

Electronic Grant Management System (eGMS)

Introduction of eGMS – Part I

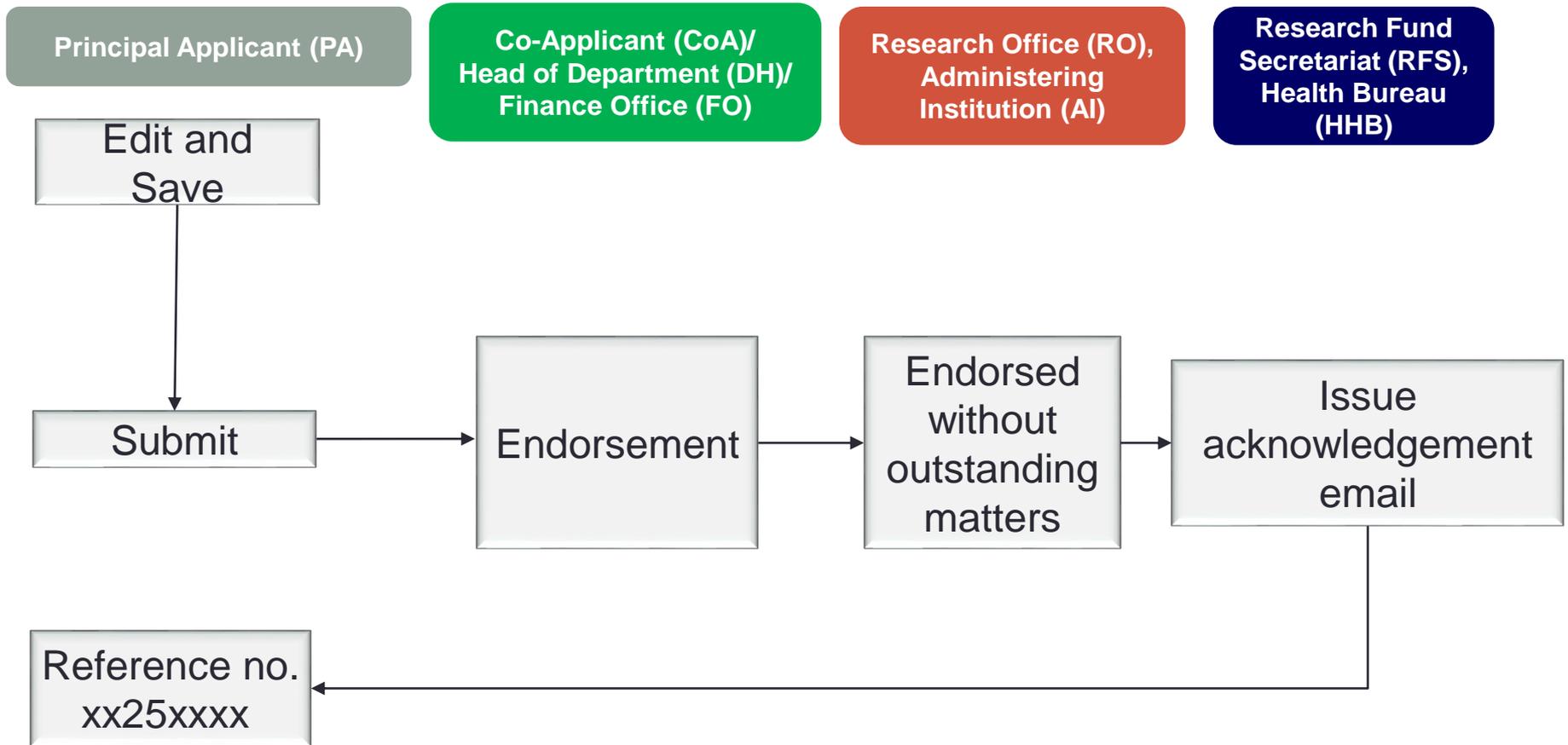
(for Principal Applicant)

**Research Fund Secretariat
Health Bureau
January 2026**

Agenda

- Overview on submission of application via eGMS
- Checklist for submission of application
- **Part I** Introduction of eGMS *and* Account registration
- **Part II** How to submit an application?
- **Part III** Action required under different application status
- **Part IV** Delegation of Principal Applicant (PA)
- Summary and key **points**

Overview on submission of application via eGMS



Overview on submission of application via eGMS (Cont'd)

- After AI's RO has submitted your application to RFS, you will receive the acknowledgement email as follows -

Subject: eGMS - TMP01434: Successful Submission of Grant Application

Dear Prof UNIA PA,

This email is to acknowledge receipt of your grant application titled **xxx xxx xxxx xxxx xxxx xx (TMPxxxx)** has been successfully submitted to the Research Fund Secretariat, Health Bureau, HKSAR.

An official number **xx25xxxx** has been assigned to this application. Please quote this number for enquiry in future.

Please note all future correspondence about this application, including announcement of funding result, will be sent to your email address entered in this application.

The results of this application round will be announced in Sep 2026 (tentative).

Thank you.

eGMS Administrator

This is a computer-generated email sent from the eGMS. Please do not reply. For enquiries, please email to egmsenquiry@healthbureau.gov.hk.

Checklist for submission of application

Have you read the
Guidance Notes and
Explanatory Notes?

1

Do you have an
eGMS account
with PA role?

2

Have you
downloaded the
correct proposal
template?

3

Do you have all
Co-applicants'
information?

4

Part I – Introduction of eGMS and Account registration

Part I (a) - Introduction of eGMS

Overview

- **Login page:** <https://rfs.healthbureau.gov.hk/eGMS/>

Login to eGMS

Email:

Your login email is your email address.

Password:

[Forgot your password?](#)

[Forgot your login?](#)

 **Continue with iAM Smart**

[More Info >](#)

[Frequently Asked Questions](#)

Account Registration *(FOR APPLICANTS ONLY!)*

Notes to Grant Review Board (GRB) Members/ External Reviewers

eGMS account has already been registered for GRB Members and External Reviewers. Please contact the Research Fund Secretariat (Email: egmsenquiry@healthbureau.gov.hk) if you have any questions.

Minimum system requirements

- Browser:



- Enable Transport Layer Security (TLS) version 1.2 in the browser

- 1280 x 1024 Minimum Screen Resolution



- Microsoft Office Word 2007 or above
(for opening MS Word files)



Operating system requirements

- Microsoft **Windows** 10 or above
- Apple **Mac** OS 14 or above



Part I (b) - Account registration

Account registration

- 1) New user to register for Principal Applicant (PA) account
- 2) Existing co-applicant (CoA) user to request PA's role
- 3) New user to register for CoA account
- 4) Existing eGMS user

1. New eGMS user, register for PA Account

eGMS electronic Grant Management System

Welcome to the electronic Grant Management System (eGMS) of the Research Fund Secretariat of the Research and Data Analytics Office under the Health Bureau, HKSAR.

The eGMS is an online platform which supports electronic submission and assessment of grant applications to the Health and Medical Research Fund (HMRF) and reports of HMRF-funded projects as well as dissemination of project results.

By setting up a single eGMS account, each user can manage all of the activities under his/her purview using the eGMS platform.

Login to eGMS

Email:

Your login email is your email address.

Password:

Login

[Forgot your password?](#)

[Forgot your login?](#)



Continue with iAM Smart

[More Info >](#)

[Frequently Asked Questions](#)

Account Registration *(FOR APPLICANTS ONLY!)*

Register for Principal Applicant Account

Register for Co-Applicant Account

Notes to Grant Review Board (GRB) Members/ External Reviewers

eGMS account has already been registered for GRB Members and External Reviewers. Please contact the Research Fund Secretariat (Email: egmsenquiry@healthbureau.gov.hk) if you have any questions.

**to be endorsed by
RO of AI*

1. New eGMS user, register for PA Account (cont'd)

- Please do not register if you are an existing eGMS user.

You should not register for an eGMS account if

1. you are a **Grant Review Board Member** (your login email is your email address.); or
2. you are an **External Reviewer** (your login email is your email address.); or
3. you are a **Principal Applicant (PA)** and submitted application via eGMS before; or
4. you are a **Co-Applicant (CoA)** and signed an application via eGMS before; or
5. you have an eGMS account already.

Continue

Exit

Note: alert message will appear if your email address has already been registered in the eGMS.



This email address has been registered in our system.

PA account registration

Principal Applicant Account Registration

*If you are an External Reviewer, you are **not** required to register for the PA account.

To register an account, please complete the information below.

(*Optional field for registration)

Notes:

1. Your account will be activated after getting your Administering Institution's (AI's) endorsement via eGMS.

2. Upon successful registration (i.e. after your AI's endorsement), a confirmation with your login and password will be sent to your email address provided below.

3. Each Principal Applicant (PA) should register **ONE** account in eGMS only.

4. If you have any queries or encounter difficulties relating to eGMS, please send email to egmsenquiry@hfb.gov.hk.

Email

Please provide institutional email account

Title

Last Name

First Name

Please enter the English name before the English translation of your Chinese name.

Current Post

Unit / Department

AI

If you cannot find your AI from the pull down menu, please send email to egmsenquiry@hfb.gov.hk.

Room / Floor

Building

Street

Please enter number and name of street.

City / Area

Country / Region

Contact No.

Fax

ORCID ID* - - -

Gender* Male Female

Information collected will be used for statistical purposes only.

Password

Re-type Password

Visual Audio



Please check this box to confirm that you have read and accepted the [Terms and Conditions](#) for the use of eGMS.

- Fill in all mandatory fields
- If you cannot find the Administering Institution (AI) from the pull-down menu, please send an email to egmsenquiry@healthbureau.gov.hk

User needs to wait for AI to endorse the registration before he/she can login to the eGMS.

Note:
Each user will be assigned one account only.

- Set a password with 10 characters containing at least one digit, e.g. 0-9, and one alphabet, e.g. eur2ireig1.

Successful PA account registration

- After receiving “eGMS – Account Registration” email, click “eGMS” to login

eGMS - Successful Account Registration for Principal Applicant: (The Name of Principal Applicant)

Dear (Name of Account holder)

Your registration as Principal Applicant in the electronic Grant Management System (eGMS) of the Research Fund Secretariat, Health Bureau, HKSAR is successful.

You can now submit your grant application via the eGMS by logging in to the eGMS ([eGMS URL](#)).

Please contact to the Research Fund Secretariat at egmsenquiry@healthbureau.gov.hk if you have more than one login account in the eGMS.

Thank you.

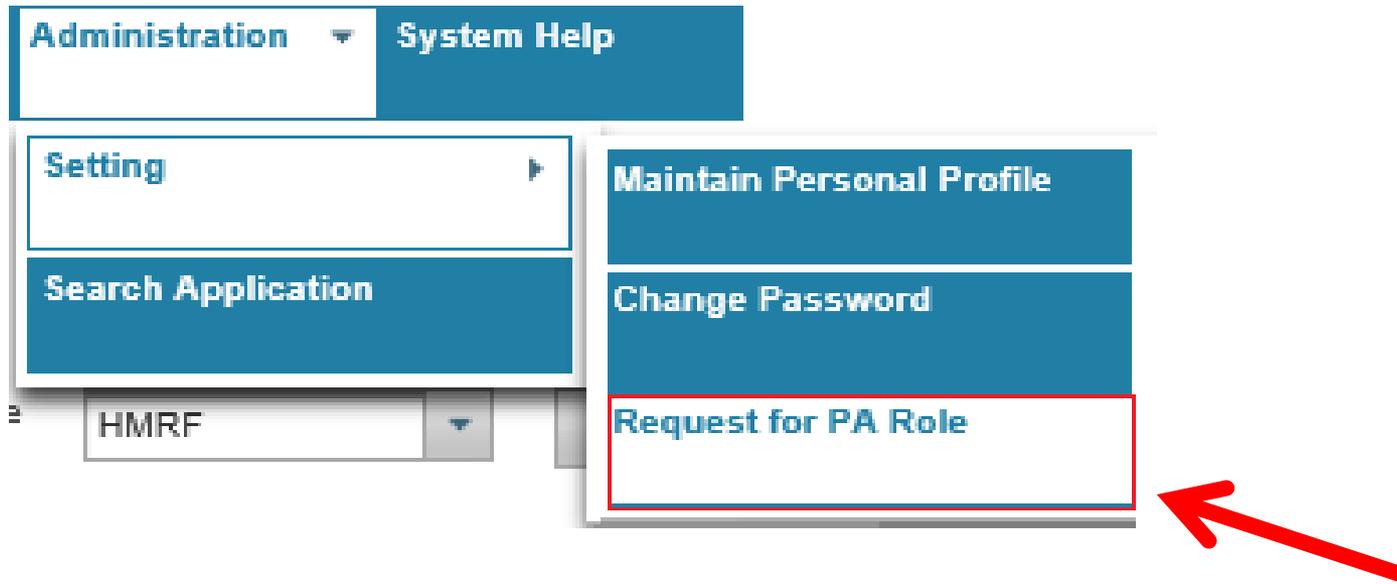
eGMS Administrator

This is a computer-generated email sent from the eGMS, please do not reply.

2. Existing local CoA, request for PA role

(For local CoA without PA role in his/her eGMS account)

- Go to Administration > Setting > Request for PA role



2. Existing local CoA, request for PA role (cont'd)

(For local CoA without PA role in his/her eGMS account)

Request for PA Role

Email	<input type="text"/>	Room / Floor	<input type="text"/>
Title	<input type="text"/>	Building	<input type="text"/>
Last Name	<input type="text"/>	Street	<input type="text"/>
First Name	<input type="text"/>	City / Area	<input type="text"/>
Location of Administering Institution	China - Hong Kong	Country / Region	CHINA - HONG KONG
Current Post	<input type="text"/>	Contact No.	<input type="text"/>
Unit / Department	<input type="text"/>	Fax	<input type="text"/>
AI	University of FHB	Authorised Role(s)	Co-Applicant
Affiliation		ORCID ID	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Gender*	<input type="radio"/> Male <input type="radio"/> Female		

This information is used for statistics only.

Request PA Role

Request PA Role

Your request will be forwarded to the Administering Institution for approval.



*to be endorsed by RO of AI

3. New eGMS user, register for CoA account

eGMS electronic Grant Management System

Welcome to the electronic Grant Management System (eGMS) of the Research Fund Secretariat of the Research and Data Analytics Office under the Health Bureau, HKSAR.

The eGMS is an online platform which supports electronic submission and assessment of grant applications to the Health and Medical Research Fund (HMRF) and reports of HMRF-funded projects as well as dissemination of project results.

By setting up a single eGMS account, each user can manage all of the activities under his/her purview using the eGMS platform.

Login to eGMS

Email:

Your login email is your email address.

Password:

Login

[Forgot your password?](#)

[Forgot your login?](#)



Continue with iAM Smart

[More Info >](#)

[Frequently Asked Questions](#)

Account Registration *(FOR APPLICANTS ONLY!)*

Register for Principal Applicant Account

Register for Co-Applicant Account

Notes to Grant Review Board (GRB) Members/ External Reviewers

eGMS account has already been registered for GRB Members and External Reviewers. Please contact the Research Fund Secretariat (Email: egmsenquiry@healthbureau.gov.hk) if you have any questions.

3. New eGMS user, register for CoA account (cont'd)

- Please do not register if you are an existing eGMS user.

You should not register for an eGMS account if

1. you are a **Grant Review Board Member** (your login email is your email address.); or
2. you are an **External Reviewer** (your login email is your email address.); or
3. you are a **Principal Applicant (PA)** and submitted application via eGMS before; or
4. you are a **Co-Applicant (CoA)** and signed an application via eGMS before; or
5. you have an eGMS account already.

Continue

Exit

CoA account registration

- Fill in all mandatory fields

*If you are an External Reviewer, you are not required to register for the CoA account.

(*Optional field for registration)

Email

Please provide institutional email account

Title

Last Name

First Name

Please enter the English name before the English translation of your Chinese name (e.g. David Tai-man).

Location of Administering Institution China - Hong Kong Overseas

Current Post

Unit / Department

AI

Affiliation

To be completed by CoA whose affiliation is in Hong Kong and has been registered with the Secretariat. If you do not find your AI from the pull down menu, please complete affiliation below.

Room / Floor

Building

Street

Please enter number and name of street.

City / Area

Country / Region

Contact No.

Fax

ORCID ID* - - -

Gender* Male Female

Information collected will be used for statistical purposes only.

Visual Audio



Successful CoA account registration

- Please login with temporary password and reset the password.

eGMS - Account Registration for Co-Applicant: Mr COA unia



Dear | (Name of Account holder)

Thank you for registering with the electronic Grant Management System (eGMS) of the Research Fund Secretariat, Health Bureau, HKSAR.

Please find the temporary password for accessing the electronic Grant Management System (eGMS):

Password: [Temporary password]

Login page: <https://rfs.healthbureau.gov.hk/eGMS/>

Please be reminded to set up a new password after logging in to the eGMS

Please contact the Research Fund Secretariat at egmsenquiry@healthbureau.gov.hk if you have more than one login account in the eGMS and have not merged these accounts into one account yet.

Thank you.

eGMS Administrator

This is a computer-generated email sent from the eGMS. If you want to send a reply, please email to egmsenquiry@healthbureau.gov.hk.

4. Existing eGMS user, request for CoA role

- Registration is NOT required.
- PA just needs to fill in relevant CoA's email address in Section 7 (Project Team) of e-Form. CoA's role will be added to that user account accordingly.

Part II - How to submit an application?

Login

<https://rfs.healthbureau.gov.hk/eGMS/>

The screenshot shows the login interface for eGMS. It includes a title 'Login to eGMS', an 'Email' input field with a red oval around it, a 'Password' input field with a red oval around it, a 'Login' button, and a 'Continue with iAM Smart' button with a red border. There are also links for 'Forgot your password?' and 'Forgot your login?'. A 'More Info >' link is at the bottom left. A 'Frequently Asked Questions' link is at the bottom left. A box on the right contains text about login options and account locking. A box at the bottom contains text about iAM Smart login.

(Option 1) Login with email address and password
Note:
The account will be locked after 6 failed attempts

Notes to Grant Review Board (GRB) Members/ External Reviewers

eGMS account has already been registered for GRB Members and External Reviewers. Please contact the Research Fund Secretariat (Email: egmsenquiry@healthbureau.gov.hk) if you have any questions.

(Option 2) Login with iAM Smart
(Refer to Slide 26)

Login with iAMSmart

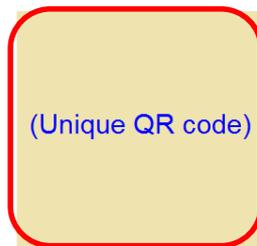
- Scan the QR code on the screen with the iAM Smart smartphone application
- If this is your first time logging into your eGMS account with iAM Smart, the eGMS will prompt you to enter your eGMS account email and password for authentication.



< Back to online service

Log in with iAM Smart :

1. Please open iAM Smart App in your mobile
2. Tap the scan button in iAM Smart App
3. Scan the QR Code



This is your first time login with iAM Smart, please provide your email and password in eGMS for account authentication.

Link up eGMS account with iAM Smart account

Email:

Your login email is your email address.

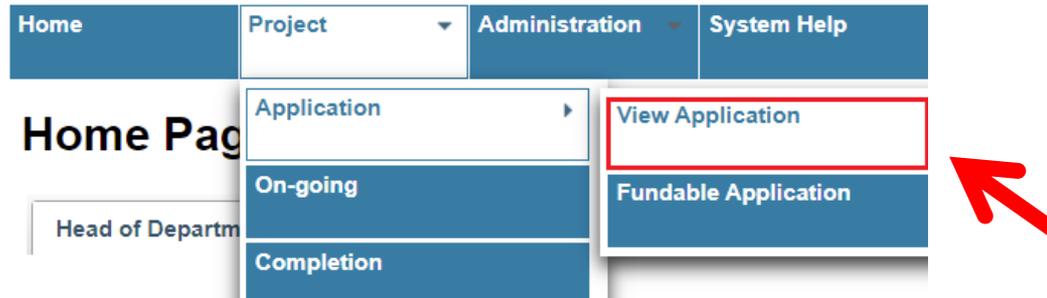
Password:

Confirmation message for successful linkage with iAM Smart will appear.

Your eGMS account was verified and is successfully linked with iAM Smart. You can use iAM Smart to login to eGMS directly from now on.

Submit an application

- Go to Project > Application > View Application



Note:

Application function is only available during the application period.

Submit an application (cont'd)

Application

Master List **Application Call**

(1 of 1) 20

Project Year	Ref. No.	Actions	Type	Project Title	Department	Funding Amount (HK\$)	Status	Co-Applicant(s) Signed	Head of Department Signed*	Finance Officer Signed	Research Officer Signed	Last Edited By	Submission Time (by PA to AI)
								-	-	-	-		

No records found.

Co-Applicant(s) Signed	Head of Department Signed*	Finance Officer Signed	Research Officer Signed
-	-	-	-

Note:

- 1) No item on the “Master list” before PA submits his/her first application to the 2025 Open Call.
- 2) PA can view the endorsement status of CoA(s) and AI users of an application on the “Master List”.

Submit an application (cont'd)

- Click “Application Call”

Master List **Application Call**

(1 of 1) << 1 >> 20 ▾

Year	Scheme	AOP	Announcement Date	AI's internal deadline	Closing Date	Actions
2025	HMRF	Public health, human health and health services Prevention, treatment and control of infectious diseases Advanced medical research Health Promotion	18 Dec 2025	N/A	31 Mar 2026	Web-based e-Form (see Notes 1 and 2) Complete Web-based Online e-Form Download - Section 10(a)-(h) Research Proposal Template Download - Section 10(a)-(h) Health Promotion Proposal Template Download - Section 17 Excel Template [Optional] Download - Response Letter Template (For Resubmission Only)

Web-based e-Form (see Notes 1 and 2)
Complete Web-based Online e-Form
[Download - Section 10\(a\)-\(h\) Research Proposal Template](#)
[Download - Section 10\(a\)-\(h\) Health Promotion Proposal Template](#)
[Download - Section 17 Excel Template \[Optional\]](#)
[Download - Response Letter Template \(For Resubmission Only\)](#)

Note: Useful templates for completing Sections 10 and 17 can be downloaded here.

Submit an application (cont'd)

- Read all “Terms and Conditions”

Terms of Use

Terms and Conditions

The following terms and conditions (the 'Terms and Conditions') govern your use of the electronic Grant Management System (the 'System') provided by the Research Fund Secretariat (the 'RFS') of the Health Bureau, the Government of the Hong Kong Special Administrative Region (the 'HKSAR Government') and the information (the 'Information') and the functions (the 'Functions') contained on or available through the System (collectively the 'Services'). By accessing, using or downloading from the System or the Services, you agree to be bound by this Terms and Conditions, which the HKSAR Government may change from time to time without further notice to you. You are advised to read this Terms and Conditions carefully.

Restrictions on Use

You may not access, use, download, copy, print, display, link, frame, store for subsequent use, transmit or distribute any Information from the System, except as expressly provided in this Terms and Conditions. You may access the System and display, download, print the Information for non-commercial use, provided that you do not cause or permit the Information to be modified in any manner, including without limitation by removal of any copyright notice, disclaimer, warning or notice. You may link to the System, provided that the link targets the System homepage at the URL rfs.healthbureau.gov.hk/EGMS that you deliver notice of the link, including the URL of each webpage containing the link, to the RFS.

Risk and Security

You acknowledge that you use the Services of the System at your own risk and shall bear all risks associated with the use of the Services. You acknowledge that you

You need to scroll through all the contents in the Terms of Use before you are able to click the check box below.

- I have read and agreed with the above Terms of Use.
- I understand that I have to read the Explanatory Notes and Guidance Notes for Research Grant Application before completing the application form.
- I understand that it is my responsibility to ensure that the application fulfills all the submission requirements stated in the Guidance Notes and Explanatory Notes.
- I understand that applications that are outside the funding scope, incomplete, inconsistent with the submission requirements, or insufficiently detailed will not be processed and may result in administrative withdrawal.
- I understand that I have to use the correct proposal template for research/health promotion project under Section 10, otherwise my application will not be processed.
- I understand that agreement for newly approved grant will not be issued if I have not submitted the outstanding / overdue report(s) / certified financial statement(s) and audited account(s) / outcome evaluation questionnaire(s) for my other grants supported by the HMRF.

Continue

Cancel

- Click the Check Boxes and “Continue”

Submit an application (cont'd)

- Click the button and go to the relevant Section directly.

Save Submit

1 of 18 Next

Basic Information (1 to 5)	Potential Application (6)	Project Team (7)	Proposed Field, Keyword (8 to 9)
Project Proposal (10)	Project Duration, Timetable of Work (11 to 12)	Budget Plan (13 to 14)	Ethics Approval (15)
CV (16)	Similar/Related Proposals and Track Record (17)	Nomination of Reviewers (18)	Declaration (19)

Health and Medical Research Fund

GRANT APPLICATION FORM

The information and personal data provided in the application form will be used by the Research Council, External Reviewers, the Grant Review Board, the Research Fund Secretariat and the relevant government bureaux/ department(s) or its authorised users for the purposes of assessing applications to the Health and Medical Research Fund (HMRF) or checking of plagiarism/duplicate funding. For successful applications, such information and personal data will also be used for project monitoring, research and statistical analysis, promotion, publicity and dissemination purposes as appropriate. Contents of the submitted application set out in Sections 4-5,7 (name, department and institution), 9 and 13 with the status of project will be made available for public access once funding approval is offered. The Government may, without reference to the Principal Applicant or the Institution disclose to any Government's Bureau/Department which administers funds to support health and medical related research as it thinks fit, the penalty imposed to Principal Applicant of the Application due to Principal Applicant's scientific misconduct and/or non-compliance with HMRF's requirements according to the Management of Track Records of Applicants which is updated from time to time and available on the website of the Research Fund Secretariat of the Health Bureau of the Government.

Submit an application (cont'd)

Note:

The system will be logged out if the application form has been idled for 20 minutes. There is no auto-save function. Please click the "Save" to save your work regularly.

Session timeout

Your current session will expire at 11:35. Please click "OK" if you wish to continue.

⚠ Please save your work regularly, otherwise the unsaved work will be lost after the session timeout.

Time remaining : 01:54

OK

Save Submit

1 of 18 Next Basic Information (1 to 5) Potential Appl (6)

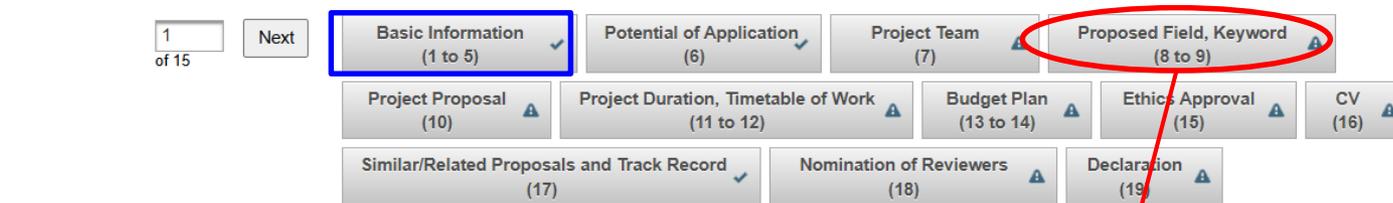
An acknowledgment message for 'Web Form is saved' with a temporary Ref. No. will be shown at the top.

i Web Form is saved with Ref. No. [REDACTED]

Submit an application (cont'd)

Validation checking

- Completed sections will be marked with 
- Incomplete sections will be marked with  for your attention. Click the relevant tab to return to the relevant section to view the incomplete items.



Save Submit

 Section 9. Keywords is mandatory. Please complete.

8. PROPOSED FIELD

Primary

Group	Field
A01 Cardiorespiratory medicine and haematology	A01-02 Haematology (incl. blood transfusion)

Secondary

Group	Field

9. KEYWORDS

 Section 9. Keywords is mandatory. Please complete.

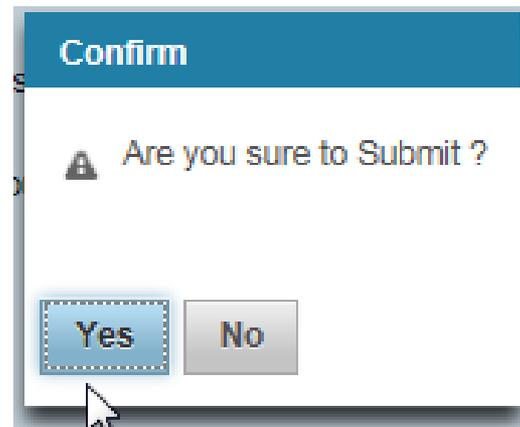
View the alert message and complete the outstanding items.

Note:

Only error free Web-based Online e-Form can be submitted successfully to AI users.

Submit an application (cont'd)

- Submit the application to CoA(s) and AI users



An acknowledgment message for 'Web Form is submitted' with a temporary Ref. No. will be shown at the top.

Submit Web Form

i The Web form with Ref. No. TMPXXXX has been submitted. Your application is pending endorsement from Co-applicant(s), if any, and your Administering Institution users (i.e. Head of Department, Finance Office and Research Office). You can view the signing status on the Master List. You will receive an email notification with an official 8-digit reference number after your Administering Institution has submitted your application to the HMRP.

Close

Submit an application (cont'd)

- tooltips for filling the e-Form

- Read the Explanatory Notes
- Mouse over  to view the tooltips

Sample:

5. ABSTRACT OF PROJECT  *(Word limit: 250 words, in BMJ format)*

Abstract MUST be in BMJ format (max. 250 words) with the following headings: objectives; hypothesis to be tested; design and subjects; study instruments; interventions; main outcome measures; data analysis; expected results. For details, please refer to <http://www.bmj.com/about-bmj/resources-authors/house-style>.

Section 1 submission (for re-submission):

Applications in the **2024 HMRF Open Call** that are rated “2” or rated “3” / “4” but finally **not funded** are eligible for resubmission.

Example with validation messages:

When you click "Save", validation messages will appear at the top of the page if any required fields are incomplete or if ineligible information is provided.

 **Section 1. Resubmission - Rating of previous submission is mandatory. Please complete.**
Section 1. Resubmission - The file size of attachment should not exceed 800KB.
Section 1. Resubmission - Only applications rated “2” or above in the 2024 HMRF Open Call are eligible for resubmission.

1. SUBMISSION

New Project Re-Submission

(Quote Previous Ref. No.) 

Rating* of previous submission to HMRF:  

Structured point-by-point response to GRB Assessment Report (all GRB and Reviewers' comments using [standard template](#)): 

Uploaded file name : [Demo.PDF.size.more.than.800kb.pdf](#)

(file size limit: 800KB)

*Only those with rating of 2 or above are eligible for re-submission.
(In PDF format only and the maximum file size is 800KB)

Please refer to the relevant sections of Guidance Notes on resubmission

Section 3 thematic priorities:

Select the most relevant thematic priority from the selection menu by clicking “Select”.

3. THEMATIC PRIORITIES

Please select the most relevant thematic priority* 

**please refer to the Explanatory Notes for details of the thematic priorities*

Please Select

Section 4 project title:

The project title should align with the format as specified in the e-Form.

(i.e. only the first letter of the first word should be capitalized, except specific terms.)

4. PROJECT TITLE *(Word limit: 25 words)*

*Only the first letter of the first word in the project title should be capitalised except specific terms, e.g.
Systematic evaluation of payback of publicly funded health and health services research in Hong Kong*

Section 7 applicants (project team):

Add Applicants Application with single applicant is not allowed. You must have at least one Co-applicant.

P

0	
1	
2	
3	
4	
5	
6	
7	

Applicant 2	Remove	Move Down
Title (Prof/Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	
Last name	<input type="text"/>	
First name	<input type="text"/>	
Current post(s)	<input type="text"/>	
Department	<input type="text"/>	
Institution	<input type="text"/>	
E-mail	<input type="text"/>	Confirm <input type="text"/>
ORCID ID	<input type="text" value="9999"/>	<input type="text" value="9999"/>
h-index	<input type="text"/>	
Years of research experience in relevant field(s) of this project	<input type="text"/>	
No. of hrs/week on project	<input type="text"/>	
Role and responsibility on the project	<input type="text"/>	
	<input checked="" type="checkbox"/> I nominate this applicant to take up the role of Principal Applicant (PA) in case I cannot continue this project and the Administering Institution cannot identify a replacement PA who is no less qualified in terms of relevant experience and qualifications than me. I have sought this applicant's consent.	
Applicant 3	Remove	Move Down
Title (Prof/Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	
Last name	<input type="text"/>	

- Select the number of CoA to be added to the proposal. You must have at least one CoA. You should tick the box to nominate one CoA to take up the role to PA, in case you cannot continue the project.
- Click “Remove” to remove the irrelevant CoA, if needed
- Click “Move Down” or “Move Up” to rearrange the order of project team members. (Note: relevant CVs in **Section 16** will be reordered accordingly.)

Section 10 project proposal:

Download the template by clicking the link *or* refer to Slide 29 for downloading the template

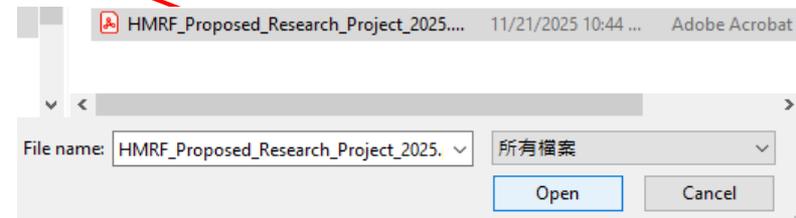
10. PROJECT PROPOSAL

Please attach (a) – (h) of the proposal **(in PDF format only and the maximum file size is 1.1MB):**

I confirm that I have used the standard proposal template for research/health promotion project under Section 10, and understand that my application will not be processed if incorrect proposal template has been used.

Please download the **Proposed Template for Research Project** from the Research Fund Secretariat website.

Note: please convert the
Ms Word file to
PDF format
(file size limit: 1.1MB)



- Click the check-box
→ click “Browse”
to attach the research
proposal.

Uploaded file name : [HMRP_Proposed_Research_Project_2025.pdf.pdf](#)

Example: Items to be declared for Health Promotion projects

10. PROJECT PROPOSAL

Please attach (a) – (h) of the proposal (in PDF format only and the maximum file size is 1.1MB):

- I confirm that I have used the standard proposal template for research/health promotion project under Section 10, and understand that my application will not be processed if incorrect proposal template has been used.
- I confirm that I have used the pre-set criteria for process and outcome evaluation based on the RE-AIM framework and understand that failing to do so will lead to the application being ineligible for further processing.

Please download the [Proposed Template for Health Promotion Project](#) from the Research Fund Secretariat website.

Download the template for [Health Promotion projects](#) by clicking the link
or
refer to Slide 29 for downloading the template

Example: Items to be declared for projects with thematic priority of Implementation Science

10. PROJECT PROPOSAL

Please attach (a) – (h) of the proposal (in PDF format only and the maximum file size is 1.1MB):

- I confirm that I have used the standard proposal template for research/health promotion project under Section 10, and understand that my application will not be processed if incorrect proposal template has been used.
- I confirm that I have used the appropriate framework(s)/model(s) to analyse barriers and facilitators of implementation outcomes for research projects addressing the thematic priority of Implementation Science.

Please download the [Proposed Template for Research Project](#) from the Research Fund Secretariat website.

- Click “Attach” to upload additional materials to Section 10(i) and 10(j).
- Select the attachment type and fill in the description of the additional materials accordingly.
- Please attach the files referred in the proposal under Section 10 (i) (file size limit: 8MB).

10(i). Attachment(s) referred in the proposal

No.	Type	Description
		Example: Figures/tables – Preliminary data Diagram – Study flow chart Appendix – Questionnaires/Tools/Patient consent form
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	Diagram/Figure/Table	<input type="text"/>
4.	Questionnaire/Tool	<input type="text"/>
5.	Patient consent form	<input type="text"/>
	Others	<input type="text"/>

Attach file(s) ✕

1

2

3

4

5

Please attach the files in eGMS according to the order shown in the above table (in PDF format only and total file size should not exceed 8MB)

- Please attach other additional materials in Section 10(j) (file size limit: 5MB)

10(j). List of additional materials (for supporting documents not referred in the proposal)

No.	Type	Description
		Example: Ethics/safety approval(s) Consent for accessing third-party data Letters of collaboration from study part Quotation of budget item(s)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	Ethics/safety approval(s)	<input type="text"/>
4.	Consent for accessing third-party data	<input type="text"/>
5.	Letters of collaboration from study partners	<input type="text"/>
	Quotation of budget item(s)	<input type="text"/>
	Others	<input type="text"/>

Attach file(s) ✕

1

2

3

4

5

Please attach the files in eGMS according to the order shown in the above table (in PDF format only and total file size should not exceed 5MB)

Section 13-14 budget plan:

- The summary of financial support requested is automatically filled after the cost details at Section 14 is completed.

13. SUMMARY OF FINANCIAL SUPPORT REQUESTED

	Project Year 1 (HK\$)	Project Year 2 (HK\$)	From Project Year 3 onwards (HK\$)	Total (HK\$)
Staff Costs	20000	20000	20000	60000
Other Expenses	5000	0	5000	10000
Equipment Cost	200000	300000	0	500000
Sub-total	225000	320000	25000	
Grant Total				570000

Section 14 details of financial support requested:

- Fill in Section 14a “Staff details” according to the types of staff and the breakdown of heading. (The total cost of the item(s) will be calculated automatically by the system.)

14. DETAILS OF FINANCIAL SUPPORT REQUESTED
14a. STAFF DETAILS

Types of Staff	Details of Posts				Monthly Salary \$ (M) or Hourly Rate (R)		Efforts on Project (E) % / Total Hours on Project (H)	No. of Months Required	Staff Costs for Entire Project
	Rank	Pay Scale & Point	Part Time (P) or Full Time (F)	(A) No.	(B) HK\$	(C) % / H	(D)	AxB(M)x%C(%); or AxB(R)x%C(H) HK\$	
Project Staff									
Staff 1	1	1	F	1	15000	M	100	2	30000
								0	0
								0	0
								0	0
								0	0
Other Supporting Staff (e.g. secretarial, clerical, administrative)									
Supporting Staff 1	1	1	F	1	15000	M	100	2	30000
								0	0
								0	0
								0	0
								0	0

- Fill in Section 14b “Staff details” the staff costs by the financial year. (The total cost of the item(s) will be calculated automatically by the system.)

14b. STAFF COSTS *(To the nearest HK\$)*

Types of Staff	Project Year 1 (HK\$)	Project Year 2 (HK\$)	From Project Year 3 onwards (HK\$)	Total (HK\$)
Project Staff				
Staff 1	10000	10000	10000	30000
				0
				0
				0
				0
Sub-Total	10000	10000	10000	30000
Other Supporting Staff				
Supporting Staff 1	10000	10000	10000	30000
				0
				0
				0
				0
Sub-Total	10000	10000	10000	30000
Total Annual Costs	20000	20000	20000	60000

- Fill in Section 14c “Other Expenses” by the financial year.
- (The total cost of the item(s) will be calculated automatically by the system.)

14c. OTHER EXPENSES (To the nearest HK\$ and provide unit cost as far as possible)

Please specify (itemise in detail)	Project Year 1 (HK\$)	Project Year 2 (HK\$)	From Project Year 3 onwards (HK\$)	Unit Price (HK\$)	No. of Unit	Total (HK\$)
Conference (i.e. Travel and subsistence) (Up to \$10,000)	0	5000	0	2500	2	5000
Publication Costs (Up to \$30,000)	0	0	15000	5000	3	15000
Reference Materials (Up to \$5,000)						0
Audit Fee (Up to \$5,000 if requesting at or below \$1,000,000 or \$10,000 if requesting over \$1,000,000)	1000	1000	1000	1000	3	3000
Incentives for subjects						0
Research Postgraduate Studentship (Unit price = Monthly studentship x Effort on project (%); No. of Unit = Duration of support to project (month)).						0
Testing	20000	10000	0	10000	3	30000
						0
						0
Total Annual Costs	21000	16000	16000			53000

Note: Leave the fields blank instead of entering zero (“0”) if budget(s) is not required for any of the budget items.

- Fill in Section 14d “Equipment” in detail by the financial year. (The total cost of the item(s) will be calculated automatically by the system.)

14d. EQUIPMENT (To the nearest HK\$. Unit price under \$10,000 should be included in “Other Expenses”)

Please specify (itemise in detail)	Project Year 1 (HK\$)	Project Year 2 (HK\$)	From Project Year 3 onwards (HK\$)	Unit Price (HK\$)	No. of Unit	Total (HK\$)
Equipment	200000	300000	0	100000	5	500000
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
Total Annual Costs	200000	300000	0			500000

Section 16 CV:

- Project team members should provide their ORCID ID, if available, in Section 7 (Project Team). The ORCID ID will then be auto-filled in this section.

16. CURRICULUM VITAE OF ALL APPLICANTS

Principal Applicant		
Title: <input type="text"/>	Last name: <input type="text"/>	First name: <input type="text"/>
ORCID ID: <input type="text"/>		
Education/Training:		

Section 17 – similar or related proposals and track record:

Applicants should provide **a list of all applications:** submitted in the past 3 years or pending funding decision or intended for submission in the next 6 months to the HMRF or other funding agencies (local or non-local) -

- PA in this application taking PA or CoA role in the declared application
- Other Applicant(s) (i.e. CoA) of this application taking PA role in the declared application

Declared application This Application	PA role	CoA role
	PA	Yes
CoA (Applicant 2-9)	Yes	No

Note: Applicants are obliged to notify the Secretariat immediately of the funding decision of all declared similar/related applications once it is available. Any false declaration may lead to application not eligible for further processing and shall be subject to penalty as determined by the Research Council.

Section 17 – similar or related proposals and track record (cont'd):

- Section 17 can be completed either by uploading the Excel template or by entering the information directly in the e-Form.

Excel

Option 1:

To complete by Excel template

(Note: Download the template by clicking the button under “Attach files(s)”)

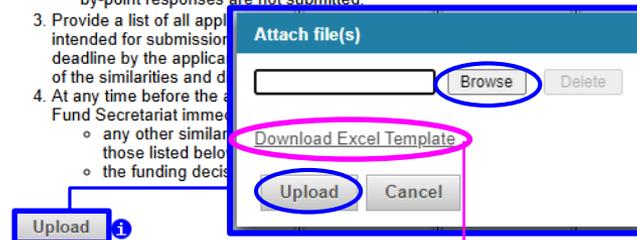
- Complete the list of the declared applications with the required information in the template.
- Click “Upload” to attach the completed Excel form.

[Go to Slide 54](#) to continue.

17. SIMILAR / RELATED PROPOSALS AND TRACK RECORD

Attention:

- Please ensure the information provided herein is true and accurate. Any false declaration may lead to application not eligible for further processing and shall be subject to penalty as determined by the Research Council.
 - Provide a list of **all applications** in which Principal Applicant (PA) taking PA/ Co-applicant (Co-A) role or Co-A taking PA role submitted to the HMRF or other funding agencies (local and non-local) by the applicants listed in Section 7 in the **past three years** from the closing deadline:
 - For funded proposals** – list all proposals funded or recommended for support by HMRF or funded by other funding agencies (local or non-local) in the past three years from the closing deadline and (i) indicate whether they are similar or related to the application, (ii) upload the similar or related application, and (iii) provide information as requested.
 - For not funded proposals** – list all proposals not funded by HMRF or other funding agencies (local or non-local) in the past three years from the closing deadline and indicate whether they are similar or related to this application. Such similar/related not funded proposal must be submitted as a new application (while those HMRF applications previously rated “2” or above in the 2024 HMRF Open Call should be submitted as “Re-submission” in Section 1) by highlighting the major changes in different colour after extensive changes or improvements have been made. And, attach (i) a copy of the previously submitted applications; (ii) the decision letters; (iii) reviewers’ comments, if available, and the corresponding point-by-point responses to address all reviewers’ comments. Explanation should be provided if previous applications, reviewers’ comments or point-by-point responses are not submitted.
 - Provide a list of all applications intended for submission deadline by the applicant of the similarities and differences.
 - At any time before the Fund Secretariat immediate:
 - any other similar those listed below
 - the funding decision
- A role and are pending funding decision or (local) in the next six months from the closing related to the application. Provide a summary and this application. Applicants are obliged to notify the Research funding agencies (local or non-local) in addition to available.



	A	B	C	D	E
2	No.	Project Ref. No.	Project Title	Is PA involved in Name of Applicants?	Role of PA in the involved application
3	1				
4	2				
5	3				
6	4				
7	5				

Section 17 – similar or related proposals and track record (cont'd):

e-Form

Option 2:

To complete by entering the information directly in the e-Form:

- Enter the required information and click “**Save**”.
- Validation prompts will appear at the top of the page for any missing or incomplete required field.

Save Submit

X Section 17. Previous Application of record 2 is mandatory. Please complete.

Prev 23 of 27 Next

Basic Information (1 to 5) Potential of Application (6) Project Team (7) Proposed Field, Keyword (8 to 9) Project Proposal (10) Project Duration, Timetable of Work (11 to 12)

Budget Plan (13 to 14) Ethics Approval (15) CV (16) Similar/Related Proposals and Track Record (17) Nomination of Reviewers (18) Declaration (19)

Remove Move Up

No.	Project Ref. No. Project Title	Name of Applicant(s) (Role)	Funding Agency	Funding Amount (HKD)	Status	Is it a similar/related research proposal to this application <input checked="" type="radio"/> YES <input type="radio"/> NO
2	12345678 Test	Select Prof PA Demo (PA). Dr COA 1 (Co-A)	HMRF	1500000	Funded	Upload previous application (in PDF format only and the maximum file size is 3.5MB) <input type="text"/> Browse

Summary of the similarities and differences (400 words max)

Time Spent by PA on the Project (hrs/ %)	Expected Date of Decision (dd/mm/yyyy)	Publications/ Scientific papers directly resulting from this grant.
8 hrs		Test
Start Date (dd/mm/yyyy)	Completion Date/ To be completed (dd/mm/yyyy)	
01/01/2026	31/12/2028	

Section 17 – similar or related proposals and track record (cont'd):

e-Form

- If you are unsure which fields require input, please click “Save”.
- Validation prompts will appear at the top of the page to assist your completion.

[Go to Slide 54](#) to continue.

Save
Submit

✖ Section 17. Name of Applicant of record 2 is mandatory. Please complete.
Section 17. Funding Agency of record 2 is mandatory. Please complete.
Section 17. Previous Application of record 2 is mandatory. Please complete.
Section 17. Funding Amount of record 2 is mandatory. Please complete.
Section 17. Start Date of record 2 is mandatory. Please complete.
Section 17. Completion Date of record 2 is mandatory. Please complete.
Section 17. Publications / Scientific Papers directly resulting from this grant of record 2 is mandatory. Please complete.

No.	Project Ref. No. Project Title	Name of Applicant(s) (Role)	Funding Agency	Funding Amount (HKD)	Status	Is it a similar/related research proposal to this application <input checked="" type="radio"/> YES <input type="radio"/> NO
2	12345678 Test	<div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> <input type="button" value="Select"/> </div> Prof PA Demo (Co-A), Dr COA 1 (Co-A), Dr COA 2 (Co-A)	<input type="text"/>	<input type="text"/>	Funded	Upload previous application <small>(in PDF format only and the maximum file size is 3.5MB)</small> <input type="text"/> <input type="button" value="Browse"/>
<div style="border: 2px solid blue; padding: 10px; background-color: #e0e0e0; margin: 0 auto; width: 80%;"> <p style="font-size: 1.2em; color: blue; margin: 0;">Note: Fields not required input will be shaded.</p> </div>						
	Time Spent by PA on the Project <small>(hrs/ %)</small>	Expected Date of Decision <small>(dd/mm/yyyy)</small>	Publications/ Scientific papers directly resulting from this grant:			
	<input type="text"/>	<input type="text"/>				
	Start Date <small>(dd/mm/yyyy)</small>	Completion Date/ To be completed <small>(dd/mm/yyyy)</small>				
	<input type="text"/>	<input type="text"/>				

Section 17 – similar or related proposals and track record (cont'd):

Excel

e-Form

- To indicate the applicant(s) and his/her role in the declared application(s)

- Click “Select” under “Name of Applicants.”
- Select the role (PA / Co-A) for the applicant(s) in the declared application.
- Click “Save”

Note: For HMRF application, only one PA role can be assigned.

No.	Project Ref. No. Project Title	Name of Applicant(s) (Role)
1	12345678 Test	Prof PA Demo (PA) Dr COA 1 (Co-A)
Summary of the similarities and differences (400 w		
Time Spent by PA on the Project (hrs/ %)		Expected Date of De (dd/mm/yyyy)
8		

Select Applicant

	Name of Applicant(s)			Role
1	Dr	PA	PA	PA
2	Dr	COA	1	Co-A
3	Dr	COA	2	N/A
4	Dr	COA	3	N/A
5	Dr	COA	4	N/A
6	Dr	COA	5	N/A
7	Dr	COA	6	N/A
8	Dr	COA	7	N/A
9	Dr	COA	8	N/A
10	Dr	COA	9	N/A

Save Close

(i)

(ii)

(iii)

Section 17 – similar or related proposals and track record (cont'd):

Excel

e-Form

Example with two applicants with PA role selected for HMRF application:

Funding Agency: HMRF

Funding Amount (HKD): 1000000

Status: Funded

	Name of Applicant(s)			Role
1	Prof	PA	Demo	PA
2	Dr	COA	1	PA
3	Dr	COA	2	Co-A
4	Dr	COA	3	Co-A
5	Dr	COA	4	N/A
6	Dr	COA	5	N/A
7	Dr	COA	6	N/A
8	Dr	COA	7	N/A
9	Dr	COA	8	N/A

Error: More than one principal applicant have been selected. Please check and modify the role.

Example with only CoA taking a CoA role in the declared application:

	Name of Applicant(s)			Role
1	Prof	PA	Demo	N/A
2	Dr	COA	1	Co-A
3	Dr	COA	2	Co-A
4	Dr	COA	3	Co-A
5	Dr	COA	4	N/A
6	Dr	COA	5	N/A
7	Dr	COA	6	N/A
8	Dr	COA	7	N/A
9	Dr	COA	8	N/A

Error: Section 17. Declaration of a co-applicant (Co-A) serves as a Co-A in record 1 under section 17 is not required. Please remove this entry.

Section 17 – similar or related proposals and track record (cont'd):

Excel

e-Form

- Click “**Browse**” to upload the required documents, such as the previous application, funding agency comments with your point-by-point responses, or an explanation if any of these documents are not submitted.

No.	Project Ref. No. Project Title	Name of Applicant(s) (Role)	Funding Agency	Funding Amount (HKD)	Status	Is it a similar/related research proposal to this application <input checked="" type="radio"/> YES <input type="radio"/> NO
1	12345678 Test	Select Prof PA Demo (PA), Dr COA 1 (Co-A)	Others Test		Not funded	<p>Upload previous application (in PDF format only and the maximum file size is 3.5MB) (file size limit: 3.5MB) <input type="text"/> Browse</p> <p><input type="checkbox"/> I confirm that I cannot provide the application</p> <p>Upload all comments raised by the funding agency <u>and</u> point-by-point responses to address these comments OR provide explanation why application, comments or point-by-point responses are not submitted (PDF format only and the maximum file size is 600KB) (file size limit: 600KB) <input type="text"/> Browse</p> <p><input type="checkbox"/> I confirm that no comments have been received from the funding agency</p>
Summary of the similarities and differences (400 words max)						
<p>Note: (For non-HMRF applications only) If the documents are not available, tick the relevant confirmation checkbox.</p>						
Time Spent by PA on the Project (hrs/ %)		Expected Date of Decision (dd/mm/yyyy)		Publications/ Scientific papers directly resulting from this grant:		
<input type="text"/> %		<input type="text"/>		<input type="text"/>		
Start Date (dd/mm/yyyy)		Completion Date/ To be completed (dd/mm/yyyy)				
<input type="text"/>		<input type="text"/>				

Section 18 - nomination of non-local reviewers: (Optional)

1. Select up to three non-local reviewers from the drop-down menu.
2. Fill in the details of the nominated reviewers. Nominated reviewers must be experts in the specialised fields and have experience in grant review. However, the final selection of non-local reviewers for any grant application is at the discretion of the Secretariat.

CONFIDENTIAL

NOMINATION OF NON-LOCAL REVIEWERS (For Internal Reference of the Research Fund Secretariat Only)

Ref. NO. (official use only)	
Project Title:	
Principal Applicant:	

19a The Principal Applicant can nominate up to three non-local reviewers whom they consider qualified to review this application. Nominated reviewers must be expert in the specialised fields and have experience in grant review. However, the final selection of non-local reviewers for any grant application is at the discretion of the Research Fund Secretariat.

Reviewer #1

Title (Prof/Dr/Mr/Mrs/Ms)

Last name

First name

Position

Department

Organisation

Address

Rm/Floor

Building

Street

Area / City

Country / Region

Postal Code

Telephone No.

Fax No.

Email

ORCID ID - - -

Area of expertise

Group	Field
<input type="text"/>	<input type="text"/>
	Please specify.

(1) Add experts

(2)

Section 18 nomination of non-local reviewers (cont'd): (Optional)

Nominated reviewer **must not** have any past or present significant personal and/or professional relationship between any of the applicant(s) listed in Section 7 (Project Team) of eForm.

Failure to declare potential conflict of interest shall be subject to penalty.

Note: alert message will appear if you have declared any significant relationship with the reviewer.

19b. The Principal Applicant (PA) is responsible for the proper and complete declaration of any past or present significant personal and/or professional relationship between any of the applicant(s) (including PA and Co-applicant) listed in Section 7 and the nominated reviewer(s). Failure to declare potential conflict of interest shall be subject to penalty as determined by the Research Council. Please refer to the Explanatory Notes for examples of significant personal and/or professional relationships.

Nature of relationship (please elaborate)	Reviewer			Please provide the name of the applicant(s) listed in Section 7 and nature and duration of the relationship
	1	2	3	
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse/partner/direct relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Close personal contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research collaborator (co-grant applicant/holder) within three years from date of nomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mentor/student (under direct supervision) within three years from date of nomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work colleague in the same department within three years from date of nomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employer/employee/business partner (including direct supervisor/subordinate) within three years from date of nomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others: please specify (within three years from the date of nomination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Error

Nominated reviewer 1 must not have any past or present significant personal and/or professional relationship between any of the applicant(s) listed in Section 7.

OK

Section 19 Declaration and Authorisation:

19. DECLARATION AND AUTHORISATION

1. Does the Administering Institution or any of the applicants listed in Section 7, or any of the proposed personnel and sub-contractors / agencies to be engaged in the project, have any actual or perceived conflict of interest, such as receiving any funding or assistance directly or indirectly from industries (including but not limited to tobacco related businesses, infant formula companies, or organisations funded by such businesses), or using the grant monies (budgeted under Sections 13 & 14) to purchase products or services from businesses owned wholly or partly by the Administering Institution or any of the applicants listed in Section 7, or any of the proposed personnel and sub-contractors / agencies to be engaged in the project?

YES NO

If yes, please provide information on the following -

- a. The nature of relationship; and
- b. Duration of the relationship

2. Does the Administering Institution or any of the applicants listed in Section 7 or any of the proposed personnel and sub-contractors / agencies to be engaged in the project, have received/will receive any sponsorship related to any commercial product for this application. If yes, please specify (i) the product, (ii) details of the sponsorship, e.g. free provision of products or rental of equipment and (iii) provide valid justification for such arrangement.

YES NO

3. Are you being debarred from submitting applications to the HMRF or any other funding schemes (local or non-local), as at the closing deadline?

YES NO

PA must declare:

- Any actual or perceived conflict of interest
- Any sponsorship received / to be received related to any commercial product for this application

Warning

Applications from principal applicants who are being debarred from submitting applications to the HMRF or any other funding schemes (local or non-local) as at the closing deadline will not be considered.

Close

Note: PA being debarred from submission of the HMRF or any other funding schemes (local or non-local) as at the closing deadline is **ineligible** to apply.

Section 19 Declaration and Authorisation (cont'd):

(Optional)

- If the Co-A(s) have provided email endorsements/ physical signatures, select the checkbox for the corresponding Co-A(s).
- Click “Attach” to upload the supporting document (see examples) for Co-A(s)’ endorsement.

Signature of Applicant(s)	Name (BLOCK LETTER)	Date	Physical Signature is attached
1 _____	Dr UNIA PA 'Test for Drill	_____	<input type="checkbox"/>
2 _____	Prof 1 1	_____	<input checked="" type="checkbox"/>
3 _____	Dr 2 2	_____	<input type="checkbox"/>
4 _____		_____	<input type="checkbox"/>
5 _____		_____	
6 _____		_____	
7 _____		_____	
8 _____		_____	
9 _____		_____	
10 _____		_____	

Attach (in PDF format only and the maximum file size is 1MB)

Attach file(s)

1 **Browse**

2 **Browse**

3 **Browse**

Close



CoA's signature



CoA's email

Part III - Action required under different application status

Edit “Temp Save” application

1. Click “Master List”

Application

Principal Applicant Co-Applicant

Master List Application Call

Scheme HMRF Search

(1 of 1) 1 20

Project Year	Ref. No.	Actions	Type	Project Title	Department	Funding Amount (HK\$)	Status	Co-Applicant(s) Signed	Head of Department Signed*	Finance Officer Signed	Research Officer Signed	Last Edited By	Submission Time (by PA to AI)
	Ref. No.	 					Temp Save	N/A	N	N	N		

2. Click “Temp Ref. No.” to edit the *e-Form*

View “Pending Signature” application or “Revised Pending Signature” application

1. Click “Master List”
2. Click “N” if you wish to send reminder to CoA

Project Year	Ref. No.	Actions	Type	Project Title	Department	Funding Amount (HK\$)	Status	Co-Applicant(s) Signed	Head of Department Signed*	Finance Officer Signed	Research Officer Signed	Last Edited By	Submission Time (by PA to AI)
							Pending Signature (2)	N	N	N	N		

eGMS - electronic Grant Management System -

Co-Applicant List (3a)

Title	Last Name	First Name	Affiliation	Co-Applicant(s) Signed	Actions
			-	N	Re-Send

Confirm

⚠ Are you sure to re-send email to CoA?

(3b)

3. Click “Re-Send” & “Yes” for confirmation

Edit “Pushed back” application

1. Click “Master List”

Application

Principal Applicant Co-Applicant

Master List Application Call

Scheme:

(1 of 1) << 1 >> 20

Project Year	Ref. No.	Actions	Type	Project Title	Department	Funding Amount (HK\$)	Status	Co-Applicant(s) Signed	Head of Department Signed*	Finance Officer Signed	Research Officer Signed	Last Edited By	Submission Time (by PA to AI)
	Temp Ref. No. <input type="text"/>	<input type="button" value="Print"/>	<input type="button" value="Print"/>				Pushed Back Details	Y	N	N	N		

(2) Status Pushed Back [Details](#)

(3) Temp Ref. No.

2. Click “Details” to view the “pushed back” reason(s)
3. Click “Temp Ref. No.” to edit the e-Form

Details

⚠ Pushed back by Dr UNIC Dh1

Reason(s):

Invalid application

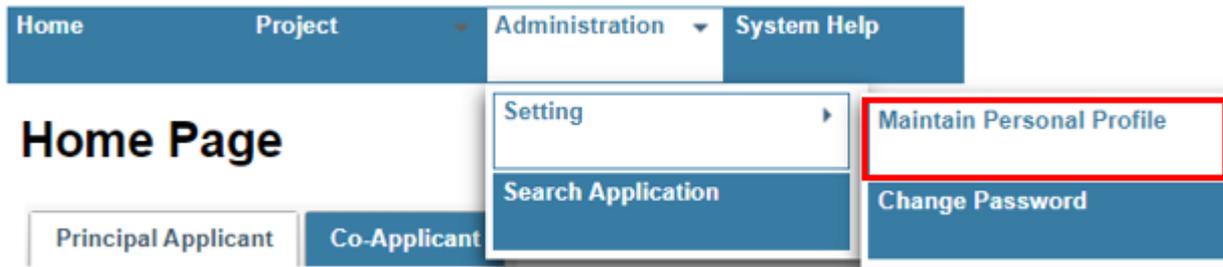
Summary of the application status

- *Temp Save*
Application saved in eGMS but not yet submitted to AI users (i.e. Head of Dept, Finance Officer, Research Officer).
- *Pending Signature*
Application is submitted and pending endorsement from CoA(s) (if any) and/or AI users.
- *Pushed back*
Application has been pushed back by AI user(s) and is pending revision by PA.
- *Revised Pending Signature*
Pushed back application revised and re-submitted to AI users. CoA(s) do not need to sign such revised application.
- *Submitted to Research Fund Secretariat*
Application has been endorsed by CoA(s) and AI users and submitted to Research Fund Secretariat (RFS) by AI's RO.

Part IV – Delegation of PA

Delegation of PA

- Go to Administration > Setting > Maintain Personal Profile



- Click “Delegation of PA”

Maintain Personal Profile



Email

Title

Last Name

First Name

View “Delegation of PA”

- View “Delegation List” and “Delegation History”

Maintain Personal Profile

User Details | Delegation of PA

Assign Delegate

Email

Start Date

End Date

Assign Delegate

If your delegate is not an existing user in eGMS, please create an user.

Create Delegate

Delegation List

Delegate Name	Email	Assigned Time	Delegate Period	Actions
				Edit Delete

Save | Export to CSV

Delegation History

(1 of 1) << 1 >> 20

Action Time	Action Performed	Delegate Name	Email	Delegate Period
	Delete			
	Add			

Update “Delegation of PA”

Maintain Personal Profile

User Details Specialty (HMRF) Delegation of PA

Assign Delegate

Email

Start Date

End Date

Assign Delegate

If your delegate is not an existing user in eGMS, please create an user.

Create Delegate

Create delegate if the delegate does not exist in the eGMS

Delegation List

Delegate Name	Email	Assigned Time	Delegate Period	Actions
				Edit

Save Export to CSV

Edit and delete delegate

Delegation of PA



PA's delegate can fill in e-form / save the e-form during the delegation period

eGMS user



Only **PA** can submit to AI users

PA role user

Summary and key points

Prepare the application **as soon as practicable** to avoid any unforeseen situations.

Application procedure summary

Application Status

1

- Login with eGMS account with PA role

2

- Fill in e-Form

3

- Submit completed form to CoA and AI Users[#] for endorsement

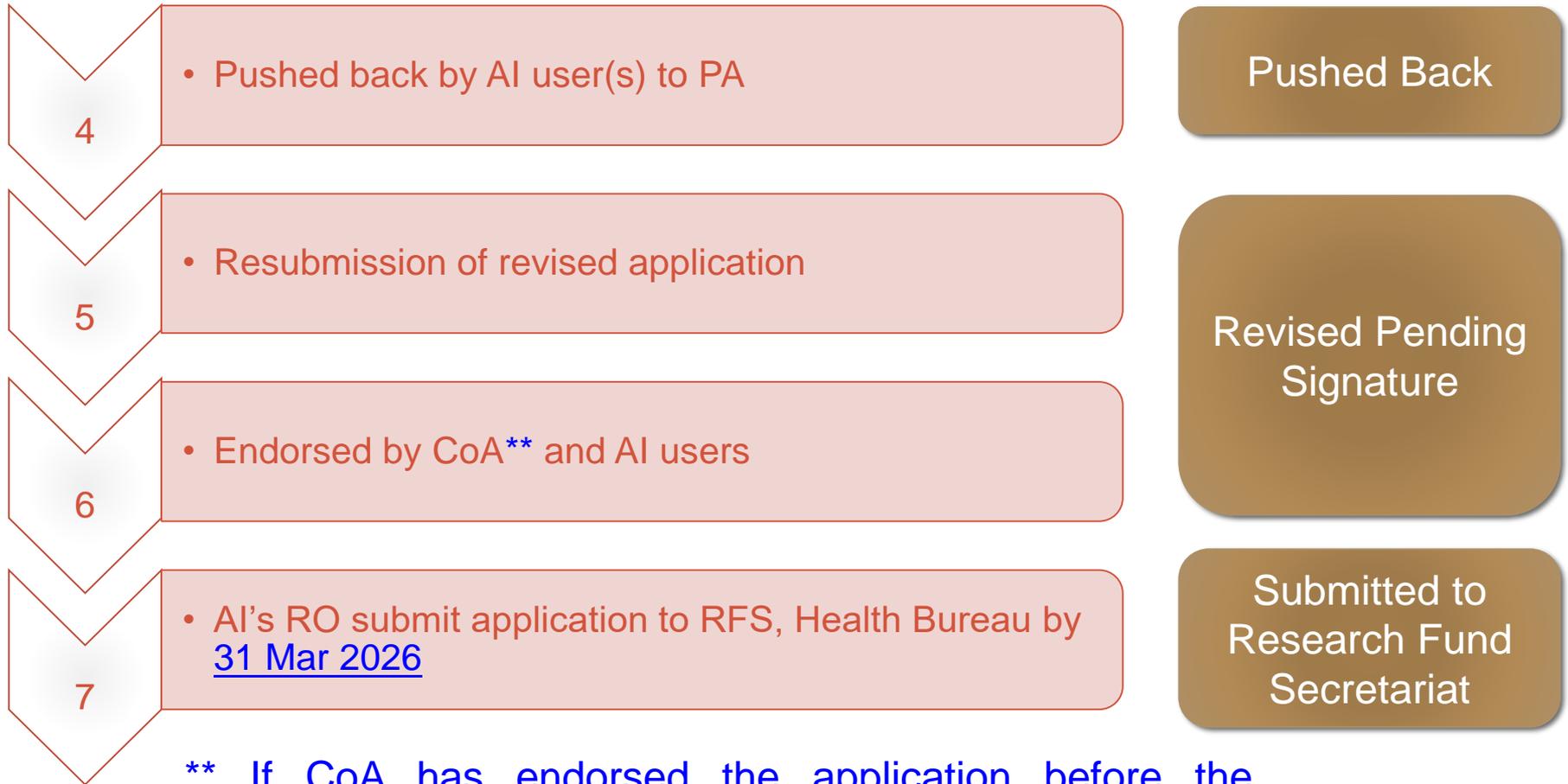
Temp Save

Pending Signature

Pay attention to AI's **internal deadline**, if any.

* It is always PA's responsibility to collect CoAs' electronic signature. If CoA's **physical signature** is attached in **Section 19**, CoA's electronic signature is not required.

Application procedure summary



** If CoA has endorsed the application before the application is pushed back by AI user(s) to PA, CoA is not required to endorse the revised application again.

Attention:

- Please save your application regularly as the system will be logged out if the e-Form has been idled for 20 minutes.
- Reserve sufficient time for amending any errors discovered during validation checking.
- Pay attention to AI's internal deadline.
- The PA's email address entered in the e-Form will be used by the RFS for all communication relating to the application, including announcement of result.

Attention:

- Use the correct template under Section 10 for the particular Area of Project below –
 - for Public health, human health and health services or Prevention, treatment and control of infectious diseases or Advanced medical research project, please use template “Proposed Research Project”

2025 HMRF Open Call – Research Proposal

10. PROPOSED RESEARCH PROJECT

- for Health promotion project, please use template “Proposed Health Promotion Project”

2025 HMRF Open Call – Health Promotion Proposal

10. PROPOSED HEALTH PROMOTION PROJECT

Need help?

RFS website: <https://rfs.healthbureau.gov.hk/>

- [Explanatory Notes](#) + Quick Guide
 - Training Manual under System Help in eGMS
- 
- The screenshot shows a dark blue horizontal bar with a lighter blue rectangular button on the left containing the text "System Help". On the right side of the bar, there is a small envelope icon followed by the text "User ID: |".
- RFS contact
 - Email: egmsenquiry@healthbureau.gov.hk
 - Tel: 3427 3344

Thank you!
