



Updates on Fund Awards


Site funds awarded to:

Vietnam
China
Malaysia

Travel funds awarded to:

Indonesia – 2 applicants
Malaysia – 3 applicants
Vietnam – 3 applicants
Philippines – 2 applicants
China – 1 applicant

PAROS Site Funding Request Application



Improving Outcomes for the Injured and Emergency Care across the Asia-Pacific

PAN-ASIAN RESUSCITATION OUTCOMES STUDY FUNDING REQUEST

Information about the Lead Investigator

Name	
Date of birth	
Designation	
Organization	
Telephone number	
E-mail address	
Country	


Information about Host Institution

Organization Name	
Address	
Main contact person for financial matters	
Designation	
Telephone number	
Fax number	
E-mail address	
Country of Incorporation	
Corporate website	

AMOUNT OF FUNDING REQUESTED (capped at US\$50,000)

US\$ _____

Disbursement of funds is on a quarterly basis, subject to completion of milestones/deliverables as specified by applicant and approved by the PAROS network.



Improving Outcomes for the Injured and Emergency Care across the Asia-Pacific

Please use Arial font size 10 for all text.

1. Justification (limit to 300 words)

Please justify reasons for funding requested and what you hope to achieve with this funding (e.g. number of out-of-hospital cardiac arrest cases you expect to collect in a year, implementation of basic comprehensive resuscitation (CPR), CCRP package, number of researchers trained to perform CCRP, etc).

2. Deliverables and Timeline (for 1 year)

Please specify the deliverables of the project and an approximate timeline for each deliverable (on quarterly basis). (E.g. start of project, start of training, start of data collection, number of cases collected, preliminary analysis and report, end of data collection, final report)

E.g.

- 1 Jan 2014 – 31 Jan 2014: start of project
- 1 Feb 2014 – 31 Mar 2014: Data collection (100 cases to be collected within this period)
- 1 May 2014 – 31 Aug 2014: Data collection (300 cases to be collected within this period)

Version 1.0 | August 2013

3. BUDGET

- Please provide a detailed budget including a description and justification for each category of expense.
- The budget should be in proportion with the amount of work/basic salary.
- Salary support
 - Research fellows, research assistants, clinical coordinators, research nurses, statisticians
- Overhead
 - Stationery
- Services
 - Salary Support

S/N	ITEMS	Amount (USD)
1	Description: Salary Support e.g. Clinical coordinator (please indicate designation, FTE, basic salary, etc.)	
	Justification:	
	Total	

4. OTHER FUNDING SOURCES

Please provide the following details for any additional support specific for this project from industry partner(s) any other funding agencies awarded to the Lead Investigator. Attach additional pages if necessary.

Support from any industry partner(s) funding agencies
Please provide details on the funding or other resources provided by any industry partner(s) funding agencies for the grant applied for:

Organisation/ Funding Agency	Amount of Fund (\$)	Support Period (month to month)	Items Supported e.g. TRAC costs (FTE) \$25,000 per annum

Version 1.0 1 August 2013

5. DECLARATION OF APPLICANT

I, the undersigned, certify that:

- The statements in this application are true to the best of my knowledge.
- I acknowledge that this application may not be funded or it may not be funded at the amount requested.
- I acknowledge that disbursement of funds will be based on completing the project's deliverables and that funding may be terminated if deliverables are not met.

Date: _____ Name: _____ Signature: _____

► <http://www.scri.edu.sg/index.php/source-documents>

Version 1.0 1 August 2013

PAROS Travel Funding Request Application – Zhejiang, China



Improving Outcomes for Pre-hospital and Emergency Care across the Asia Pacific

PAN-ASIAN RESUSCITATION OUTCOMES STUDY TRAVEL FUNDING REQUEST

Information about the Requester

Name	
Date of birth	
Designation	
Organisation	
Telephone number	
Fax number	
Email address	
Country	

AMOUNT OF FUNDING REQUESTED (capped at USD2,000)


USD\$ _____

Checking Date: **9 January 2015** (checked in Zhejiang, China, PAROS meeting, March/April 2015)

Eligibility Criteria

- Site must have contributed data to the network
- Site from developing/ lower income countries (refer to the site for list of countries. <http://www.aicweb.org/component/content/article/5-our-network/81-developing>)
- Only one applicant is eligible per site (not country; e.g. there can be one applicant from Penang and one applicant from Gurun (Sarawak) within Malaysia).

9 January 2015



Improving Outcomes for Pre-hospital and Emergency Care across the Asia Pacific

Please use Arial font size 10 for all text.


1. GENERAL INFORMATION

a) Please state the number of cases your site has contributed to date

b) Please state the number of cases your site is expected to contribute in the next 6 months

c) Please state any issues, limitations (if any) encountered in conducting the PAROS study at your site

d) Please state any concrete plans to resolve such issues/ limitations



Supporting Successes for the Hospital and Diagnostic Care across the Asia-Pacific

2. ESTIMATED BUDGET

a. Airfare (economy) USDC

b. Accommodation (per night x maximum of 2 nights) USDC

3. CONDITIONS

1. Successful applicants would have to give a presentation on the progress of PAROS study at their site during the PAROS ESCC meeting.
2. Only economy airfare and accommodation (maximum of 2 nights) are eligible for reimbursement under this travel grant. Total amount of reimbursement is capped at the final approved amount.
3. Original invoices (airfare (including original air ticket stub) and accommodation) and a copy of presentation slides would have to be submitted to the Singapore Clinical Research Institute (SCRI) for reimbursement.
4. Reimbursement based on the actual amounts stated in the original receipts will be via telegraphic transfer in SGD (USDC \$1 = SGD 1.3). All bank charges will be deducted from the disbursed payment amounts.
5. Applicants will have to enter into a Memorandum of Understanding (MOU) with SCRI. All logistical arrangements (including visa applications) can only be made after the MOU is in effect. All receipts must be dated after the full execution of the MOU. Any earlier dated transaction will not be considered for reimbursement.

4. DECLARATION OF APPLICANT

I, the undersigned, certify that:

- The statements in this application are true to the best of my knowledge.

I acknowledge that this application may not be funded, or it may not be funded at the amount requested.

Date: _____ Name: _____ Signature: _____

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