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| **MyOHUN COMMUNITY FUNDING APPLICATION FORM**  This form must be submitted to the National Coordinating Office (NCO), Malaysia One Health University Network (MyOHUN), Faculty of Veterinary Medicine, Universiti Putra Malaysia | | | | | | | | | | | | | | |
| 1. **INFORMATION OF SEED FUNDING APPLICATION** | | | | | | | | | | | | | | |
| 1. **Descriptive Title of Proposed Research:** | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **DETAILS OF APPLICANT** | | | | | | | | | | | | | | |
| Please attach the applicant’s C.V. | | | | | | | | | | | | | | |
| 1. **Name of Applicant :** | | | |  | | | | | | | | | | |
| 1. **Mykad no./ Passport :** | | | |  | | | | | | | | | | |
| 1. **Designation (Please tick) :** | | | | **🞎** | Professor | | | **🞎** | Associate Professor | | | **🞎** | Senior Lecturer | |
| **🞎** | Lecturer | | | **🞎** | Others (Please state) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. **University and Department :** | | | |  | | | | | | | | | | |
| 1. **Office Telephone no. :** | | | |  | | | 1. **Mobile Phone no. :** | | | |  | | | |
| 1. **E-mail address :** | | | |  | | | | | | | | | | |
| 1. **Status of service:** | | | | □ | Permanent | | | | | | | | | |
| □ | Contract  Contract expiry date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **RESEARCH INFORMATION** | | | | | | | | | | | | | | |
| 1. **One Health Disciplines** | | | 1. \_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| 1. **Duration of research** | | | 6 months  9 month  12 months | | | | | | | | | | | |
| 1. **Start date** | | |  | | | | | | | | | | | |
| 1. **End date** | | |  | | | | | | | | | | | |
| 1. **Location of research** | | |  | | | | | | | | | | | |
| 1. **Other researchers involved in the project (from MyOHUN member institutes): *(Please attach CV of each researchers)*** | | | | | | | | | | | | | | |
| **No.** | **Name** | **Mykad /Passport No.** | | | | **Department** | | | | **Academic qualifications/**  **Designation/Field of study** | | | | **Signature** |
| 1. |  |  | | | |  | | | |  | | | |  |
| 2. |  |  | | | |  | | | |  | | | |  |
| 3. |  |  | | | |  | | | |  | | | |  |

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| 1. **EXECUTIVE SUMMARY OF RESEARCH PROPOSAL** | | |
| Summary of research background and justification, objectives, one health research approach and methodology and expected outcomes from the research project) - maximum 300 words | | |
| 1. **DETAILED PROPOSAL OF RESEARCH PROJECT** | | |
| 1. **Research background and justification including hypothesis /research questions and literature review** | | |
| 1. **Research objective(s)** | | |
| 1. **One Health Research Approach and Methodology**   Please be concise and explicit:   1. Description of One Heath interdiciplinary methodology 2. Flow chart of research activities (Please enclose in the appendix) 3. Gantt chart of research activities (Please enclose in the appendix) 4. Milestones and dates | | |
| 1. **EXPECTED RESULTS/BENEFIT** | | | | |
| 1. **Research publication(s) (Please state the expected date of publication in proceeding/journal)** | | | | |
| 1. **One Health Knowledge and application:** | | | | |
| 1. **Number of current and future One Health workers trained** | | | | |
| 1. **BUDGET** | | | |
| **Please indicate the estimated budget for the research and details of expenditure according to the MyOHUN Seed Funding Guideline attached.** | | | |
| **Budget details** | **Amount requested by applicant** | | |
| **2018** | **Remarks** | |
| **Proposed budget** |  |  | |
| **TOTAL AMOUNT** |  | | |

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| **I.** | **DECLARATION BY APPLICANT** |
|  | I hereby declare:  All information stated herein are true. NCO-MyOHUN has the right to reject or withdraw the offer without prior notice if there is any inaccurate information given.    **Date : Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Notes:   1. The C.V. of researchers should contain information relevent to research e.g. list of completed and ongoing projects, funding agencies, amount of funding received, list of publications, list of post-graduate students graduated, and other research output. | |

**Example: Gantt Chart of Research Activities, Milestone and Date**

**Title of proposed research:**

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| Year | 2016 | | | | | | | | | 2017 | | | | | | |
| Project activities | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J |
| 1. Project implementation plan write up |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Hyper-spectral data airbone mission |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Satellite data acquisition (new tasking) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Field data collection & compilation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Data processing and analysis bio-D characterization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Development of Bio-change detection algorithm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Development of DST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Organize workshop |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Final report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Year | 2016 | | | | | | | | | 2017 | | | | | | |
| Project (Milestone) | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J |
| 1. Complete BIO-D Characterization |  |  |  |  | ̌ |  |  |  |  |  |  |  |  |  |  |  |
| 2. Complete Bio-Change Algorithm |  |  |  |  |  |  |  |  | ̌ |  |  |  |  |  |  |  |
| 3. Complete DST development |  |  |  |  |  |  |  |  |  |  | ̌ |  |  |  |  |  |
| 4. Complete Seminar |  |  |  |  |  |  |  |  |  |  |  |  |  | ̌ |  |  |
| 5. Complete project report |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ̌ |  |
| 6. Project completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ̌ |