**Form 1 - Annual Spending Limit Utilisation Form**

|  |  |
| --- | --- |
| **AM Named Donor Distinguished / Faculty Professorship** |  |
| **Name of Distinguished / Faculty Professor** |  |
| **Academic Clinical Programme** |  |
| **Financial Year** |  |
| **Annual Spending Limit (S$)** | Click here to enter amount. |
| **Funds Disbursement Method**  | **Direct Procurement / Invoicing (S$)**Click here to enter amount. | **Grant (S$)**Click here to enter amount. |

**A) DIRECT PROCUREMENT / INVOICING VIA DUKE-NUS[[1]](#footnote-1)**

|  |  |
| --- | --- |
| **PROPOSED BUDGET:**  | **AMOUNT (S$)** |
| **MANPOWER** |
| **TITLE** | **PROJECT ROLE** | **FTE** |  |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| **SUBTOTAL** | - |
| **OTHER OPERATING EXPENSES** |
| - | - |
| - | - |
| - | - |
| - | - |
| - | - |
| **SUBTOTAL** | - |
| **CAPITAL EQUIPMENT (EQUIPMENT > S$3,000)** |
| - | - |
| - | - |
| - | - |
| **SUBTOTAL** | - |
| **GRAND TOTAL** | **-** |

**a) JUSTIFICATION FOR MANPOWER:***Please elaborate on how this will fulfil the gift purpose.*

Click here to enter text.

 **b) JUSTIFICATION FOR OTHER OPERATING EXPENSES:***Please elaborate on how this will fulfil the gift purpose.*

*All expenses entailed in conducting and executing the proposal may be included*

Click here to enter text.

 **c) JUSTIFICATION FOR CAPITAL EQUIPMENT (EQUIPMENT > S$3,000):***Please elaborate on how this will fulfil the gift purpose and also state the proposed location site of equipment*

Click here to enter text.

**d) IN-KIND CONTRIBUTIONS AND CO-FUNDING:***If any in-kind contribution or co-funding is used to supplement this proposal, please summarise them here. If there is no in-kind contribution or co-funding, please state "Not Applicable".*

Click here to enter text.

**B) GRANT DISBURSEMENT VIA ACP’S HOST INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPOSED BUDGET:**  | **YEAR 1** | **YEAR 2** | **TOTAL (S$)** |
| **MANPOWER** |  |  |
| **TITLE** | **PROJECT ROLE** | **FTE** |  |  |  |
| - | - | - | - | - | - |
| - | - | - | - | - | - |
| - | - | - | - | - | - |
| - | - | - | - | - | - |
| **SUBTOTAL** | - | - | - |
| **OTHER OPERATING EXPENSES** |  |  |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| **SUBTOTAL** | - | - | - |
| **CAPITAL EQUIPMENT (EQUIPMENT > S$1,000)** |  |  |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |
| **SUBTOTAL** | - | - | - |
| **GRAND TOTAL** | - | - | - |

**a) JUSTIFICATION FOR MANPOWER:***Please elaborate on how this will fulfil the gift purpose.*

Click here to enter text.

 **b) JUSTIFICATION FOR OTHER OPERATING EXPENSES:***Please elaborate on how this will fulfil the gift purpose.*

*All expenses entailed in conducting and executing the proposal may be included*

Click here to enter text.

 **c) JUSTIFICATION FOR CAPITAL EQUIPMENT (EQUIPMENT > S$1,000):***Please elaborate on how this will fulfil the gift purpose and also state the proposed location site of equipment*

Click here to enter text.

**d) IN-KIND CONTRIBUTIONS AND CO-FUNDING:***If any in-kind contribution or co-funding is used to supplement this proposal, please summarise them here. If there is no in-kind contribution or co-funding, please state "Not Applicable".*

Click here to enter text.

**Submitted by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Distinguished / Faculty Professor****(Name & Signature)** |  | **Date** |

**Supported by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **ACP Academic Chair (Name & Signature)** |  | **Date** |

1. In compliance with Duke-NUS’ [Procurement Policy](https://share.nus.edu.sg/duke-nus/CP/Documents/Policies/Duke-NUS%20Procurement%20Policy%20%28DN%20UPP%29.pdf) and [Chart of Accounts](https://share.nus.edu.sg/duke-nus/finance/Documents/Policies/Duke-NUS%20Chart%20of%20Accounts.pdf) [↑](#footnote-ref-1)