposal to this application form as a separate document in* ***Arial, font size 11,*** *only.* | | | | | | | | |
| **5. PROJECT IMPLEMENTATION SCHEDULE** | | | | | | | | |
| *The proposed schedule and project milestones will be used for performance assessment of the project. Satisfactory progress is required for continued disbursements of funds.* *Describe key stages of your research (e.g. desk-top research, conduct of fieldwork, final report) and indicate the targeted period of completion.* | | | | | | | | |
|  | | | | | | | | |
| *e.g.* | *Desk-top research* | | | | | | *4 January 2015 – 4 May 2015* | |
| 1. |  | | | | | |  | |
| 2. |  | | | | | |  | |
| 3. |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
| **6. PROPOSED DELIVERABLES** | | | | | | | | |
| *Please state the proposed deliverables and dates of delivery clearly.* | | | | | | | | |
| No. | Deliverable | | | | | | Date of Delivery | |
| 1. |  | | | | | |  | |
| 2. |  | | | | | |  | |
| 3. |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
|  |  | | | | | |  | |
| **7. ITEMISED BREAKDOWN OF REQUESTED GRANT quantum** | | | | | | | | |
| *Please provide a detailed and itemised breakdown of the projected manpower costs, operating costs, and other miscellaneous expenditure, and the indirect research costs (IRC) charged by your institution below. Cost calculation* ***must not be rounded-off lump sum figures****.* | | | | | | | | |
| **Items** | | | **Breakdown of Costs (S$)** | | | | | |
| **Manpower Costs** | | |  | | | | | |
| **Sub-Total (S$)** | | |  | | | | | |
| **Operating Costs** | | |  | | | | | |
| **Sub-Total (S$)** | | |  | | | | | |
| **Miscellaneous** *(Please indicate clearly.)* | | |  | | | | | |
| **Sub-Total (S$)** | | |  | | | | | |
| **(A) Direct Research Cost**  Research Grant Requested for project *before* Indirect Research Cost (IRC) charged by Institution/Organisation (S$) | | |  | | | | | |
| **(B) Indirect Research Cost**  Percentage (%)  Amount (S$)  *This is calculated as a percentage of (A), i.e. % x (A).* | | | % | | | | | |
| **Total Research Grant Requested (S$): (A) + (B)**  *The amount should not exceed the maximum quantum of S$150,000, which includes IRC charged by the Institution/Organisation.* | | |  | | | | | |
| **8. DECLARATION ON APPLICATION FOR OTHER FUNDING(S)** | | | | | | | | |
| **Are you applying for funding of this project from other agency/agencies or other funds in NHB?**  Yes.   * Name(s) of other funding agency/agencies: * Name(s) of funding Division(s) within NHB:   No.  **Will you be receiving any donation(s) or sponsorship(s) for the project?**  Yes.   * Name(s) of donor(s) or sponsor(s):   No. | | | | | | | | |
| **9. DECLARATION ON USE OF PROJECT FINDINGS** | | | | | | | | |
| Will the findings of this project be published?  Yes.   * Name of author(s): * Type/Name of publication:   No / No plans to publish at the point of funding application.\*  *(\*Please delete as applicable.)* | | | | | | | | |
| **10. ACKNOWLEDGEMENT** | | | | | | | | |
| **a.** **ENDORSEMENT BY HEAD OF DEPARTMENT (for RESEARCHERS FROM IHLs)** | | | | | | | | |
| *The acknowledgement should be signed at the next higher level if the applicant is the Head of Department.* | | | | | | | | |
| 1. I acknowledge that the Principal Investigator, (Name)       is a member in my (department)       at (University/Institution)       and he/she has the requisite expertise to undertake the research project as described above. 2. Should the application be successful, the IRC that may be incurred (where applicable) has been correctly reflected. 3. This application has my support. | | | | | | | | |
| Name: | | | | | | Contact No.:  Email:  Fax No.: | | |
| Name of University: | | | | | | Appointment: | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | | | | Official Stamp of University | | |
| **b.** **ENDORSEMENT BY OFFICE OF RESEARCH OF IHLs (for RESEARCHERS FROM IHLs)** | | | | | | | | |
| *The acknowledgement should be signed by the President/an authorised representative of the Office of Research of the IHL.* | | | | | | | | |
| 1. I acknowledge that the Principal Investigator, (Name)       is a member in (Department)       at (University/Institution)       and he/she has the requisite expertise to undertake the research project as described above. 2. Should the application be successful, the IRC that may be incurred (where applicable) has been correctly reflected. 3. Should the application be successful, I agree to the arrangement for NHB to transfer the approved grant quantum to the bank account of (University/Institution)       and undertake to disburse the same to the Principal Investigator according to the Project/Disbursement Schedule (which will be set out in the Letter of Offer) and/or NHB’s direction(s) on the same. For the avoidance of doubt, NHB and (University/Institution)       shall each bear their respective bank fees/charges. 4. This application has my support. | | | | | | | | |
| Name: | | | | | | Contact No.:  Email:  Fax No.: | | |
| Name of IHL: | | | | | | Appointment: | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | | | | Official Stamp of Organisation | | |
| **c.** **ENDORSEMENT BY NON-GOVERNMENTAL ORGANISATION (for RESEARCHERS ENDORSED BY NGOs)** | | | | | | | | |
| *The acknowledgement should be signed by an authorised member of the executive committee (or equivalent) of the Non-Government Organisation.* | | | | | | | | |
| 1. I acknowledge that the Principal Investigator, (Name)       is a member in (Unit/Department)       at (Organisation)       and has the requisite expertise to undertake the research project as described above. 2. Should the application be successful, I agree to the arrangement for NHB to transfer the approved grant quantum to the bank account of this Organisation       and undertake to disburse the same to the Principal Investigator according to the Project/Disbursement Schedule (which will be set out in the Letter of Offer) and/or NHB’s direction(s) on the same. For the avoidance of doubt, NHB and (Organisation)       shall each bear their respective bank fees/charges. 3. This application has my support. | | | | | | | | |
| Name: | | | | | | Contact No.:  Email:  Fax No.: | | |
| Name of NGO: | | | | | | Appointment: | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | | | | Official Stamp of Organisation | | |
| **11. DECLARATION ON ACCURACY OF INFORMATION PROVIDED** | | | | | | | | |
| I/We\* declare that the facts/information I/we have stated in this application and the accompanying information are true and correct to the best of my/our knowledge and that I/we have not withheld/distorted any material facts.  I/We\* understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted accordingly. In addition, the National Heritage Board may, at its discretion, withdraw the grant and recover immediately from me/us/my organisation any amount of the grant that has been disbursed. | | | | | | | | |
| Name of Principal Investigator | | Signature | | | | | | Date |
| Name of Co- Investigator #1 | | Signature | | | | | | Date |
| Name of Co- Investigator #2 | | Signature | | | | | | Date |
| Name of Co- Investigator #3 | | Signature | | | | | | Date |
| Name of Co- Investigator #4 | | Signature | | | | | | Date |

*\* Delete where applicable*

|  |
| --- |
| *Applicants are required to submit one (1) softcopy of this application form and all supporting materials in*  **Microsoft Word format to:**  [heritage\_research@nhb.gov.sg](mailto:heritage_research@nhb.gov.sg)  *and two (2) hardcopies of the same to:*  **Heritage Research Grant Secretariat**  Heritage Research and Assessment Division  National Heritage Board  61 Stamford Road (Stamford Court), #03-08 Singapore 178892 |