國立陽明交通大學陽明校區「共同儀器需求說明書」

National Yang Ming Chiao Tung University Yang Ming Campus

Common Instrument Requirements Form

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| 儀器名稱  Instrument Name | 中文  Chinese |  | | | | | | | |
| 英文  English |  | | | | | | | |
| 提案單位  Proposal Unit | |  | | | | | | | |
| 提案人  Applicant | | 姓名：Name |  | | | | 職稱：  Position |  | |
| 電話：  Phone |  | | | | 電子郵件：E-mail |  | |
| 跨校區提案請填共需性說明及列舉跨校區使用名單(陽明校區提案者免填)  For cross-campus proposals, please fill in the descriptions of general necessity and provide a list of users across campuses. (only for non-Yang Ming Campus proposals) | | 跨校區共需性說明：  The descriptions of general needs across campuses | | | | | | | |
| 單 位  Unit | | 姓 名  Name | 職稱  Position | 研 究 主 題  Research Topic | | | |
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| 1. 經費   I. Funding | | 一.提案購置金額：  Proposed Purchase Amount    NTD 元 | | 1. 儀器總價款須為新台幣300萬元(含)以上   The total value of the proposal must be at least NT$3 million (inclusive).   1. 請檢附估價單   Please attach the quotation.   1. 請檢附儀器購置配合款証明文件-計畫核定清單或其他相關証明文件，若檢附計畫核定清單，其經費補助申請表之儀器名稱及計畫核定金額等均須與核定清單相符，並請留意計畫期限   Please provide proof of funding coordination for the equipment purchase, such as the approved project list. Ensure consistency with equipment names and approved amounts on the funding application form, and note the project deadline. | | | | | |
| 二、配合款分攤列表說明(欄位不足請自行增列)：  Funding Allocation List (Add additional columns as needed)    NTD 元 | | 姓名  Name | | 單位  Unit | | | 分攤金額  Apportioned amount |
|  | |  | | | 元 |
|  | |  | | | 元 |
|  | |  | | | 元 |
|  | |  | | | 元 |
|  | |  | | | 元 |
| 配合款須為提案購置金額之20%以上  The self-raised funding must be at least 20% of the proposal. | | | | | |
| 三、申請補助金額:  Requested Funding    NTD 元  申請補助金額百分比Percentage of Funding Request  \_\_\_\_\_\_% | | 最高補助金額視當年度經費而定  The maximum amount of subsidy depends on the annual budget of the Office of Research and Development. | | | | | |
| 1. 請詳述儀器規格功能與用途   II. Please provide detailed specifications, functionalities, and equipment applications. | |  | | | | | | | |
| 1. 現況說明   III. Current Situation Description | | 1. 所申請儀器設備屬於：Which category does the proposal belong to?   □汰舊（請附歷年使用及維修記錄） Obsolescence (Please attach records of past usage and maintenance.)  □增購（請附歷年使用記錄）  Additional procurement (Please attach records of past usage.)  □新購 New Procurement | | | | | | | |
| 1. 本校是否有功能相似儀器：   Does the university have similar equipment with comparable functionalities?  □否 No  □是(請描述現況說明) Yes (Please describe the current situation.)  說明Description: | | | | | | | |
| 1. 放置位置（請勾選及說明）   IV. Placement Location (Please check and provide explanation) | | 1. 空間屬性Space Category   □儀器資源中心共同儀器室（如放置於儀器資源中心者，請先行與本中心聯繫是否有適當空間再行填寫）  The Common Facility Room of IRC (please get in touch with the center in advance to confirm suitable space before completing this form)  □系所公共空間 Departmental Public Space  □個人實驗室 Individual Laboratory   1. 放置地點：\_\_\_\_\_\_\_\_\_校區\_\_\_\_\_\_\_\_\_\_\_大樓 \_\_\_\_\_\_\_\_\_室   Placement Location: Room\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_ Building \_\_\_\_\_\_\_\_\_\_\_ Campus   1. 設置環境是否須裝修或增加水電空調（此部分經費須自籌）：   Does the installation environment require renovation or the addition of utilities and air conditioning? (Funding for this part needs to be self-raised.)  □是 Yes  □否 No  說明Description: | | | | | | | |
| 伍、儀器發展與營運計畫  V. Instrument Development and Operations Plan | | 1. 後續本校相關及合作單位之研究應用價值   The Subsequent Research and Application Value for Relevant and Collaborative Units in NYCU | | | | | | | |
| 1. 協助產業發展效益   Industrial Development Benefits | | | | | | | |
| 1. 營運計畫Operational Plan 2. 是否收費Charge or not   □是**：(**請說明收費標準，計算方式：請考量折舊費、人事費、維護費、電費、耗材費等)  Yes: Please explain the fee structure. The calculation method should consider depreciation, personnel, maintenance, electricity, and consumables fees.  □否**：**(請說明維修費與材料費來源)  Free: Please provide information on the source of maintenance fees and material costs. | | | | | | | |
| 1. 年度收支預估情形Expected Annual Income and Expenditure | | | | | | | |
| 1. 代客操作Operated by Staff   □是：代操作服務人員：職稱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_姓名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes: Staff Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □否 No | | | | | | | |
| 1. 管理辦法與開放時間Management Regulations and Operating Hours | | | | | | | |

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| 提 案 人 (簽名)：  Applicant (Signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 日期：  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 單位主管 (簽名)：  Supervisor (Signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 日期：  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |