1. Complete all the following sections and indicate “N.A.” if the field is not applicable:
2. GRANT INFORMATION
3. LAY ABSTRACT
4. PROJECT PROGRESS/FINAL REPORT
5. PROBLEMS ENCOUNTERED
6. COLLABORATIONS(S)
7. FUTURE PLANS
8. PERFORMANCE INDICATORS
9. PROJECT OUTCOME DETAILS
10. SIGNING OF REPORT
11. Upon completion, please e-mail the duly signed report to your respective Joint Office of Academic Medicine’s point-of-contact:

**I. GRANT INFORMATION**

|  |  |
| --- | --- |
| **ACP/Joint Institute/SDDC:** |  |
| **AM Grant Type:** | [ ]  ACP Programme Grant [ ]  AM/ACP-Designated Philanthropic Grant[ ]  Others (please name):  |
| **Report Type:** | [ ]  Yearly Progress Report [ ]  Final Report |
| **Report Number:** | [ ]  1st  [ ]  2nd [ ]  3rd  [ ]  4th  [ ]  5th  |
| **Reporting Period:** | From: Click here to enter a date. To: Click here to enter a date. |
| **Project Title:** |  |
| **Project No.:** |  |
| **Project Type:**(For ACP Programme Grant only) | [ ]  Education [ ]  Clinical & Systems Innovation [ ]  Research: PFF [ ]  Research: NCSS/NCRS [ ]  Global Health  |
| **Awardee/Principal Investigator:**(As per Letter of Award) |  |
| **Host Institution & Department:** |  |
| **Project Start Date:**(As per Letter of Award) |  | **Project End Date:**(As per Letter of Award) |  |
| **Approved Budget ($):**(As per Letter of Award) |  | **Extended Project End Date:** *(If applicable)* |  |

**II. LAY ABSTRACT**

Please provide a short lay abstract of the project that is easily understood.

**III. PROJECT PROGRESS/FINAL REPORT**

For progress report, please provide a summary of the project progress for the reporting period:

1. The original project objectives and the extent to which they have been achieved;
2. A summary of the results and data obtained;
3. Any deviation(s), if any, in the aims and/or methodology from the original proposals, and a brief explanation.

For final report, please provide a summary of the key developmental milestones leading to the completion of the project.

**IV. PROBLEMS ENCOUNTERED**

State the problems encountered, if any, in the course of conducting your research and how they have affected the progress of your research. Highlight how these problems were/could be overcome.

**V. COLLABORATION(S)**

Indicate any collaboration forged with local and overseas institutions – state names, organizations and nature of collaboration(s). Please highlight key collaboration(s) with Duke-NUS and Duke Health, Durham.

**VI. FUTURE PLANS**

* + **For Yearly Progress Report submission:**

Please give a brief outline of your project for the remaining duration of award.

* + **For Final Report submission:**

Please indicate if you intend to continue with the exploration of the existing project objectives and/or venture into new project areas using the findings/data generated from the current project. Elaborate on how you intend to do so.

**VII. PERFORMANCE INDICATORS**

Provide the list of performance indicators and targets (as listed in the approved proposal) and actual targets achieved for each of these performance indicators.

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| ***Note: For awardees funded under NCRS (previously NCSS), please take note of the deliverables below.**** The **CS awardee** **is expected to** apply for a NMRC grant, preferably a talent development award, such as NMRC TA, with the viewing of working towards a CSA-INV eventually. Failing to secure a TA or CSA-INV award, it is acceptable to attempt applying for a NMRC-NIG award or any of the equivalent.
* The **CIV awardee** **is expected to** apply for an external competitive grant, including that from NMRC (e.g. NIG, HSRG, or any of the equivalent), or any other government, public or private research funding agencies, of a quantum equal to or higher than the NCRS award.
* The **CIN awardee** **is expected to** apply for follow-on funding from government funding agencies (e.g. NHIC Innovation to Develop (I2D) Grant, SMART Innovation Grant and NRF Central Gap Fund) or a NMRC grant that provide support of sustained career development as a CIN.
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| **S/N** | **Performance** **Indicators** | **Target** **Set** | **Target** **Achieved** |
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**Comment/explanation for targets which are not achieving the values set:**

*(For NCRS awardees, please include your plan(s) to apply for national award/external funding e.g. intended year of application, type of award/external funding etc.)*

**VIII. PROJECT OUTCOME DETAILS**

**A. Publications**

Please provide details for all publications arising from this project as follows: (1) Title of Article, (2) Journal Name, (3) Author, (4) Year/Issue/Vol. No. and (5) Page No.

**B. Presentations/Conferences**

Please provide details for all presentations/conferences arising from this project as follows: (1) Title of Presentation, (2) Conference Name, (3) Country/State, (4) Conference Dates and (5) Organizer/Publisher.

**C. Invention Disclosures**

Please provide details for all disclosures resulting from this project. If patents are applied for, please indicate (1) Title of Patent, (2) Author, (3) Covering Countries, (4) Filing Office, (5) Date of Application, (6) Status of Patent (e.g. Filed/Awarded) and (7) Date of Award.

**D. Academic Medicine Goals**

Please provide details for all academic medicine goals achieved in this project that contribute towards the greater objectives of the SingHealth Duke-NUS Academic Medical Centre.

**E. Awards**

Please provide details for all awards resulting from this project as follows: (1) Name of Recipient, (2) Title of Article (if applicable), (3) Name of Award, (4) Awarding Authority and (5) Date Awarded.

**F. Others**

Please provide details for any other noteworthy achievements arising from this project.

**G. Next Level of Funding**

Please provide details in the tables below including funding agency, project title, amount funded and grant-writing support scheme *[e.g. PREFACE & ACE-in-GRANTS by Duke-NUS CCSD and/or AMRI Pre-review by SingHealth OOR]* (if any).

1. ***Grant(s) secured through this project -*** PIs are to state all the grants currently held/awarded which was led by this project.

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| **Funding Agency** | **Project Title***(Where applicable)* | **Amount (S$)** | **Grant Duration** | **Grant Start & End Dates** | **Grant-writing support scheme (if any)** |
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1. ***Grant(s) which the PI applied through this project, pending outcome* -** PIs are to state the grants which they have applied (regardless of funding agencies) pending outcome.

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| **Funding Agency** | **Project Title***(Where applicable)* | **Amount (S$)** | **Grant Duration** | **Grant-writing support scheme** **(if any)** |
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**IX. SIGNING OF REPORT**

The report must be signed and dated by the Requestor/Principal Investigator of the project and countersigned by the ACP Academic Chair/Head of Joint Institute/Head of SDDC.

**Submitted by:**

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|  | Requestor/Principal Investigator (Name & Signature) |  | Date |

**Countersigned by:**

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|  | ACP Academic Chair/Head of Joint Institute/Head of SDDC(Name & Signature) |  | Date |