Green Buildings Innovation Cluster (GBIC)

## Design Prototyping Application Form

**PART I – DETAILS OF PROPOSAL**

|  |  |
| --- | --- |
| Development Name: |  |
| Description of project: |  |
| Address and Planning area (as in URA’s Master Plan): |  |
| Gross Floor Area (GFA): |  |
| Building type: | □ New development□ Existing building undergoing major A&A |
| Type of ownership: | □ Public □ Private |
| Development type: |  □ Commercial □ Mixed use development\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify*) □ Hotel □ Residential □ Industrial □ Institutional □ Healthcare □ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify*) |
| Has Provisional Permission (PP)/ Written Permission (PP) been obtained for the development?  | □ Yes□ No |

**PART II – PARTICULARS OF THE APPLICANT (DEVELOPER/ OWNER)**

|  |  |
| --- | --- |
| Name of Firm: |  |
| UEN: |  |
| Name & Designation of Contact Person: |  |
| Email: |  |
| Telephone: |  |

**PART III – PARTICULARS OF THE CONSULTANTS**

**PARTICULARS OF THE ESD CONSULTANT**

|  |  |
| --- | --- |
| Name of Firm: |  |
| UEN: |  |
| Name & Designation of Contact Person:  |  |
| Email: |  |
| Telephone: |  |

**PARTICULARS OF THE QUALIFIED PERSON (If applicable)**

|  |  |
| --- | --- |
| Name of Firm: |  |
| UEN: |  |
| Name & Designation of Contact Person:  |  |
| Email: |  |
| Telephone: |  |

 **PARTICULARS OF THE PROFESSIONAL M&E ENGINEER (If applicable)**

|  |  |
| --- | --- |
| Name of Firm: |  |
| UEN: |  |
| Name & Designation of Contact Person:  |  |
| Email: |  |
| Telephone: |  |

*(Please attach CV of each consultant, stating the relevant past experience in carrying out design workshops/ simulation of similar scale and scope, educational background and employment history, if these are related and support the application.)*

**PART IV – DESCRIPTION OF SUPER LOW ENERGY BUILDING PROPOSAL**

***Applicant shall indicate the proposed approach, proposed experts, targets and relevant track records in the proposal such that the development can achieve Green Mark Super Low Energy (SLE) buildings and obtain at least 20% energy savings better than the current Green Mark Platinum standards.***

**Milestones**

Define the implementation schedule of major activities/deliverables.

|  |  |
| --- | --- |
| **Milestones & Deliverables** | **Year 1** |
| **Q1** | **Q2** | **Q3** | **Q4** |
| Key Activity (1) |  |  |  |  |
| Key Activity (2) |  |  |  |  |
| Key Activity (3) |  |  |  |  |

**PART VI – FUNDING SUPPORT REQUIRED**

*Summarise the funding support requested in the table below. Also, provide an estimated detailed breakdown on the funding support requested (e.g. design workshop, simulation studies, workshop venue, transport and accommodation required) as an Appendix.*

|  |  |
| --- | --- |
| **Item** | **Proposed Funding Support (S$)** |
| **Consultancy fees**(e.g. to carry out design workshop and/ or simulation studies) |  |
| **Facility venue and logistical costs**(e.g. workshop venue and other logistical costs) |  |
| **Professional fees**(e.g. modelling and simulation analysis) |  |
| **Miscellaneous**(e.g. Transportation, accommodation, cost of living allowance if consultants required to be flown in) |  |
| **TOTAL (S$)** |  |

*\*N.B. For all monetary transactions carried out, please indicate if the party involved is related to your company (e.g., from the same group or subsidiary / parent of your company). Any transaction between the Applicant and its related party/parties (as defined under the Financial Reporting Standard 24 (FSR 24) published by the Accounting Standards Council) are not eligible as claims under the Qualifying Cost Item.*

**PART VII – DECLARATION**

The Company has obtained or is applying for Government incentive/loan[[1]](#footnote-1) Yes /No\*

If yes, please provide details using the format below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant Title | Funding Agency | Status | Grant received | Project Duration | Role Played |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I hereby declare that the information provided are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant’s Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Designation Contact No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp / Date

***Please send the completed signed application form with the supporting documents and send the e-copy via email to:*** ***noel\_chin@bca.gov.sg******.***

1. *2 Please indicate incentives/loans administered by any other government agencies.* [↑](#footnote-ref-1)