**Academic Medicine Strategic Funds
Disbursement Request Form**

1. **TITLE OF PROPOSAL**

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. **PROGRAMME TYPE**

[ ]  **STRATEGIC PROGRAMME** [ ]  **TALENT DEVELOPMENT**

[ ]  **INFRASTRUCTURE DEVELOPMENT** [ ]  **OTHERS *(please specify):*** Click here to enter text.

1. **ACADEMIC CLINICAL PROGRAMME (ACP) / JOINT INSTITUTE / SDDC**

Choose an item.

***If ‘OTHERS’, please specify:***  Click here to enter text.

1. **PRIMARY / HOST INSTITUTION (OF REQUESTOR / PRINCIPAL INVESTIGATOR)**

Choose an item.

***If ‘OTHERS’, please specify:***  Click here to enter text.

1. **DURATION OF PROJECT**

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

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

1. **AMOUNT OF FUNDING REQUESTED FOR (S$)**

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

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

1. **REQUESTOR / PRINCIPAL INVESTIGATOR**

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

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

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

*or*

**Head of Joint Institute / SDDC** Click here to enter text.

*or*

**Next Level Officer e.g. Senior Associate Dean** *(if ACP Academic Chair or Head of Joint Institute / SDDC is Requestor / PI)*Click here to enter text.

**Vice Dean, Office of Academic Medicine** Click here to enter text.

**CONTACT DETAILS**

**REQUESTOR /
PRINCIPAL INVESTIGATOR:** 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 /
HEAD OF JOINT INSTITUTE /**

**HEAD OF SDDC /**

**NEXT LEVEL OFFICER:** 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 AM/ACP Administrator’s Use***

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| **Checklist** |  **(Please ✔ accordingly)** |
| 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 Strategic 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.* |  |

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| **CHECKED BY:** |  |
|  | (Name and Signature of AM/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 GOALS OF ACADEMIC MEDICINE:**

Click here to enter text.

 **LIST OF REFERENCE/S:**

Click here to enter text.

 **LIST OF ATTACHMENT/S:**

Click here to enter text.

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| **PROPOSED BUDGET:** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **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 include project management plan and justification for the FTE provided for each staff and/or key person.*

Click here to enter text.

 **b) JUSTIFICATION FOR OTHER OPERATING EXPENSES:***\*All expenses entailed in conducting and executing the proposed project may be included*

Click here to enter text.

 **c) JUSTIFICATION FOR CAPITAL EQUIPMENT (EQUIPMENT > S$1,000):***\*Please state proposed location site of equipment*

Click here to enter text.

**d) IN-KIND CONTRIBUTIONS:***\*If any in-kind support or other additional and multi-source funding are being used to supplement this project/initiative, please summarize them here. These should include any manpower, supplies or equipment and financial support that will be used for the project/initiative but are not included in the budget request. If there are no in-kind contributions, please state "Not Applicable"*

Click here to enter text.

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

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| **MILESTONES** | **TARGETED DURATION***(Based on duration of project)* |
| **YEAR 1** | **YEAR 2** | **YEAR 3** |
| **Q1** | **Q2** | **Q3** | **Q4** | **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 project / initiative will achieve. Outcomes may be related to Research, Education or Clinical Innovation / Improvement. 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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| **PEFORMANCE INDICATORS** | **TARGET SET** |
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| *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 commercialized (please replace)* |  |
| *E.g. Local and overseas medical students/ participants trained (please replace)* |  |
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**AM STRATEGIC FUNDS DISBURSEMENT REQUEST**

**UNDERTAKING BY REQUESTOR / PRINCIPAL INVESTIGATOR**

In submitting this proposal, I undertake to:

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

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

**SUPPORTED BY ACP ACADEMIC CHAIR / HEAD OF JOINT INSTITUTE / HEAD OF SDDC / NEXT LEVEL OFFICER / VICE DEAN, OFFICE OF ACADEMIC MEDICINE**

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| **ACP Academic Chair / Head of Joint Institute /** **Head of SDDC / Next Level Officer (Name & Signature)** |  | **Date** |
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|  |  |  |
|  |  |  |
| **Vice Dean, Office of Academic Medicine****(Name and Signature)** |  | **Date** |