

FUNDAMENTAL RESEARCH GRANT SCHEME (FRGS) Institutional Screening Form

A. Project Information				
Project Number:				
Project Title:				
Project Leader:				
Tel. No.:	Fax. No.:	Email:		
B. Evaluator Information				
Name of evaluator:				
Has evaluator applied for grant:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tel. No.:	Fax. No.:	Email:		
Date of this evaluation:		<input type="checkbox"/> First	<input type="checkbox"/> Follow-up	
C. Summary of screening (Please tick appropriate box)				
1.	Does the proposed project fall under the Research Priority Area of FRGS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Does the applicant have the professional qualifications and teams members (if applicable) necessary for satisfactory performance of the proposed activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Is the applicant currently any research projects? If yes, please state source and number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	i. ScienceFund No. of projects:	<input type="text"/>		
	ii. IRPA Grant No. of projects:	<input type="text"/>		
	iii. FRGS No. of projects:	<input type="text"/>		
4.	Is the applicant employed on a contract basis? If yes, please indicate date of expiry of contract. Contract expiry date :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>On the project proposal, please tick the appropriate box.</i>				
		Inadequate	Acceptable	Good
5.	Viability of research objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Appropriateness of research methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Commercialisation potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Project risks:	Low	Medium	High
	Technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Action to take (Please tick appropriate box)

- Application recommended for submission to MOHE.
- Application recommended for submission to MOHE with revision. (Please list reasons in Section F)
- Application not recommended for submission to MOHE (Please list reasons in Section F)

E. Recommended Funding (Please provide below the recommended funding for the project. Allocation must be based on the number of month for each particular year)

Cost Categories	Recommended Funding (RM)				Remark
	(Year 1) 20__	(Year 2) 20__	(Year 3) 20__	Total	
• Salary and wage (V11000)					
• Overtime (V14000)					
• Traveling expenses and subsistence (V21000)					
• Transportation of goods (V22000)					
• Communication and utilities (V23000)					
• Rentals (V24000)					
• Supply of raw materials & materials for repair & maintenance (V26000)					
• Research materials & supplies (V27000)					
• Maintenance and minor repair services (V28000)					
• Professional services & other services (V29000)					
• Equipment (V35000)					
TOTAL FUNDING					

F. Comments regarding assessment (Please provide explanation/reasons for assessment and justification for any adjustment made)

Chairman of Institutional Screening Panel

Date: