**Form 2 - Proposed Annual Spending Limit Disbursement via Grant**

1. **TITLE OF PROPOSAL**

Click here to enter text.

1. **AM NAMED DONOR DISTINGUISHED / FACULTY PROFESSORSHIP**

Click here to enter text.

1. **NAME OF DISTINGUISHED / FACULTY PROFESSOR (AWARDEE)**

Click here to enter text.

1. **PROPOSAL TYPE (if the proposal cuts across more than 1 domain, please select accordingly)**

[ ]  **RESEARCH** [ ]  **EDUCATION** [ ]  **INNOVATION**

[ ]  **OTHERS *(please specify):*** 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 PROPOSAL**

**From:** Click here to enter a date.

**To:** Click here to enter a date.

1. **FINANCIAL YEAR AND ANNUAL SPENDING LIMIT (S$)**

**Financial Year:** Click here to enter amount.

**Amount:** Click here to enter amount.

1. **FUNDING REQUESTED VIA GRANT (S$)**

**Amount for first year:** Click here to enter amount.

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

1. **ENDORSED BY
ACP Academic Chair** Click here to enter text.

**CONTACT DETAILS**

**NAME OF DISTINGUISHED / FACULTY PROFESSOR:** Click here to enter text.

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

**TELEPHONE NO.:** Click here to enter text.

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

**ACP ACADEMIC CHAIR:** Click here to enter text.

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

**TELEPHONE NO.:** Click here to enter text.

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

***For ACP Administrator’s /Staff’s Use***

|  |  |
| --- | --- |
| **Checklist** |  **(Please ✔ accordingly)** |
| Funds are available at Duke-NUS. |  |
| Proposal and fund request align to Gift Purpose. |  |
| The proposal aligns to the goals of Academic Medicine. |  |
| The proposal title clearly reflects the intent / scope of the proposal. |  |
| The proposal reflects academic outcomes and not just clinical services.  |  |
| KPIs are measurable. |  |
| If AM Philanthropic Funds disbursement request is: **S$500,000 and below**: ensure that the completed proposal with no further edits is submitted at least 1 month before the project start date.**Above S$500,000**: ensure that the completed proposal with no further edits is submitted at least 2 - 3 months before Academic Medicine Executive Committee (AM EXCO) Meeting. Project start date must be at least 1 month after the AMEXCO Meeting. **Above S$1 million**: ensure that the completed proposal with no further edits is submitted at least 3 - 4 months before Duke-NUS Academic and Research Committee (ARC) Meeting. Proposal has to be routed to Academic Medicine Executive Committee (AM EXCO) for endorsement prior to ARC Meeting. Project start date must be at least 1 month after the ARC Meeting. **Above S$5 million**: additional approval is required from Duke-NUS Governing Board (GB) after AM EXCO and ARC. Project start date must be at least 1 month after the GB Meeting.*Note: Contact Duke-NUS Academic Programmes Management Department in advance for AM EXCO, ARC and GB meeting dates.*  |  |

**CHECKED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Name and Signature of ACP Administrator/Staff)

**ABSTRACT / EXECUTIVE SUMMARY:**

Click here to enter text.

**SPECIFIC AIMS AND MISSION:**

Click here to enter text.

 **BACKGROUND / RATIONALE:**

Click here to enter text.

 **METHOD/S:**

Click here to enter text.

 **ALIGNMENT WITH GIFT PURPOSE:**

Click here to enter text.

 **LIST OF REFERENCE/S:**

Click here to enter text.

 **LIST OF ATTACHMENT/S:**

Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **PROPOSED BUDGET:**  | **YEAR 1** | **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 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/initiative, please summarise them here. If there is no in-kind contribution or co-funding, please state "Not Applicable".*

Click here to enter text.

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

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| --- | --- |
| **MILESTONES** | **TARGETED DURATION***(Based on duration of project)* |
| **YEAR 1** | **YEAR 2** |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| *E.g. Milestone 1 (please replace)* |  |  |  |  |  |  |  |  |
| *E.g. Milestone 2 (please replace)* |  |  |  |  |  |  |  |  |
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**GRANT KEY PERFORMANCE INDICATORS/DELIVERABLES:** *(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 proposal/initiative will achieve. 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** | **TARGET SET** |
|
| *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 programmes/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 commercialised (please replace)* |  |
| *E.g. Local and overseas medical students/participants trained (please replace)* |  |
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**REQUEST TO DRAW FROM ANNUAL SPENDING LIMIT**

**UNDERTAKING BY DISTINGUISHED / FACULTY PROFESSOR**

In submitting this proposal, I undertake (including on any Grant Award), to:

1. Declare that all information is accurate and true
2. That the proposal is in accordance with the Gift Purpose of the donation
3. Be actively engaged in the execution of the proposal/research
4. Submit supporting documents of ethics approval obtained from the relevant Institutional Review Board (IRB) prior to initiation of the studies (where applicable)
5. Comply with all laws, rules and regulations pertaining to human ethics, including the Singapore Good Clinical Practice guidelines (where applicable)

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

**SUPPORTED BY ACP ACADEMIC CHAIR**

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