APPLICATION TO SUBCOMMITTEE B OF THE RESEARCH COMMITTEE FOR THE FUNDING OF SMALLER RESEARCH EQUIPMENT

1. This application must be signed by the main applicant **and** Departmental Chair and should reach the Division for Research Development (Levert@sun.ac.za) by **13:00** on **Thursday 6 June 2025.** Please factor in enough time for your HoD to sign this application before this deadline. No late or incomplete applications will be accepted.
2. Subcommittee B will contribute a maximum of R 250 000.
3. **A quotation from the preferred supplier must be attached.**
4. **An abbreviated CV of the main applicant must be attached.**

**A. APPLICATION DETAILS**

**1. Particulars of Applicant(s)**

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Contact details | Tel.: | E-mail: |

**2. Equipment Specifications**

|  |  |
| --- | --- |
| Name of equipment |  |
| Type of transaction | New | Upgrade/Repair | Replacement |
| Purpose of equipment (%) | Research | Undergrad Teaching |
| Short description of equipment, including technical specifications (200 word max). |
|  |
| Does similar equipment exist within the university? If yes, motivate why it is essential to duplicate it. |
|  |
| Short management plan, including: placement, access to other users, maintenance, etc. (300 words max). |
|  |
| Provide information on the research for which this equipment is relevant (300 words max).  |
|  |
| Provide details of the strategic importance of this equipment for your research program. (200 words max). |
|  |

**3. Budget**

|  |  |
| --- | --- |
| Amount requested from Subcommittee B (max R250 000) | R |
| Funding from other sources1 (must be at least 25% of total cost) | R |
| Total cost2 (including VAT) | R |

**1 Applicants who require co-funding from their department or faculty are advised to arrange this well ahead of the closing date for applications. Signature of this form by the HoD does not imply or confirm a financial contribution by the department.**

**2Please attach a quotation from the preferred supplier.**

**I hereby certify that the information provided in this application is correct.**

**……………………………………. ……………………………**

**Signature: applicant Date**

**B. DEPARTMENTAL SUPPORT**

**1. Particulars of HoD**

|  |  |
| --- | --- |
| Name |  |
| Contact details | Tel.: | E-mail: |

**2. Motivation**

|  |
| --- |
| Please state the strategic importance of this equipment for the department in terms of otherwise funded departmental research programs, student training and overall research outputs. |
|  |
| Will any researchers, other than the PI have access to the equipment?  |
| Within the department | Y/N | Within the faculty | Y/N | Within the university | Y/N |
| Expected number of users |  | Departmental priority | # |

**……………………………………. ……………………………**

**Signature: Head of Department Date**