**Project Application Form**

* Please provide the relevant details as required below. Your project proposal should not exceed 2 pages.
* Each project may involve one or more students. Your team can consist of full-time students from any college in NTU.
* Submit your proposal by e-mail to [MakersLabs@ntu.edu.sg](mailto:MakersLabs@ntu.edu.sg)
* You/your team will be invited to present your proposal to your funding school(s) of choice.

**1. TEAM DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Team Member** | **School & Year** | **Email Contact** | **Phone Contact** |
|  |  |  |  |

**Other Team member(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **School & Year** | **Email Contact** | **Phone Contact** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**2. REQUESTS FOR FUNDING AND LAB ACCESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Duration of project** | **** 3 months | **** 6 months | **** 12 months |

|  |
| --- |
| **B. Requested funding & sources** *(Please provide amount & funding school/organisation)* |
| 1. *(Example: $500 /EEE)* |
| 2. |
| 3. |

|  |
| --- |
| **C. Existing funding & sources** *(Please provide amounts & funding school/organisation)* |
| 1. *(Example: $1000 /MSE)* |
| 2. |
| 3. |
| **Justification of funding** *(Please provide details of how the team plans to use the funds if awarded)* |
|  |

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| --- |
| **D. Request for makers’ labs access** *(Please tick the labs that you would like access to for your project)* |
| **** Garage@EEE |
| **** Maker Lab @ MAE |
| **** Making & Tinkering Lab @ SPMS |
|  MSE Undergraduate Lab |
| **** Open Innovation Lab @ NTUitive |
| **** SCSE Innovation Lab |

**3. PROJECT PROPOSAL**

|  |  |
| --- | --- |
| **A. Project Title** |  |

|  |
| --- |
| **B. Project Summary (< 100 words)** |
|  |

|  |
| --- |
| **C. Project Description** |
| Please include details on the following:   * Problem statement * Description of your solution * Why your solution is innovative * Details of the prototype (materials, tools and equipment needed) * Expected outcomes of your project/ Potential for commercialisation. |

\*\*\* End of Proposal \*\*\*\*

|  |  |  |
| --- | --- | --- |
| **PANEL EVALUATION & RECOMMENDATIONS** | | |
| Name of School/Organisation: | Amount of Funding: | Project Duration Recommendation: |
| Comments/Remarks: | | |
| Panel Chair (Name/signature/date): | | |

|  |  |  |
| --- | --- | --- |
| Name of School/Organisation: | Amount of Funding: | Project Duration Recommendation: |
| Comments/Remarks: | | |
| Panel Chair (Name/signature/date): | | |

|  |  |  |
| --- | --- | --- |
| Name of School/Organisation: | Amount of Funding: | Project Duration Recommendation: |
| Comments/Remarks: | | |
| Panel Chair (Name/signature/date): | | |