

☐ New Application *Please fill in Part 1, 2, 3 and 5*

☐ Application for Amendment *Please fill in Part 1, 2 and 4* (FES Acknowledgement No: _____)

Category of Subsidy Application	<input type="checkbox"/> Collaborative project on teaching and research in tourism	<input type="checkbox"/> Training or exchange	<input type="checkbox"/> Research and development or publication
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(1) Institution Information			
Name of Institution			
Name of Contact Person		Contact Number	
Email Address		Fax	

(2) Basic Information of Application Project	
<input type="checkbox"/> Collaborative Project on Teaching and Research in Tourism (Type: <input type="checkbox"/> Research <input type="checkbox"/> Forum <input type="checkbox"/> Seminar <input type="checkbox"/> Others_____)	
Name of project _____ Cooperative unit _____ Date ____/____/____ to ____/____/____	
<input type="checkbox"/> Training or Exchange (Type: <input type="checkbox"/> Training for academic staff <input type="checkbox"/> Professional training <input type="checkbox"/> Exchange <input type="checkbox"/> Others_____)	
Name of programme _____ Target _____ Location _____ Date ____/____/____ to ____/____/____ Hours _____	
<input type="checkbox"/> Research and Development or Publication (Type: <input type="checkbox"/> Scholarly works <input type="checkbox"/> Teaching materials <input type="checkbox"/> Electronic teaching materials <input type="checkbox"/> Online courses <input type="checkbox"/> Others_____)	
Name _____ Estimated date of issue/completion ____/____/____ to ____/____/____ Estimated amount of issue (if applicable) _____	

Project Applied for Subsidy	Project Description and Expected Outcome	
	Attachment	<input type="checkbox"/> Training/Activity/Research/Working proposal <input type="checkbox"/> Quotation Information _____ pages in total <input type="checkbox"/> Information of forum or seminar <input type="checkbox"/> Information of intended publication of scholarly works or pedagogical materials <input type="checkbox"/> Other (Please specify) _____

(3) Budget for Application Project (Quotation information or description shall be attached)					
Items Applied for Subsidy	Item of Expected Expenses (Year _____)			Estimated Amount of Expenditure (MOP)	
	1				
	2				
	3				
	4				
	5				
	Total Amount			MOP	
Items Applied for Subsidy	Item of Expected Expenses (Year _____)			Estimated Amount of Expenditure (MOP)	
	1				
	2				
	3				
	4				
	5				
	Total Amount			MOP	
Other Sources of Subsidy	Subsidy Application sent to Organizations below	Status		Approved Item	Subsidy Amount
		<input type="checkbox"/> Approved <input type="checkbox"/> Processing			
		<input type="checkbox"/> Approved <input type="checkbox"/> Processing			
		<input type="checkbox"/> Approved <input type="checkbox"/> Processing			

Note: 1. Please provide price reference documents /quotation for all expenditure items (please sort in order to facilitate checking).
2. If there is not enough space to fill in all the items in the application form, please attach a supplementary sheet.

(4) Application for Amendment			
<input type="checkbox"/> Activity Amendment		<input type="checkbox"/> Activity Cancellation	
Original Arrangement		Reason	
Reason			
Amended Arrangement			

(5) Advance Payment Application	
Applying for Advance Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Applied for Advance Payment	<div>_____ % of the amount of subsidy (Year _____)</div> <div>_____ % of the amount of subsidy (Year _____)</div> <div>(Please refer to the relevant part of the <i>Application Guidelines</i> for the requirements of applying for advance payment)</div>
Reason	

[Personal Information Collection Statement]

Institutions applying for subsidy should provide all the required information in this application form as the application may not be processed due to missing information. The Higher Education Fund will deal with all the collected personal information in confidentiality based on *Macao's Personal Data Protection Act* and the relevant instructions of the Fund.

Declaration: I declare that all information given in this application is true and will bear all legal liability for providing false information.

Date	/	/	_____	_____
Year	Month	Day	Signature of Person in Charge of Institution	Stamp of Institution