

# The Silver Community Test-Bed Programme

“An initiative by the Silver Industry Committee (SIC)”

## TESTBEDDING AT HDB HOUSEHOLDS

### APPLICATION FORM

<b><i>Proposal Number*:</i></b>	
<b><i>Submission Date* :</i></b>	
<b><i>Proposal Title:</i></b>	
<b><i>Principal Applicant:</i></b>	
<b><i>Participating Organization:</i></b>	

*\* To be completed by the Secretariat for the Silver Community Test-Bed Programme*

## Instructions

This document contains eight (8) separate sections.

Please complete and submit **ALL** sections.

SECTION	DESCRIPTION
A.	SUMMARY OF APPLICATION
B.	INFORMATION ON APPLICANT(S) AND PARTICIPATING ORGANIZATION(S)
C.	DESCRIPTION OF PRODUCT/TECHNOLOGY
D.	OBJECTIVE OF TESTBEDDING PROPOSED PRODUCT/TECHNOLOGY
E.	INSTRUCTIONS ON USAGE & MAINTENANCE OF PRODUCT/TECHNOLOGY
F.	PROJECT IMPLEMENTATION SCHEDULE
G.	DECLARATION
H.	ENDORSEMENT (Optional)

**A. SUMMARY OF APPLICATION**

<p><b>Title of Application :</b></p> <p>(the title should fully describe the proposal – max. of 250 characters with spaces)</p>				
<p><b>Planned total duration of project:</b></p>	<p>(mths)</p>	<p><b>Number of project participants</b></p>		
<p><b>Project Funding:</b></p> <p><i>Funding principle: Funding provided for this project is based on co-funding principle. Funding will range between 30% to 80% of the total project cost and this funding will be capped at \$300,000 per project. Successful applicants will be responsible for the remainder of the total project cost (in cash or in-kind).</i></p>				
<p><b>Planned costs</b></p>	<p><b>Installation Costs</b></p>	<p><b>Servicing/Maintennace Costs</b></p>	<p><b>Feasibility Studies</b></p>	<p><b>SUB-TOTAL</b></p>
<p>Requested Seed Funding*</p> <p>*Fund will not provide for operating or capital grant for companies/institutions participating in test-bed</p>				
<p>Costs borne by participating organization(s)#/another funding source*</p> <p>#If there is more than 1 participating organization, insert rows as appropriate</p> <p>*If funding is obtained from another funding source, indicate the source of funding</p>	<p><b>EOM</b></p>	<p><b>EQPT</b></p>	<p><b>OOE</b></p>	
<p><b>Total Project Cost</b></p>				

**B. INFORMATION ON APPLICANT(S) AND PARTICIPATING ORGANIZATION(S)**

<b>Particulars of Principal Applicant</b>		
1.	Name of Applicant	
	Designation	
	Affiliation	
	Nature of Activity	Company/Research Organization/Academic Institution
	Contact Information: Email address Telephone No.	
<b>Particulars of Accompanying Participant(s)</b>		
2.	Name of Applicant	
	Designation	
	Affiliation	
	Nature of Activity	Company/Research Organization/Academic Institution
	Contact Information: Email address Telephone No.	
<i>Note: If there is more than 1 accompanying participant, insert rows as appropriate.</i>		
<b>Particulars of Principal Participating Organization</b>		
3.	Name of Organization	
	Nature of Activity	Company/Research Organization/Academic Institution
	Organization's Address	
<b>Particulars of Participating Organization(s)</b>		
4.	Name of Organization	
	Nature of Activity	Company/Research Organization/Academic Institution
	Organization's Address	
<i>Insert rows as appropriate if there are more participating organizations.</i>		

**C. DESCRIPTION OF PRODUCT/TECHNOLOGY****INSTRUCTIONS:**

- Articulate the product/technology clearly and succinctly.
  - Describe how the product/technology is age-friendly in terms of use.
  - Describe the extent which the product/technology can promote active ageing and ageing-in-place and the needs that this will address.
  - Clearly articulate the following:
    - Novelty of the product/technology
    - Intellectual Property (IP) Ownership
    - Usability
    - Safety
  - Please do not exceed **four (4) pages** for this section.
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**D. OBJECTIVE OF TESTBEDDING PROPOSED PRODUCT/TECHNOLOGY****INSTRUCTIONS:**

- State the objectives of testbedding the product/technology.
  - What issues would you want feedback on from the households? Be as explicit as possible.
  - Please do not exceed **one (1) page** for this section.
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**E. INSTRUCTIONS ON USAGE & MAINTENANCE OF PRODUCT/TECHNOLOGY****INSTRUCTIONS:**

- Articulate if training is required for the client.
  - State assumptions (if any) to be made on the usage of the product or technology (e.g: Need for broadband smart phones)
  - Provide estimation of utility bills and other operating costs (OOE) that will be incurred by the elderly and whether the participating organization (company, research organization, academic institution) is willing to defray these costs.
  - Clear articulation of the maintenance requirements of the testbedded product or technology. If the participating organization is able to undertake maintenance works of the testbedded product or technology, specify it clearly in this section.
  - Please do not exceed **four (4) pages** for this section.
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**G. DECLARATION OF APPLICATION**

***I/We declare that the facts stated in this application and the accompanying information are true and that this is an original and latest version of the proposal.***

Name of Applicant	Signature	Date
<b>Principal Applicant</b>		
<b>Accompanying Participant</b>		
<i>Note: If there is more than 1 accompanying participant, insert rows as appropriate.</i>		



H2. To be completed by the Faculty Dean/Director (or his nominee) of the principal participating organization.

**COMMENTS**

**Specific Comments** (please use a separate sheet if necessary):

**The Company/Organisation supports/does not support this version of the proposal.**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_