**ACADEMIC MEDICINE INNOVATION INSTITUTE (AMII) ADOPTION GRANT**

**APPLICATION FORM**

**OBJECTIVE: To bridge the gap between validated prototypes and its adoption at the SingHealth Duke-NUS Academic Medical Centre (AMC), across the AMC and beyond in support of the AMC and Academic Medicine Innovation Institute (AMII) priorities.**

**General Information**

1. Innovations that are developed within SingHealth Duke-NUS AMC looking for last mile funding for adoption within the healthcare system are highly encouraged. These innovations should have at least undergone pilot trials and generated pilot data. The AMII Adoption Grant serves to **plug implementation gaps** such as certified laboratory tests, security penetration tests, cost to manufacture/deploy or maintain clinical trial ready prototypes, training charges, consultancy services.
2. **Formal Requirements**
3. The Principal Investigator (PI) must be affiliated with an ACP
4. Project has commercial potential or potential for trial, adoption or scaling at your institute or across the SingHealth Duke-NUS AMC and beyond (Reach out to [innovate@singhealth.com.sg](mailto:innovate@singhealth.com.sg) if unsure)
5. **Application Pre-requisite**

Project should exhibit potential to improve health outcomes, enhance healthcare delivery, deliver impact through cost-savings in healthcare systems, and be at a stage of development where there is substantial evidence which contribute to:

* Improvement in health and clinical outcomes
* Improvement in healthcare operational efficiency
* Feasible plan to trial
* Enhanced care experience and improved patient safety
* Willingness to adopt by end users

Your innovation should have

* Completed Proof-of-concept, Proof-of-value stage
* Received written support from stakeholders from institutions / departments evidenced via intent to purchase / procure in writing (via email), if adoption trial is successful
* (if applicable) Finalized license term sheet/license

**Details of Support**

* Funding quantum: up to S$50,000
* Project duration: 12 months, with extension up to 18 months
* For the budget request, manpower, overseas travel expenses (e.g. overseas conference, seminars, etc.) are not supportable.

1. **Guidelines**

* Complete the latest version of AMII Adoption Grant Application Form.
* Complete all sections in the grant application form; indicate “NA” where not applicable.

1. **Submission Details**

* All applications must be fully endorsed by your respective ACPs and the following documents submitted electronically to the AMII Adoption Grant Secretariat.
* at innovate@singhealth.com.sg by 31st August 2022, 5pm.

1. A single Microsoft Word document, without signatures, and
2. a single PDF document, with signatures

* ACP Host Institution internal submission deadlines may apply, please check with your ACP for more details.
* The application may be rejected for the following reasons:

1. Incomplete application e.g. missing signatures; sections left blank, missing supporting documents, sections removed.
2. Obsolete application form
3. Late submission or revision to the submitted application will not be accepted after the closing date.
4. **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 :** Choose an item.

1. **AMOUNT OF FUNDING REQUESTED FOR (S$), CAP AT S$50,000**

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

1. **CATEGORY OF PROJECT:**

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

**(E.g. Medical device, AI, Digital Technology, etc).**

1. **APPLICANT / PRINCIPAL INVESTIGATOR**

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

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

1. **ACKNOWLEDGED 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.

Click here to enter text.

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

**CONTACT DETAILS**

1. **ACADEMIC CHAIR**

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

**CONTACT NUMBER:** Click here to enter text.

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

1. **APPLICANT / 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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| No | Criteria | Check | Comments |
| SCOPING OF CLINICAL NEED | | | |
|  | The clinical problem/need is clearly stated in the proposal. |  |  |
|  | The estimated local and global population impacted by the clinical problem is described and evidenced. |  |  |
|  | The consequence(s) of the clinical problem/need is adequately described. |  |  |
| PROPOSED INNOVATION | | | |
|  | The proposed innovation, including the theory of design and stage of development, is clearly described. |  |  |
|  | Evidence that the proposed innovation can address the clinical need/problem is adequately provided. |  |  |
|  | Preliminary data (if any) on proposed innovation is described. |  |  |
| METHODOLOGY | | | |
|  | The objective(s), methods and outcomes/deliverables are clearly stated in such a way that a non-expert in the field can understand them. |  |  |
|  | The methods stated in the proposal adequately address the objective(s) stated in the proposal. |  |  |
|  | The proposal has tangible deliverables which reflect the project’s aims/objective(s). |  |  |
|  | All the following has been described in the method section:   * Overall design of the study * Timeline of the study * Data sources and method of data collection * Number of study participants * Data collection fields and collection frequency * Methods of data management and analysis |  |  |
| **ALIGNMENT WITH SINGHEALTH DUKE-NUS AMC AND AMII PRIORITIES** | | | |
|  | The potential impact of the proposed innovation on one or more of these is clearly described:   * Population/patient morbidity and mortality * Population/patient/caregivers needs and concerns * Quality of healthcare delivery * Prevention of disease development or progression * Safety to patient or healthcare providers * Time spent by patient or caregivers * Population/patient access to healthcare services |  |  |
|  | The impact of the proposed innovation on professional development on staff (if any) is described. |  |  |
|  | The financial sustainability of or potential cost savings from the proposed innovation (esp. when compared to current standard of care) is described. |  |  |
| DEGREE OF NOVELTY OF INNOVATION | | | |
|  | Similar innovations developed locally, regionally, or globally (if any) are described. |  |  |
|  | Other methods of addressing the clinical problem/need that has been employed locally, regionally, or globally are described. |  |  |
|  | Reasons for not adopting currently available technologies, or the potential advantages of the proposed innovation compared to currently available options are described. |  |  |
| 4. | Major changes in the way local healthcare are delivered through implementation of this innovation (if any) is described. |  |  |
| IMPLEMENTATION, SCALABILITY AND CAPABILITY DEVELOPMENT | | | |
|  | Proper priority setting and action planning for the implementation and the scaling up of the innovation are described. |  |  |
|  | Support from stakeholders involved in the implementation of the project are detailed. |  |  |
|  | Potential barriers to implementation are identified and clear solutions to overcome these barriers are detailed and evidenced. |  |  |
|  | The potential for the innovation to be adopted and implemented across and beyond the ACP, the SingHealth Duke-NUS AMC, and the Singapore healthcare landscape, is described. |  |  |
|  | The potential for commercialization/patent application of the proposed innovation is described. |  |  |
|  | Written support from stakeholders from institutions / departments evidenced via intent to purchase / procure in writing (via email), if adoption trial is successful and/or impact assessment studies show promising outcomes.  - End user championing the cause or is a project team member |  |  |
| OTHERS | | | |
|  | Applicant/PI consents to share his/her project with the following offices:   1. SingHealth Intellectual Property Office (SHIP) and/or Duke NUS Joint Centre for Technology and Development (JointCTeD) for matters relating to commercialization potential 2. SingHealth Office for Innovation for potential link-ups with local companies to co-develop solutions. 3. Conflict of Interest declaration: |  |  |

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| The AMII Grant Review Committee is committed to make every effort to ensure that its decisions are fair and objective, and that they are perceived to be so. To this end, no Principal Investigator with a conflict of interest may participate in the application of the relevant grant(s).  **Declaration**  Do you have potential financial and managerial interests in equity (e.g. ownership, stock holdings, equity interests, loans), payments for other services (e.g. consulting fees, commissions), intellectual property rights (e.g. patents, copyrights) and external professional positions (e.g. advisory board member)?  Please select: Yes/ No  If Yes, please elaborate. | | |
| **Applicant’s Signature** | : |  |
| **Name** | : |  |
| **Designation/Appointment** | : |  |

**ENDORSED BY**

**Name:** Click here to enter text.  
**Designation: Director, SHOFI,** Click here to enter text.

**Important Instructions to note:**

1. **All applications must be made using the prescribed template.**
2. **AMII Adoption Grant funds will only be used for OOE and not CAPEX**
3. **All sections are mandatory. In the case where a section is not relevant, please indicate “NA” (i.e. Not Applicable).**
4. **Section K 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 healthcare system by illustrating steps taken to enable commercialisation, integration and adoption outcome** (*Please do not use the current list which are examples for reference*).
5. **Failure to comply with any of the requirements will disqualify the application, which will therefore not be reviewed.**
6. **ABSTRACT / EXECUTIVE SUMMARY**

*(In less than 300 words, describe in lay terms the aims, hypotheses, methodology and approach of the project proposal including its clinical impact. The abstract must be self-contained so that it can serve as a succinct and accurate description of the project proposal understood by a non-scientific/medical audience. Note that the abstract may be disclosed to other funding agencies. Please ensure the abstract is non-confidential. Limit the content to 300 words and do not include any diagrams in this section.)*

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1. **CLINICAL NEED / RATIONALE FOR INNOVATION**
2. *Clearly state the clinical problem/need that this proposal seeks to address and how will the proposed solution benefits relevant stakeholders. Stakeholders can include healthcare professionals, institutions, consumer care companies, public health authorities, patients or consumers. Relevant references should be appended.*
3. *Describe the estimated local and global population impacted by the clinical problem.*
4. *Describe the consequence(s) of the clinical problem/need if unresolved*

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1. **INNOVATION**
2. *Describe the innovation, including the proposed change in workflow and stage of development*
3. *Provide evidence from literature/feasibility or pilot study that the innovation can address the clinical need/problem.*
4. *Describe reasons for not adopting currently available technologies, or the potential advantages of the innovation compared to currently available options.*
5. *Describe if there is potential for the innovation to be adopted within SingHealth/Singapore in an ongoing manner.*
6. *Describe if there is potential for the innovation to be adapted for other clinical needs other than the intended cause.*
7. *Highlight potential difficulties, limitations and problem areas in the proposed procedure and propose alternative tactics.*

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1. **INTELLECTUAL PROPERTY, POTENTIAL INDUSTRIAL TIE-UPS AND COMMERCIAL POTENTIAL**
2. *Provide details of the relevant Background IP for the Technology. Specifically address: i) ownership ii) any agreements/licenses covering the Background IP.*
3. *Briefly describe any Foreground IP likely to be generated from the project.*
4. *Describe how the Team intends to manage, own and exploit the IP it has filed/or intends to file.*
5. *Describe any potential commercial value and scalability of the proposed solution/intellectual property by illustrating the burden/market size, or application for licensing, spin-offs, etc.*
6. *State if there are any potential industrial tie-ups for further development that may arise.*
7. *Please provide details of the current commercialization status, for example, i) in the midst of engaging a potential licensee, ii) in negotiations of licensing terms, iii) pending execution of licensing terms*
8. *If the team is currently in discussions with SingHealth Intellectual Property Office (SHIP) and/or Duke-NUS Centre for Technology and Development (CTeD), please provide the details of the contact person in either office and attach their electronic endorsement here.*

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1. **EVIDENCE BASED IMPACT MEASUREMENT AND IMPLEMENTATION STRATEGY**
2. *Provide details on how the project will improve the health system, in terms of resource and cost savings and improved health and patient care outcomes*
3. *Provide details and data on the implementation strategy of the innovation.*

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| **ALIGNMENT WITH SINGHEALTH DUKE-NUS AMC AND AMII PRIORITIES** | |
| *Potential impact on health outcomes*   * *Morbidity and mortality* * *Prevention on disease development or progression* |  |
| *Potential impact on quality of health delivery*   * *Population access to health services* * *Safety of patients or healthcare providers* * *Addressing patient/caregiver needs and concerns* |  |
| *Potential economic impact*   * *Cost savings to patients* * *Cost savings to healthcare institution* |  |
| *Professional development of healthcare staff* |  |
| **DEGREE OF NOVELTY OF INNOVATION** | |
| *Describe similar innovations (if any), and provide reasons for not adopting them, or the potential advantages of the proposed idea compared to current options.* |  |
| **POTENTIAL IMPACT, IMPEMENTATION AND SCALABILITY** | |
| *Evidence of support from relevant stakeholders for implementation/ scalability* |  |
| *Describe potential barriers to implementation/scaling and how the team plans to overcome this.* |  |
| *Estimated timeline on how the project could be scaled up for implementation and adoption across the institution/ SingHealth Duke-NUS AMC / national level.* |  |
| *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)* |  |
| Written support from stakeholders from institutions / departments evidenced via intent to purchase / procure in writing (via email), if adoption trial is successful and/or impact assessment studies show promising outcomes.  Eg. End user championing the cause or is a project team member |  |

1. **LIST OF REFERENCE(S)**

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1. **LIST OF ATTACHMENT(S)**

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

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| **OVERALL BUDGET** | **6 MONTHS** | **12 MONTHS** | **18 MONTHS** |
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| **GRAND TOTAL** |  |  |  |

1. **DETAILS & JUSTIFICATIONS OF BUDGET REQUESTED** *(To the nearest SGD dollar)***:**

*\*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. **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** | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** |
| *E.g. Milestone 1 (please replace)* |  |  |  |  |  |  |
| *E.g. Milestone 2 (please replace)* |  |  |  |  |  |  |
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1. **PERFORMANCE INDICATORS** *(the current list in the table are examples for reference only)**\*In this section, please list the expected outcomes and measurable deliverables that the project / initiative will achieve. It should reflect the project’s aim/mission in improving the health system and envisaged impact for patients and healthcare professionals.*

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| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
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| *E.g. KPI(s) should reflect how implementing the project will improve in terms of outcome or cost effectiveness.* |  |
| *Eg. Study report outlining learnings from the Project to facilitate subsequent integration and adoption should be included* |  |
| *E.g. Awards at national and international level* |  |
| *E.g. Project’s outcomes such as publications, journals, should be included as part of overall project deliverables.* |  |
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1. **OTHER SUPPORTS** *(if applicable)*
2. **LIST OF FUNDING APPLIED OR AWARDED OF SIMILAR OR OVERLAPPING INTENT**

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| **S/N** | **FUNDING AGENCY** | **NAME OF**  **FUNDING SCHEME** | **AMOUNT APPLYING FOR (S$)** | **DATE FOR LETTER OF AWARD /EXPECTED DATE FOR RELEASE OF APPLICATION 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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|  | **12 MONTHS** | **18 MONTHS** | **TOTAL** |
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| **TOTAL** |  |  |  |