

**Proposal / Application**

**for**

**Human Resource Development Program**

**<Program Title>**

**<submitted by>**

**Read carefully before filling the form.**

1. Please do not alter the layout of the application form. Information must be filled in the spaces provided, under set format.
2. Guidance notes in various fields should not be deleted.
3. Required information should be duly filled in the specified fields.
4. Required heads/fields which are not relevant to the project should be marked **N/A** (Not Applicable) or left blank and should not be deleted.
5. Specifications, justifications, purposes must be provided against each item in the Budget file.
6. Please do not change the formulas in the budget sheets.

**List of Abbreviations and Acronyms**

|  |  |
| --- | --- |
| HRD | Human Resource Development |
| ICT | Information Communication Technology |
| IPR | Intellectual Property Rights |
| PM | Project Manager |
| PD | Project Director |
| R&D Fund | Research and Development Fund |

**List of Abbreviations and Acronyms Used by PI/PD in the Proposal** (Please add abbreviations and acronyms in the table below, if any.)

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**Application Guidelines and Forms**

**Purpose**

Capacity-building in Science and Technology (S&T) is one of most important aspects of a viable S&T infra structure. Unfortunately, majority of S&T institutions in Pakistan suffer from a severe lack of human and institutional capacity to conduct any meaningful research and development projects and to provide quality teaching in the areas of science and engineering. There is therefore an urgent need to train manpower and upgrade scientific institution in Pakistan. This grant scheme is thus aimed to train manpower and strengthen R&D institutions working in the fields of science and technology relevant to the national needs. The purpose of this grant is two-fold: (a) to support the candidates in obtaining essential training/certification and (b) to fund reputable institutions that want to either strengthen existing or start another program. Funds should be provided to either completely or partially subsidize the training programs and to buy equipment/software that the institution cannot afford. From this grant, medium sized scientific equipment can also be purchased with strong justification and cost-benefit analysis. Funds should not be spent on brick and mortar. The details of training and/or experiments that will be performed and the goals that will be achieved should be clearly stated.

This application form should be used for applying for grant for human resource development. Each form should consist of only one training program.

**Submission Procedure**

Duly filled application forms complete in all respects along with any documents should be submitted online through Fund’s website www.ignite.org.pk. A hard copy should also be submitted by registered post or by fax at our mailing address given below. On receipt of the applications the proposals will be evaluated internally as well as externally as laid down in our policy documents. The PD may need to revise the proposal in light of the evaluator’s recommendations.

There is no deadline for submission of the application; however, the application should be submitted at least three months prior to commencing the project.

**For further information, please contact:**

Solicitation and Evaluation Department,

Ignite National Technology Fund

6th Floor, HBL Towers

Jinnah Avenue, Blue Area, Islamabad

Tel.: (+92-51) 921 5360 - 65

Fax: (+92-51) 921 5366

Website: [www.ignite.org.pk](http://www.ignite.org.pk)

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**Proposal/Application for Human Resource Development Program**

# 1. Program Identification

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reference Number: | | | | | | | | | | | |
| (For office use only.) | | | | | | | | | | | |
| Program Title: | | | | | | | | | | | |
| **<type here>** | | | | | | | | | | | |
| Project Director (PD): | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Designation: | | |  | | | | | | | | |
| Mobile #: | | |  | | | Tel. # : | | | |  | |
| Email: | | |  | | | | | | | | |
| **C1. Project Manager (PM):** | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Designation: | | |  | | | | | | | | |
| Mobile #: | | |  | | | Tel. # : | | | |  | |
| Email: | | |  | | | | | | | | |
| **C2. Contact Person:** (If different from PD.) | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Designation: | | |  | | | | | | | | |
| Mobile #: | | |  | | | Tel. # : | | | |  | |
| Email: | | |  | | | | | | | | |
| Project Director’s Organization (PDO): *(Please indicate the name, address, telephone and fax of the Project Director’s Organization. The Project Director should belong to this organization.)* | | | | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | |
| Registration #: | | |  | | | | | | | *(Please attach copy)* | | |
| National Tax #: | | |  | | | | | | | *(Please attach copy)* | | |
| Tel. # : | | |  | | | | | Fax # : | |  | |
| Website: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| **How did you hear about us?** *(Please mark X where applicable)*   |  |  |  |  | | --- | --- | --- | --- | | [ ] www.ignite.org.pk | [ ] Ignite Brochure | [ ] Ignite Rep | [ ] Event/Seminar | | [ ] Google | [ ] Social Media | [ ] Print Media | [ ] Word of Mouth | | [ ] Other (specify): | here | | | | | | | | | | | | | | |
| Other Organizations Involved in the Program: *(Please identify all affiliated organizations collaborating in the proposed training program, and describe their role/contribution to the program.)* | | | | | | | | | | | | |
| **E1. Academic Organizations:** | | | | | | | | | | | | |
| *#* | *Organization Name* | | | | | | *Role / Contribution* | | | |
|  |  | | | | | |  | | | |
|  |  | | | | | |  | | | |
| **E2. Industrial Organizations:** | | | | | | | | | | | | |
| *#* | *Organization Name* | | | | | *Role / Contribution* | | | | |
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| **E3. Funding Organizations:** | | | | | | | | | | | | |
| *#* | *Organization Name* | | | | | | *Role / Contribution* | | | |
|  |  | | | | | |  | | | |
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| **E4. Other Organizations:** | | | | | | | | | | | | |
| *#* | *Organization Name* | | | | | | *Role / Contribution* | | | |
|  |  | | | | | |  | | | |
|  |  | | | | | |  | | | |
| Key Words: *(Please provide a maximum of 5 key words that describe the program. The key words will be incorporated in a database on development/research.)* | | | | | | | | | | | |
| <type here> | | | | | | | | | | | |
| Research and Development Theme: *(If the proposal belongs to a theme specified by Ignite, please identify the Theme.)* | | | | | | | | | | | | |
| <type here> | | | | | | | | | | | |
| Program Status: (Please mark 🗹)  [ ] New [ ] Modification to previous Program  [ ] Extension of an existing Program | | | | | | | | | | | | |
| Program Duration: | | | | | | | | | | | | |
| Expected Starting Date (mm/dd/yyyy): | | | | |  | | | | | | | |
| Planned Duration in months: | | | | |  | | | | | | | |
| Executive Summary: | | | | | | | | | | | |
| <type here> | | | | | | | | | | | |

# 2. Objectives of the Program

|  |
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| Scope and Introduction of the Program: *(Please describe the motivation and need for the proposed training program.)* |
| <type here> |
| Specific Objectives Being Addressed by the Program: *(Please describe the measurable objectives of the proposed training program. Use results-oriented wording with verbs such as ‘to determine..’, ‘to develop..’, ‘to identify..’ Fill in the relevant sub paras below.)* |
| **B1. Human Resource Development Objectives:** *(if any)* |
| <type here> |
| **B2. Academic Objectives:** *(if any)* |
| <type here> |
| **B3. Industrial Objectives:** *(if any)* |
| <type here> |
| **B4. Other Objectives:** *(if any)* |
| <type here> |

# 3. Training Details

|  |  |  |  |
| --- | --- | --- | --- |
| Relevance of the Proposed Training Program: *(How the proposed training program is relevant to the national needs.)* | | | |
| <type here> | | | |
| Training Needs Analysis (TNA): *(Please provide the details of the Training Needs Analysis exercise/plan.)* | | | |
| <type here> | | | |
| Details of Training Program: *(Please provide the course details; attach separate sheet for course outline, if required.)* | | | |
| <type here> | | | |
| Venue of Training: *(Name and address of institution(s) where the proposed training program will be conducted.)* | | | |
| Name: |  | | | |
| Address: |  | | | |
| Tel. # : |  | Fax # : |  | |
| Capability of Institution: *(Please provide details of similar programs/projects undertaken by the institution.)* | | | |
| <type here> | | | |
| No. of Participants: *(Please indicate how many people will be trained.)* | | | |
| <type here> | | | |

# 4. Benefits of the Program

|  |
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| Direct Beneficiaries of the Program: *(Please identify clearly the potential beneficiaries of the proposed training program and provide details of their relevance, e.g. size, economic contribution, etc.)* |
| <type here> |
| Outputs Expected from the Program: |
| <type here> |
| Trainee Empowerment Plan: *(Please describe the self sustaining model for improving the earning capacity, career growth, productivity of the beneficiaries.)* |
| <type here> |
| Industry Linkages: *(Please identify the companies who intend to hire the trained manpower and provide their company profiles and hiring requirements relevant to the proposed training program.)* |
| <type here> |

# 5. Methodology / Approach

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Team: *(Please attach the curriculum vitae (CV) of PD and JPD(s). Also attach the CVs of key research/ development personnel if available. Please follow the format included in Annexure A.*  ***The numbers in the table below must tally with the HR Cost sheet in the Budget file.****)* | | | | | | | | |
| ***Title / Position*** | | | | | | | | ***Number*** |
| Trainers | | | | | | | |  |
| Support Staff | | | | | | | |  |
| Contract Staff (please specify) | | | | | | | |  |
| Others (please specify) | | | | | | | |  |
| Add more rows if required | | | | | | | |  |
| Team Structure: *(Please define the team structure and role/key responsibilities of each member.)* | | | | | | | | | |
| <type here> | | | | | | | | | |
| Program Activities: *(Please list and describe the main activities of the proposed training program. The timing and duration of activities are to be shown in the Gantt chart in Section 8.)* | | | | | | | | | |
| <type here> | | | | | | | | | |
| Key Milestones and Deliverables: *(Please list and describe the principal milestones and associated deliverables of the proposed training program. A key milestone is reached when a significant phase in the program is concluded, e.g. hiring, completion of admissions, conduct of training, exams and results, etc.) The timing of milestones is also to be shown in the Gantt chart in Section 8.* | | | | | | | | |
| The information given in this table will be the basis of monitoring and release of funds by the Ignite. | | | | | | | | |
| *No.* | *Elapsed time from start (in months) of the program* | | *Milestone* | | *Deliverables* | | | |
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| (Please add more rows if required.) | | | | | | | | |

# 6. Risk Analysis

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risks of the Program: *(Please describe the factors that may cause delays in, or prevent implementation of, the program as proposed above; estimate the degree of risk.)*   |  |  |  |  | | --- | --- | --- | --- | | (Please mark 🗹 where applicable) | Low | Medium | High | | * Technical risk |  |  |  | | * Timing risk |  |  |  | | * Budget risk |  |  |  | |
| Comments: |
| <type here> |

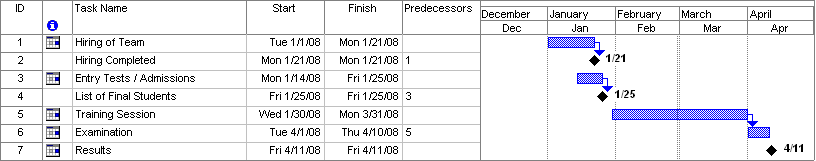
# 7. Contractual Matters

|  |  |
| --- | --- |
| Contractual Obligations under this Program: *(Please indicate any contractual obligations with third parties that will be entered into for this program.)* | |
| <type here> | |
| Competent Authority of the Principal Investigator (Organization).  |  |  |  |  | | --- | --- | --- | --- | | Name: |  | | | | Designation: |  | | | | Email: |  | | | |  |  | | | | Date: |  |  | Signature : | | |

# 8. Program Schedule / Milestone Chart

***(Program schedule using MS-Project (or similar tools) with all tasks, deliverables, milestones, cost estimates, payment schedules clearly indicated is preferred.)***

*Example:*



# 9. Proposed Budget

Please use the embedded Excel Worksheet for providing budget details.

Double click the icon to open the worksheet.



# Annexure A – Curriculum Vitae

|  |  |
| --- | --- |
| Please provide relevant information and also attach CVs of PD, JPD and trainers. | |
| 1. **Professional Information** | |
| 1. Name : |  |
| 1. Title or Position Held : |  |
| 1. Experience: (yrs) |  |
| 1. Email Address : |  |
|  |  |
| 1. **Courses Taught in Relevant Area** | |
| <type here> | |
| 1. **Thesis/Projects Supervised in Relevant Area** | |
| <type here> | |
| 1. **Research Papers in Relevant Area** | |
| <type here> | |
| 1. **Grants Received in Relevant Area** | |
| <type here> | |
| 1. **Industrial Work Done in Relevant Area** | |
| <type here> | |
|  | |

|  |  |
| --- | --- |
| Please provide relevant information and also attach CVs of PD, JPD and trainers. | |
| 1. **Professional Information** | |
| 1. Name : |  |
| 1. Title or Position Held : |  |
| 1. Experience: (yrs) |  |
| 1. Email Address : |  |
|  |  |
| 1. **Courses Taught in Relevant Area** | |
| <type here> | |
| 1. **Thesis/Projects Supervised in Relevant Area** | |
| <type here> | |
| 1. **Research Papers in Relevant Area** | |
| <type here> | |
| 1. **Grants Received in Relevant Area** | |
| <type here> | |
| 1. **Industrial Work Done in Relevant Area** | |
| <type here> | |
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