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 email the duly signed report to the respective grant administrator in-charge and/or AMII Secretariat at [innovate@singhealth.com.sg](mailto:innovate@singhealth.com.sg).
12. **GRANT INFORMATION**

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| **ACP/Joint Institute/SDDC:** |  | | |
| **Report Type:** | Progress Report:  1st   2nd  3rd   4th   5th  Final Report | | |
| **Reporting Period:** | From: Click here to enter a date. To: Click here to enter a date. | | |
| **Project Title:** |  | | |
| **Project No.:** |  | | |
| **Project Grant Type:** | Choose an item.  Click or tap here to enter text. | | |
| **Awardee/Principal Investigator:**  (As per Letter of Award) |  | | |
| **Host Institution & Department:** |  | | |
| **Project Start Date:** (As per Letter of Award) | Click here to enter a date. | **Project End Date:** (As per Letter of Award) | Click here to enter a date. |
| **Approved Budget ($):** (As per Letter of Award) |  | **Extended Project End Date:** *(If applicable)* | Click here to enter a date. |

1. **LAY ABSTRACT**

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

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1. **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.*
4. *Please also include the progress of the sub-awarded projects*

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

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1. **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.*

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1. **COLLABORATION(S)**

*Indicate any collaboration forged with local and overseas institutions – state names, organizations and nature of collaboration(s)in this Project.*

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1. **FUTURE PLANS**
   * **For Yearly Progress Report submission:**

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

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* + **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.*

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1. **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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| **S/N** | **Performance**  **Indicators** | **Target**  **Set** | **Target**  **Achieved** |
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***Comment/explanation for targets which are not achieving the values set:***

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1. **PROJECT MILESTONES**

*Provide progress updates based on the approved project milestones. You may refer to the legend/guidelines stated below the table.*

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| **APPROVED PROJECT MILESTONES** | **Grant Duration**  **[XX Months]** | | | | | | | | | | | |
| **YEAR 1** | | | | **YEAR 2** | | | | **YEAR 3** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| [Milestone 1] |  |  |  |  |  |  |  |  |  |  |  |  |
| [Milestone 2] |  |  |  |  |  |  |  |  |  |  |  |  |
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***Legend/Guidelines***

1. *Indicate the initial approved milestones in the table and fill the cells in GREEN.*
2. *For each of the approved milestones, mark:*

* *“****M****” in the quarter(s) where the milestone is met;*
* *“****UM****” in the quarter(s) where the milestone is unmet.*

1. *If there are modifications made to the approved timeline of the milestones:*

* *Mark "X" to cross out the initially approved cells*
* *Colour the new cells YELLOW.*

1. **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.*

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**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.*

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**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.*

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**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.*

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**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.*

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**F. Others**

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

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**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*** *- Please state all the other 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*** *- Please 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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1. **SIGNING OF REPORT**

The report must be signed and dated by the Requestor/Principal Investigator of the project and countersigned by the AMII Co-Chairs.

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Click here to enter a date. |
|  | Requestor/Principal Investigator  (Name & Signature) |  | Date |

**Endorsed by:**

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|  |  |  | Click here to enter a date. |
|  | ACP Academic Chair / Head of Institute/Centre  (Name & Signature) |  | Date |