

Event Grant Application Form



MyICID

Malaysian Society of Infection Control
& Infectious Diseases

Section A: Applicant Information

Full Name	
NRIC No.	
MyICID Membership No.	MYICID
Job Title	
Institution / Organization	
Mailing Address	
Email Address	
Mobile Number	
Bank Name & Account Number	

Section B: Event Details

Title of Event	
Type of Event	<input type="checkbox"/> CME <input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input type="checkbox"/> Public Health Outreach <input type="checkbox"/> Other (specify):
Level of Event	<input type="checkbox"/> Hospital <input type="checkbox"/> State <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Other (specify):
Organizer	
Date(s)	
Venue	
Target Audience	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurses <input type="checkbox"/> Pharmacist <input type="checkbox"/> Public <input type="checkbox"/> Other (specify):

Expected Number of Participants	
Main Objectives of the Event	
Brief Description of Activities (attach program if available)	

Section C: Budget Details

Total Estimated Cost	RM																
Amount Requested from MyICID	RM																
Breakdown of Budget Item (for the amount requested from MyICID)	<table border="1"> <tr> <td><input type="checkbox"/> Venue Rental</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Food & beverages</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Printing materials</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Speaker Honorarium</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Speaker Travel (Flight/Train/Car)</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Speaker Accommodation</td> <td>RM</td> </tr> <tr> <td><input type="checkbox"/> Other (please specify)</td> <td>RM</td> </tr> <tr> <td>Total</td> <td>RM</td> </tr> </table> <p><i>*Travel and accommodation support is only eligible for events held outside the speaker's home state and is subject to the maximum sponsorship limits as stated in MyICID's policy.</i></p>	<input type="checkbox"/> Venue Rental	RM	<input type="checkbox"/> Food & beverages	RM	<input type="checkbox"/> Printing materials	RM	<input type="checkbox"/> Speaker Honorarium	RM	<input type="checkbox"/> Speaker Travel (Flight/Train/Car)	RM	<input type="checkbox"/> Speaker Accommodation	RM	<input type="checkbox"/> Other (please specify)	RM	Total	RM
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<input type="checkbox"/> Other (please specify)	RM																
Total	RM																
Other Sources of Sponsorship and Income (with amounts)																	

Section D: Declaration by Applicant

I declare that the information provided in this application is true and complete. I understand that the decision made by MyICID regarding grant approval and the amount awarded is final. On behalf of the organiser, I agree to the following terms and conditions upon receiving the grant:

- **Acknowledgement of Collaboration:** We will acknowledge MyICID's collaboration by including the MyICID logo and website QR code in the event poster, programme book, and all promotional materials. MyICID will be listed as a partner or collaborator.
- **Promotional Video:** During the workshop, we will play a short promotional video on MyICID's Infectious Diseases Online Training module, available on the OpenLearning platform.

(All related materials are accessible via this link: https://drive.google.com/drive/folders/1tf5rBYmAHIVlQlslL_MzAsuBO_6qMe52?usp=drive_link)

- **Use of Funds:** We will use the grant from MyICID solely for the event specified in this application.
- **Financial Reporting:** We will maintain a complete expenditure report using the Excel template provided by MyICID and submit it to the MyICID Treasurer within two weeks after the event for the Society's documentation and future tax audit purposes.
- **Invoicing:** All invoices related to the grant must be addressed to: *Malaysian Society of Infection Control and Infectious Diseases (MyICID)*.
- **Return of Unused Funds:** We will return any unused funds to MyICID bank account (Public Bank, Account No: 3219166434).

Signature:

Name:

Date:

Section E: Supporting Documents

Please attach the following (where applicable and available):

- ☐ Tentative programme
- ☐ Official letter of grant request from the institution or organization
- ☐ Previous event report (if this is a recurring program)
- ☐ CVs or biodata of key personnel or speakers
- ☐ Relevant promotional materials (e.g. posters, brochures)

Submission:

Please complete this application form and submit it to the MyICID Executive Committee via email at **myicid1@gmail.com** at least 30 days before the event date. A decision will typically be made within 2 weeks after submission.

For MyICID Office Use Only

Application received on: _____

Application reviewed by exco on: _____

Decision:

☐ Approved Amount approved: RM _____

☐ Not Approved

Remarks: