**INFECTIOUS DISEASES RESEARCH INSTITUTE**

**STRATEGIC COLLABORATION FUND 2021 (SCF)**

**APPLICATION FORM**

Closing Date: 26 April 2021 5:00 PM

**Application and Submission**

* All applications must be made using the prescribed form. Failure to comply with all the requirements and incomplete or late applications will result in the application being disqualified from review.
* Each eligible applicant can only submit one application per SCF Grant Call as the PI.
* Application should be typed in **Arial font, size 10, single-spaced and printed double sided**. All sections in the application **must be filled**. Indicate “NA” wherever applicable.
* Application must be endorsed by the applicant’s Head of Department (HOD)/Programme Director (EID, Duke-NUS) and the Research Director/Senior Vice Dean Research (Duke-NUS) of the pertinent institution. If the HOD/Research Director/Duke correlate is involved in the project (as Co-Investigator or Collaborator), his or her supervisor is required to endorse the application instead.
* The completed application form inclusive of all the appropriate e-signatures and/or endorsements along with all accompanying documents must be submitted through the Host Institution’s Research Office to IDRI; e-mailed to the IDRI Manager simi.issac@singhealth.com.sg
* **TWO (2) soft copies** (softcopy of proposal to be submitted as 1 file including all the images, tables, charts and all other attachments, one in Word format without signatures and the other in PDF format with signatures and /or endorsements).

Relevant privileged or confidential information, if disclosed, should be clearly marked in the proposal/application form (where applicable).

All information is treated in confidence. The information is furnished to the SingHealth Office of Research and Infectious Diseases Research Institute with the understanding that it shall be used and/or disclosed for administration, evaluation, approval, reference, investigating, publishing and reporting purposes, in accordance with the Personal Data Protection Act (Act 26 of 2012 of Singapore).

# Applicants

*(Please note that Co-investigators need to hold at least an adjunct position in a local public institution. Researchers from overseas institutions or private companies can only participate as collaborators)*

| **Applicant Name** | **Role** | **Position** | **Department**  | **Institution** |
| --- | --- | --- | --- | --- |
|       | PI[[1]](#footnote-2) |       |       |       |
|       | [[2]](#footnote-3) |       |       |       |
|       |  |       |       |       |
|       | Collaborator[[3]](#footnote-4) |       |       |       |
|       | Collaborator |       |       |       |
|       |  |       |       |       |
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*(Attach additional rows and sheet if required)*

# Research Proposal

|  |  |
| --- | --- |
| **2.1 Project title:** |        |

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| --- | --- |
| **2.2 Period of Support requested:** |       *(Up to max 2 years)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3 Proposed Start date (dd/mm/yy):** |       | **Duration (months):** |       |

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| **2.4 Type of project e.g. Basic, Clinical or Translational research project, etc.** |
|       |

**2.5 Project/Activity Proposal** (maximum length of 1 A4 size)

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| --- |
| Please provide the following details for your research proposal Notes: * Enter the full wording for acronyms the first time you use them.

**PROPOSAL**1. **Objectives**
2. **Background**
3. **Activities** *(research plan, methodology etc.,)*
4. **Outcomes and Impact**
5. **Roles of Team Members**
 |

# 3. Biographical Sketch

1. **Principal Investigator** (limited to 2 pages)

*Please provide the required information on Principal Investigator.*

* Name
* Office Mailing Address
* Email
* Contact No.
* Current Position
* Academic Qualifications (Indicate degree title, award year and institution name)
* Research interests
1. **Co-Investigator and Collaborators**

*Please provide the required information on each co-investigator(s) and collaborators. (limited to 1 page each)*

* Name
* Office Mailing Address
* Email
* Contact No.
* Fax No
* Current Position
* Academic Qualifications *(Indicate degree title, award year and institution name)*
* Research interests
* Publications *(recent, directly relevant to study if any)*

**4. Budget**

 Please detail the proposed budget using the table below.

* 1. **Budget Summary Breakdown**

|  |  |  |
| --- | --- | --- |
| **Category** | **Year 1** | **Year 2** |
| **Equipment** |  |  |
| **Other Operating Expenses** |  |  |
| **Expenditure on Manpower** |  |  |
| **SUB-TOTAL** |  |  |
| **TOTAL (Year 1 & Year 2)** |  |

* 1. Equipment

Please budget for all scientific equipment you need to purchase to carry out the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Qty | Equipment | Unit Cost | Sub- Total  |
|  |  |  |  |
|  |  |  |  |
|     |  |  |  |
|  | Total | **$0.00** |

* 1. Other Operating Expenses (OOE)

This category covers other expenses directly related to the project such as the purchase of consumables, laboratory manuals, literature search, and maintenance of equipment. Conference travel or publication fees will be funded only if a presentation or an article, directly related to the project, is accepted for presentation or publication. Training needs must also be directly related to the project and will be assessed on a case-to-case basis.

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| --- | --- | --- |
|  | Item Description | Cost |
| **Materials & Consumables**  |  |  |
| **Publication fees/Conference Travel/ Training/** |  |  |
| **Others:** **(please specify)** |  |  |
|  | Total | **$0.00** |

* 1. Manpower

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Category** | **Existing** | **New** | **Remarks (e.g., %FTE etc.,)** | **Total cost** |
| Technologist |  |     |       |       |
| Research Assistant |  |     |       |       |
| Research Officer |  |     |       |       |
| Research Associate |  |     |       |       |
| Research Nurse |  |     |       |       |
| Postdoctoral Fellow |  |     |       |       |
| Visiting Consultant |  |     |       |       |
| Epidemiologist |  |     |       |  |
| Biostatistician |  |     |       |  |
| Statistician |  |     |       |  |
| Health Economist |  |     |       |  |
| Others:      (please specify) |  |     |       |       |
|  |  |  | Total | $0.00 |

**Grand Total: $0.00**

* 1. Justifications

|  |
| --- |
| **Equipment** |
| **Materials & Consumables**  |
| **Publication fees/ Conference Travel/Training (for training purposes internal/external-overseas)** |
| **Manpower** |
| **Others**  |

**5. Ethical considerations and containment**

Fund disbursement is subjected to ethics approval if the project involves any of the below.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Please declare the participating institutions where study requiring ethics approval is conducted |
| Please tick accordingly if project involves any of the following: |  |
| 1. Human subjects
 | [ ] Yes | [ ]  No |

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| 1. Use of Human/Animal Tissues or Cells from Primary Donor (i.e. subjects / volunteers recruited for the project)
 | [ ]  Yes | [ ]  No |

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| 1. Use of Commercially Available Human / Animal Tissues or Cells
 | [ ]  Yes | [ ]  No |

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| 1. Animal Experimentation
 | [ ]  Yes | [ ]  No |

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| 1. Requirement for Containment
 | [ ]  Yes | [ ]  No |

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| 1. Multi-center project or trial (If yes, please state all participating institutions/center’s)
 | [ ]  Yes | [ ]  No |

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A copy of the Institutional Review Board (IRB) and Institutional Biosafety Committee (IBC) approval is attached:

**[ ]  Yes [ ]  No**

**6. Expected Outcomes**

Please indicate your realistic expectations on the outcomes of SCF. Please state ‘NA’ where indicator is not applicable.

| **Performance Indicators** | **Indicate number / value** |
| --- | --- |
| Cross Institutional Collaboration | Promotion of cross institutional research collaboration  | Please list the institutions involved in the cross institutional collaboration  |  |
| Other institutions implementing the new policies, products, processes, and/ or ideas. |  |
| Cross Disciplinary Collaboration | Promotion of cross disciplinary research collaboration  | Please list the departments/institutions involved in the cross disciplinary research collaboration  |  |
| Publication Indicators | Papers published in international peer-reviewed journals, in local, cluster, or institution journals | List e.gs., here |  |
| Others  | International/local presentations, international/local awards, hired manpower etc., | List here |  |

**7. Signatories**

The undersigned agree to abide by the terms and conditions governing the award of the IDRI-SCF.

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| --- |
| In signing the Grant Application, the Principal Investigator and all Co-Principal Investigator(s) & Collaborator(s) UNDERTAKE, on any Grant Award, to: |
| * Declare that all information is accurate and true
* Not send similar versions or part(s) of this proposal to other agencies for funding
* Submit supporting documents of ethics approval obtained from the relevant Institutional Review Board (IRB) and Animal Ethics Committee for studies involving human subjects/human tissues or cells, and animal/animal tissues or cells respectively
* Be actively engaged in the execution of the research and comply with all laws, rules and regulations pertaining to animal and human ethics, including the Singapore Good Clinical Practice guidelines
* Ensure that funding by the Infectious Diseases Research Institute (IDRI) is acknowledged in all publications
* Ensure that all publications arising from research wholly or partly funded by IDRI will be forwarded to IDRI
* Ensure that the requested equipment/resources are not funded by another agency or research proposal
* Ensure that there is a reasonable effort in accessing available equipment/resources within the host institution or elsewhere within Singapore
* Adhere to the Terms and Conditions for the IDRI SCF
* Ensure that there is no financial conflict of interest
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Name:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name: Name: Name:

Date: Date: Date: Date:

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Collaborator Collaborator Collaborator Collaborator

Name: Name: Name: Name:

Date: Date: Date: Date:

**8. Departmental Support**

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| In signing the Grant Application, the department UNDERTAKES, on any Grant Award, to: |
| * Discuss with immediate supervisor of applicant that the following will be complied with:
	+ The proposed research will be conducted in the department
	+ Adequate resources will be provided to the applicant for the entire grant period (e.g. lab space)
	+ The applicant is independently salaried by the department for the entire period of the grant
	+ The research abides by all laws, rules and regulations pertaining to national and the institution's research operating procedures and guidelines
	+ Confirm the accuracy and completeness of information submitted, including budget, ethics, other funding sources, etc.
	+ Confirm that budget is clear (e.g. no double funding/ excessive purchase of equipment), and is aligned with host institution HR and other policies
 |

Head of Department (or designated officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Designation & Signature

*Comments:*

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**9. Institutional support**

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| In signing the Grant Application, the Institution UNDERTAKES, on any Grant Award, to: |
| * Discuss with immediate supervisor of applicant that the following will be complied with:
	+ The proposed research will be conducted in the host institution
	+ Adequate resources will be provided to the applicant for the entire grant period (e.g. lab space)
	+ The applicant is independently salaried by the institution for the entire period of the grant
	+ The research abides by all laws, rules and regulations pertaining to national and the institution's research operating procedures and guidelines
	+ Confirm the accuracy and completeness of information submitted, including budget, ethics, other funding sources, etc.
	+ Confirm that budget is clear (e.g. no double funding/ excessive purchase of equipment), and is aligned with host institution HR and other policies
 |

Research Director (or designated officer in capacity of providing institutional support):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Designation & Signature

*Comments:*

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1. Definition of Principal Investigator. The lead researcher who has the appropriate level of authority and the responsibility to direct the project/program being supported by the grant. The lead researcher is responsible and accountable for the proper conduct of the project or program. [↑](#footnote-ref-2)
2. Definition of co-Investigator: An individual involved in the scientific development and execution of the project. A co-Investigator typically devotes a higher percentage of effort to the project as compared to a collaborator and is considered senior/key personnel. [↑](#footnote-ref-3)
3. Definition of Collaborator: An individual involved in the scientific development and execution of project. A collaborator would typically devote a specific percent of effort to the project and be identified as key personnel. [↑](#footnote-ref-4)