**ACP Programme Funding**

**Application Form**

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 2022 Cycle 1 – 01 April 2022)*

**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)*

***Please select the proposal theme:*** Choose an item.

***\*Please state for combination of themes, if applicable:*** Click here to enter text.

[ ]  **Clinical & Systems Innovation Support**

[ ]  **Clinical & Systems Innovation (Main) Grant** *(Funding quantum capped at S$100,000 per proposal)*

[ ]  **Innovation Seed Grant** *(Funding quantum capped at S$25,000 per proposal)*

[ ]  **Global Health Support** *(Funding quantum capped at S$50,000 per proposal)*

* 1. [ ]  **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**

 *\*For NCRS, please indicate the person in the ACP who recommends the candidate for the award e.g. Vice Chair Research.*

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

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

1. **ACKNOLWEDGED BY**

**Name:** Click here to enter text. **(ACP Key Administrator)**

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.

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| 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) Does the Proposal have tangible deliverables which reflect the project’s aims / objective(s) and deliverables covering academic outcomes?  | [ ]  |
|  | (d) Does the project offer opportunities for positive breakthrough for translation of clinical care, add value (based on the Quadruple Aim Framework\*) to our staff and/or patients, and / or support the academic development of our AMC staff, if successfully implemented and scaled up? | [ ]  |
| 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 in the long run?
 | [ ]  |
|  | 1. Is financial sustainability clearly described & evidenced in the proposal?
 | [ ]  |
| 4 | (a) Have potential implementation hurdles been considered? | [ ]  |
|  | (b) Is there a described plan to tackle these hurdles? | [ ]  |
| 5 | (a) Is the initiative broadly implementable (i.e. scalable) beyond your ACP or host institution to other ACPs in the AMC or other SingHealth institutions? | [ ]  |
|  | (b) Is this relevant to your affiliated SDDC? If so, is it supported by your affiliated SDDC? | [ ]  |
| 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 Clinical & Systems Innovation (CSI) and Innovation Seed Grant Proposal:***Applicant / PI consents to share his / her project with the following offices:1. SingHealth Intellectual Property Office for matters relating to commercialisation potential
2. SingHealth Office for Innovation for potential link-ups with local companies to co-develop solutions, where appropriate
 | [ ]  |
| 8 | ***For Expenses for Manpower (EOM):***Does proposal include sound justifications for manpower requested to run the project? | [ ]  |
| 9 | Is the Academic Chair and Vice-Chair of your ACP fully aware of and given his / her endorsement for submission of this proposal? | [ ]  |

*\**[*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/) *;* [*https://qualitysafety.bmj.com/content/24/10/608*](https://qualitysafety.bmj.com/content/24/10/608)

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

*\* For NCRS application, this portion should be endorsed by the person in the ACP who recommends the candidate for the NCRS award e.g. Vice Chair Research.*

**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 K is a mandatory section for applications under Global Health Support.**
4. **Section L on Total Project Funding Overview is required only when revenue / income is being generated.**
5. **Section N on Performance Indicators should be completed appropriately with strong and substantial measurable KPIs. The deliverables should reflect the project’s aim / mission in improving the health system, alignment with the academic strategy of our AMC and illustrate academic outcomes** (*Please do not use the current list which are examples for reference*).
6. **Section P is a mandatory section for the Innovation Seed Grant.**
7. **Section Q is a mandatory section for applications to ‘NCRS’ under Research Support.**
8. **Failure to comply with any of the requirements will disqualify the application, which will therefore not be reviewed.**
9. **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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*(For Innovation Seed Grant, please include the problem that needs to be solved, what is the current work-around, if any and the limitations. Describe the proposed idea to solve this problem)*

1. **POTENTIAL IMPACT**

*(Please provide projected data and details on how the outcome of the* *project is translatable, clinically, or educationally, and / or will add value to the health system according to the Quadruple Aim\* framework. Also include plan with estimated timeline on how the project could be scaled up for implementation and adoption across the institution / SingHealth Duke-NUS AMC / national level.)*

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| *No. of patients who may benefit from the proposed solution within a year (when implemented and scaled)* |       |
| *No. of healthcare professionals who may benefit from the proposed solution within a year (in terms of FTE savings, time savings, when implemented and scaled)* |       |
| *Other benefits within a year from the proposed solution (when implemented and scaled)* |       |

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.*

*# FTE stands for full-time equivalent and it represents the number of working hours required to complete a job*. *1 FTE is equivalent to 2,184 man-hours a year.*

*^Maximum duration for Innovation Seed Grant is 1.5 years*

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| **OVERALL BUDGET** | **YEAR 1** | **YEAR 2 ^** | **YEAR 3** | **TOTAL (S$)** |
| **MANPOWER #** |
| **JOB TITLE** | **FTE** | **Man- hours** |  |
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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 SGD 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. 1 FTE is equivalent to 2,184 man-hours a year.*

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| **S/N** | **JOB TITLE** | **JOB DESCRIPTION** | **FTE** | **Man- Hours** | **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. You are encouraged to tap on central resources, where available, on a pay-per-use basis, the cost of which may be budgeted under Other Operating Expenses.*

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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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1. **FOR GLOBAL HEALTH APPLICATION ONLY:**

**BUDGET BREAKDOWN** (local or overseas expenses)

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| **MANPOWER** | **YEAR 1** | **YEAR 2** | **YEAR 3** |  |
| **JOB TITLE** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **TOTAL (S$)** |
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| **OOE** | **YEAR 1** | **YEAR 2** | **YEAR 3** |  |
| **ITEMS** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **TOTAL (S$)** |
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| **CAPEX** | **YEAR 1** | **YEAR 2** | **YEAR 3** |  |
| **ITEMS** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **LOCAL** | **OVERSEAS** | **TOTAL (S$)** |
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|  |  |  |  |  | **CAPEX TOTAL** |  |

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.*

*^Maximum duration for CSI Seed Grant is 1.5 years*

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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)** |  |  |  |  |  |   |

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. Please include a* ***minimum of 2 deliverables*** *where* ***at least one covers academic outcomes e.g. publication, presentation****. Other deliverables should reflect the project’s aim/mission in adding value to the health system, based on the Quadruple Aim\* framework, and / or support the academic development of the staff in our AMC.*

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| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
|
| *E.g. KPI(s) should reflect how implementing the project will improve in terms of outcome or cost effectiveness.* |  |
| *E.g. Project’s academic outcomes such as publications and journals, should be included as part of overall project deliverables.* |  |
| *E.g. Awards for research at national and international level* |  |
| *E.g. Joint programs/projects with higher institutes of learning* |  |
| *For Clinical & Systems Innovation Funding Support, examples may include working prototype, minimum viable product (MVP), design CAD files, user survey feedback for working prototype, feasibility/bench-top test results, etc.* |  |
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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. **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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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. **FOR INNOVATION SEED GRANT APPLICATION ONLY**

**(a) CHECK THE BOXES FOR OFFICES THAT YOU HAVE APPROACHED REGARDING THIS IDEA (IF ANY):**

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| **1. Cluster** | **3. Institutional** |
| [ ]  | ALPS Pte Ltd | [ ]  | CGH Office of Innovation (OOI) |
| [ ]  | Integrated Health Information Systems (IHiS) Pte Ltd | [ ]  | SGH Organisational Planning & Performance (OPP) |
|  |  | [ ]  | Singapore Eye Research Institute (SERI) |
|  |  | [ ]  | KK Women’s and Children Hospital Medical Innovation and Care Transformation or Research Centre (MICT, KKRC) |
|  |  | [ ]  | SGH Research Office (SGH RO) |
| **2. SingHealth** | **4. Others (please specify):**  |  |
| [ ]  | SingHealth Office of Research (OOR) |
| [ ]  | SingHealth Office of Intellectual Property (SHIP) |
| [ ]  | Medical Technology Office (MTO) |
| [ ]  | Office for Service Transformation (OST) |
| [ ]  | Institute of Patient Safety & Quality (IPSQ) |
| [ ]  | Health Services Research Centre (HSRC) |
| [ ]  | SingHealth Office For Innovation (SHOFI) |  |
| [ ]  | Office of Digital Strategy (ODS) |  |

**(b) CHECK THE BOXES FOR THE STAGE(S) WHERE YOUR PROPOSED IDEA IS CURRENTLY AT:**

[ ] Beneficiaries and value proposition have been identified.

[ ]  Identified possible partners such as schools / research institutes / companies

*(please include the identified partners):*

[ ]  Some prototype or initial solution has been developed for testing.

[ ]  Prototype / initial solution is in the testing / validation phase.

[ ]  Buy-in from stakeholders has been identified on the testing / validation results.

[ ]  Prototype / initial solution has been refined into a working solution.

[ ]  Working solution has been deployed on a small scale.

[ ]  Solution has been planned for scaling up / adoption.

[ ]  Solution is ready for commercialisation / has been implemented.

1. **FOR NCRS APPLICATION(S) ONLY**
2. **LIST OF EXISTING NCRS (previously known as NCSS) RECIPIENTS IN YOUR ACP**

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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 NCRS CANDIDATES**

When there is more than one nominee in the category, 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*(NCSA / NCIA / CIVDA)* |
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