**Traditional Chinese Medicine Development Grant**

**Application Form for Organizations (Facilities and IT enhancement)**

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| **1. Summary of Request** | | | | | |
| **Organization Name** |  | | | | |
| **Requester Name and Designation in Organization** |  | | | | |
| **Contact** | (HP) | | (O) | | (Email) |
| **Category** | Facilitiesenhancement  IT enhancement (software and application systems)  IT enhancement (hardware such as laptops, servers, printers, scanners – only where related to software and application system enhancements) | | | | |
| **Summary of request**  Please indicate how will the enhancements help to fulfil the objectives and outcomes of the TCM Development Grant? (e.g. better infection control, TCM care outcomes, improved processes etc) | | | | | |
| **Total cost of enhancement** | S$ | **Amount Fundable**  (As indicated in the budget form) | | S$ | |

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| **2. Organization Details** | | | |
| **Organization Name and Address** |  | | |
| **Business Registration** | UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registered charity  Registered IPC | | |
| **Type of Entity** | Company Limited by Guarantee  Society  Trust  Cooperative  Private Company  Sole Proprietor  Partnership  Others | | |
| **Head of Organization** |  | | |
| **NRIC No.** |  | | |
| **Designation** |  | | |
| **Contact** | (HP) | (O) | (Email) |

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| **3. Declaration** | |
| I/We certify the information given above and the additional attachments, are to the best of my/our knowledge and belief, accurate and complete.    I/We have not submitted claims to other government agency (ies) for duplicate funding support for this event.  I/We understand that MOH reserves the right to reject my/our application or provide funding support less than the amount applied for and the reason(s) for rejection or reduced funding supported need not be disclosed to me/us.    I/We understand that the decision made by MOH is final. | |
| **Name of requester and Organization** |  |
| **Signature and Date** |  |