**ACP Programme Proposal**

1. **TITLE OF PROPOSAL**

Click here to enter text.

1. **ACADEMIC CLINICAL PROGRAMME (ACP)**

Choose an item.

***If ‘OTHERS’, please specify:*** Click here to enter text.

1. **PRIMARY / HOST INSTITUTION (OF ACP)**

Choose an item.

***If ‘OTHERS’, please specify:*** Click here to enter text.

1. **DURATION OF PROJECT** *(Commencement date for FY 2019 Cycle 2 – 01/October/2019)*

**Number of year(s):** Choose an item.

1. **TYPE OF PROPOSAL**
   1. **Research Support**

***Please select the nature of proposal:*** Choose an item.

*\*Please include ‘Pitch for Fund’ in the proposal title.*

**Education Support** *(Funding quantum capped at S$50,000 per proposal)*

**Clinical Innovation Support** *(Funding quantum capped at S$50,000 per proposal)*

* 1. **Proposal to renew an ongoing ACP programme grant that is due for expiry within the next 6 months; or**

**Proposal of an additional request to an ongoing ACP programme grant.**

***Please indicate both the:***

* + 1. ***Current ACP programme grant title:*** Click here to enter text.
    2. ***Current ACP programme grant code:*** Click here to enter text.

1. **AMOUNT OF FUNDING REQUESTED FOR (S$)**

**Total amount:** Click here to enter text.

1. **REQUESTOR / PRINCIPAL INVESTIGATOR**

**Name:** Click here to enter text.

**Appointment:** Click here to enter text.

1. **SUPPORTED BY**

**Name:** Click here to enter text.  
**Designation: Academic Vice Chair,** Click here to enter text.

**Name:** Click here to enter text. **Designation: Academic Chair**

**CONTACT DETAILS**

1. **ACADEMIC CHAIR**

**E-MAIL:** Click here to enter text.

**TELEPHONE:** Click here to enter text.

**CORRESPONDENCE ADDRESS:** Click here to enter text.

1. **REQUESTOR / PRINCIPAL INVESTIGATOR**

**E-MAIL:** Click here to enter text.

**TELEPHONE:** Click here to enter text.

**CORRESPONDENCE ADDRESS:** Click here to enter text.

**Pre-submission Review**

**Note:**

Before proceeding with submission of the proposal, please take some time to carefully complete this checklist. This is to help ascertain that all requirements have been given due attention.

Thank you.

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| **S/N** | **Please indicate with a tick [X] in the check-box [**□**] provided the checklist below** | | |
| 1 | (a) Are the Objective(s), Methods and Outcomes / Deliverables clearly stated in such a way that a non-expert in the field can understand them? | : |  |
|  | (b) Are the Methods appropriate for the Objectives and Outcomes / Deliverables? | : |  |
|  | (c) Do the Outcomes / Deliverables match the Objective(s)? How would you know that the project has achieved its objectives? | : |  |
| 2 | Does the Proposal describe how the project fits into the overall strategic plan of the Academic Clinical Programme (ACP) or the Academic Medical Centre (AMC)? | : |  |
| 3 | 1. Is the project financially sustainable? | : |  |
|  | 1. Is financial sustainability clearly described & evidenced in the proposal? | : |  |
| 4 | Have potential implementation hurdles been considered, and | : |  |
|  | Is there a described plan to tackle these hurdles? | : |  |
| 5 | Is the initiative broadly implementable (i.e. scalable) beyond your ACP or host institution to other ACPs in the AMC or other SingHealth institutions? | : |  |
| 6 | Are there similar ongoing projects/ initiatives/ platforms/ resources in other ACP(s)/ Department(s)/ Institution(s) with which to collaborate or to share resources with? Collaboration is encouraged, while duplication is discouraged. | : |  |
| 7 | **For Education Support Proposal**:  Does the proposal ask for funding of honorarium, reimbursement for staff (regardless of whether they are Duke-NUS, SingHealth or her institutions), payments to or involving overseas consultants? In general, these are not supported unless there are exceptionally sound justifications. | : |  |
| 8 | Is the Academic Chair of your ACP fully aware of and given his/her endorsement for submission of this proposal? | : |  |

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| Applicant’s Signature | : |  |
| Name | : |  |
| Designation/Appointment | : |  |
| Date | : |  |

**Important Instructions to note**

1. **All applications must be made using the prescribed templates.**
2. **Mandatory sections that must be completed are highlighted in yellow. In the case where a section is not relevant (excluding mandatory sections), please indicate “NA” (i.e. Not Applicable).**
3. **Section M on Performance Indicators should be completed appropriately with strong and substantial KPIs (Please do not use the current list which are examples for reference).**
4. **Section K on Total Project Funding Overview is required only when revenue/ income is being generated.**
5. **Section N is a mandatory section for applications to ‘NCSS’, under Research Support.**
6. **Failure to comply with any of the requirements will disqualify the application, which will therefore not be reviewed.**
7. **ABSTRACT / EXECUTIVE SUMMARY** *(Limit the content to 300 words and do not include any diagrams in this section)*

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1. **SPECIFIC AIMS AND MISSION**

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1. **BACKGROUND / RATIONALE**

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1. **METHOD/S**

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1. **ALIGNMENT WITH GOALS OF ACADEMIC MEDICINE**

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1. **LIST OF REFERENCE/S**

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1. **LIST OF ATTACHMENT/S**

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1. **BUDGET** *(To the nearest dollar)*

*\** *Please refer to AM Funding Guidelines for more information on the supportable items*

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| **OVERALL BUDGET** | | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL (S$)** |
| **MANPOWER** | | | | | |
| **JOB TITLE** | **FTE** |  | | | |
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| **SUBTOTAL** | |  |  |  |  |
| **OTHER OPERATING EXPENSES** | | | | | |
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| **SUBTOTAL** | |  |  |  |  |
| **CAPITAL EQUIPMENT** | | | | | |
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| **SUBTOTAL** | |  |  |  |  |
| **GRAND TOTAL** | |  |  |  |  |

1. **DETAILS & JUSTIFICATIONS OF BUDGET REQUESTED** *(To the nearest dollar)***:**
2. **JUSTIFICATION FOR MANPOWER***\** *Please budget for all the manpower required for the project including part-time personnel and shared manpower resources. State whether they are existing institution personnel or new staff to be recruited. The cost should include Salaries, CPF and fringe benefits including medical, dental, contribution to welfare fund, etc. as per the established policies of the employing institution.*

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| **S/N** | **JOB TITLE** | **JOB DESCRIPTION** | **FTE** | **EXISTING (E)**  **/ NEW (N)** | **JUSTIFICATION** | **TOTAL (S$)** |
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1. **JUSTIFICATION FOR OTHER OPERATING EXPENSES**

*\*All expenses entailed in conducting and executing the proposed project may be included.*

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| **S/N** | **ITEM LISTING** | **ITEM DESCRIPTION** | **JUSTIFICATION** | **TOTAL (S$)** |
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|  |  |  | **GRAND TOTAL** |  |

1. **JUSTIFICATION FOR CAPITAL EQUIPMENT***\** *Please budget for all capital equipment you need to purchase to carry out the project. Indicate sharing of equipment with other projects, if any.*

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| **S/N** | **QTY** | **CAPITAL EQUIPMENT** | **JUSTIFICATION** | **% ESTIMATED UTLISATION RATE (EQUIPMENT > $100,000)** | **UNIT COST (S$)** | **TOTAL (S$)** |
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|  |  |  |  | **GRAND TOTAL** | |  |

1. **IN-KIND CONTRIBUTIONS & ADDITIONAL FUNDING SOURCES** *(Where required)**\*If* ***any in-kind support or other additional funding sources*** *(e.g. external, institution or SingHealth Foundation grants, etc.) are being used to supplement this project / initiative, please summarize them here. These should include any manpower, supplies, equipment or financial support to be used for the project / initiative but are not included in the budget request. If there are no in-kind contributions, please state "Not Applicable".*

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1. **TOTAL PROJECT FUNDING OVERVIEW** *(Required only when revenue/ income is being generated from the project)*

*\*Example: If there are any potential sources of revenue to be generated (e.g. workshops, courses, etc.), an overview of the project funding should be provided using the table below.*

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|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **YEAR 5** | **TOTAL** |
| **PROJECT COST** | | | | | | |
| MANPOWER |  |  |  |  |  |  |
| OTHER OPERATING EXPENSES |  |  |  |  |  |  |
| CAPITAL EQUIPMENT |  |  |  |  |  |  |
| **PROJECT COST** |  |  |  |  |  |  |
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| **REVENUE** *(from workshops, courses - please specify)* | | | | | | |
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| **REVENUE GENERATED** |  |  |  |  |  |  |
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| **ACP PROGRAMME PROPOSAL BUDGET REQUEST** | | | | | | |
| MANPOWER |  |  |  |  |  |  |
| OTHER OPERATING EXPENSES |  |  |  |  |  |  |
| CAPITAL EQUIPMENT |  |  |  |  |  |  |
| **FUNDING REQUEST** |  |  |  |  |  |  |
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| **Net Project Surplus/(Deficit)** |  |  |  |  |  |  |

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1. **MILESTONES***\*Please propose milestones for assessment of the project’s progress and shade the appropriate boxes.*

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| **MIILESTONES** | **TARGETED DURATION**  *(Based on duration of project)* | | | | | | | | | | | |
| **YEAR 1** | | | | **YEAR 2** | | | | **YEAR 3** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| *E.g. Milestone 1 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
| *E.g. Milestone 2 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **PERFORMANCE INDICATORS** *(Please do not use the current list in the table as they are examples for reference only)**\*In this section, please list the expected outcomes and measurable deliverables that the project / initiative will achieve. Outcomes may be related to Research, Education or Clinical Innovation / Improvement. Examples of measurable deliverables may include publishing "X" number of papers, presenting "Y" number of research studies at a national, regional or international conference over the next "Z" number of months or improving Clinical care outcome. Please provide separate attachment if necessary.*

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| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
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| *E.g. Papers published in local/ international journals (please replace)* |  |
| *E.g. Presentations at local/ international conferences (please replace)* |  |
| *E.g. Awards for research at national and international level (please replace)* |  |
| *E.g. Joint programs/ projects with higher institutes of learning (please replace)* |  |
| *E.g. Awards for research at national and international level* *(please replace)* |  |
| *E.g. New products or processes commercialized (please replace)* |  |
| *E.g. Local and overseas medical students/ participants trained (please replace)* |  |
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1. **FOR NCSS APPLICATION(S)**
2. **LIST OF EXISTING NCSS RECIPIENTS**

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| --- | --- | --- | --- | --- | --- |
| **S/N** | **Awardee’s name** | **Period of Award MM/YYYY** | | **Total Amount of Support (S$)** | **Progress to date**  *(E.g. Enrolled onto Khoo Scholars Programme, applied for NMRC TA award, etc.)* |
| **Start** | **End** |

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1. **RANKING OF NOMINATION(S) FOR NCSS CANDIDATES**

When there is more than one nominee, the ACP shall rank the candidates in accordance with their expected potential to succeed in that category of clinician-researcher.

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| Ranking | Candidate Name | Category *(CS, CIV or CIN)* |
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1. **OTHER SUPPORTS** *( if applicable)*
2. **LIST OF FUNDING APPLIED OF SIMILAR OR OVERLAPPING INTENT**

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| **S/N** | **FUNDING AGENCY** | **NAME OF**  **FUNDING SCHEME** | **AMOUNT APPLYING FOR (S$)** | **EXPECTED DATE FOR RELEASE OF OUTCOMES** | **PROJECT TITLE**  *(Where applicable)* |
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1. **PLANS FOR SUSTAINABILITY** *(Please include details on how the programme will be funded after this initial tranche, which includes how & when the programme will be self/partially sustainable)*

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1. **IN-KIND CONTRIBUTIONS &/OR MATCHING FUNDS FROM INSTITUTIONS** *(Please include details of contribution from institutions which will be a key consideration in the review and assessment of the programme)*

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|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **YEAR 5** | **TOTAL** |
| MANPOWER |  |  |  |  |  |  |
| OTHER OPERATING EXPENSES |  |  |  |  |  |  |
| CAPITAL EQUIPMENT |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

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***For Official Use Only***

**REQUESTED AMOUNT ≤ S$200,000  
 REQUESTED AMOUNT > S$200,000**

**SUBMISSION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(dd/mm/yyyy)*

**CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATURE OF PROPOSAL:** RESEARCH / EDUCATION / CLINICAL INNOVATION

*(Please delete as appropriate)*

**ACADEMIC MEDICINE EXECUTIVE COMMITTEE (AM EXCO) APPROVAL DATE:**

**PROPOSAL APPROVED WITH NO CHANGES  
 PROPOSAL APPROVED BASED ON STIPULATED CONDITIONS (*REFER TO ATTACHED ADDENDUM THAT SUPERSEDES RELEVANT SECTIONS OF THIS PROPOSAL)***

*(dd/mm/yyyy)*

**ACADEMIC & RESEARCH COMMITTEE (ARC) APPROVAL / RECOMMENDATION DATE:**

*(dd/mm/yyyy)*

**GOVERNING BOARD (GB) APPROVAL DATE:**

*(dd/mm/yyyy)*

**VERIFIED BY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
JOINT OFFICE OF ACADEMIC MEDICINE**