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**National Health Innovation Centre Singapore**

**Final Project Report**

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| **NHIC Reference** | NHIC-     -      |
| **Type of Grant Scheme** | [ ]  I2D [ ]  I2I [ ]  I2Start  |
| **Title of Project** |  |
| **Principal Investigator** |  |
| **Host Institution** |  |
| **Approved Budget (S$)** |  |
| **Project Commencement Date** |  |
| **Expected Completion Date**(As stated in the Letter of Award) | DD/MM/YYYY |
| **Actual Completion Date** | DD/MM/YYYY |
| **NHIC Case Manager** |  |

**GUIDELINES:**

* Final Project Report and Final Statement of Account is due within three (3) months from the grant completion date. Please ensure the report is complete and timely submission.
* Final Reimbursement Claim is due within three (3) months from the grant completion date.
* Use the latest version of Final Project Report template.
* Use Arial Font Size 11 and single spacing for all text.
* Complete all sections in the Final Progress Report; indicate “**NA”** where not applicable.

**SUBMISSION DETAILS:**

* This report must be endorsed by the Principal Investigator (PI) and his/her countersigning officer, prior to submission.

**Note: electronic/digital signature is acceptable**

* Report must be submitted to NHIC through the Research Office or the IP Office of the PI’s Healthcare Cluster. Only reports with the following two (2) submissions received by the Grant Secretariat by the respective deadlines will be accepted:
1. Two softcopy submissions are required: i) a single Microsoft Word document, without signatures, and ii) a single PDF document, with signatures. Please email the softcopy to Grant Secretariat at grant@nhic.cris.sg with the subject header “Final Project Report\_NHIC Reference”.
2. Ensure the figures, pictures are clear.
* Please email NHIC Grant Secretariat before the submission due date for late reporting.

*All information is treated with confidence. The information is furnished to the National Health Innovation Centre Singapore (NHIC)*

*with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes.*

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| **1 Research Team (as approved in the grant application)***#Please fill in the following categories: Co-Investigator, Collaborator, etc.**^Please fill in the following categories: Scientist, Clinician, Clinician-Scientist, Biostatistician, Lecturer, etc.* |

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| Name | Role | Current Appointment^ | Institution |
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| **2 New Professional Personnel Involved (any other collaborations fostered)***#Please fill in the following categories: Co-Investigator, Collaborator, etc.**^Please fill in the following categories: Scientist, Clinician, Clinician-Scientist, Biostatistician, Lecturer, etc.* |

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| **3 Abstract of Final Report (not more than 200 words)**Provide a summary of the project: its objectives, methodology, major accomplishments and other relevant information. |

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| **4 Project Findings** |

1. Provide a detailed account of the findings and results from the project for the period indicated above. Describe the individual and collaborative work done by the various organizations involved in the project, if the project involves more than one organization.

1. Highlight any problems (e.g. technical or personnel problems, material/equipment sourcing problems) and how these were resolved. Include reasons for any delay if the project took longer than the proposed time frame.

1. Highlight and justify any delay or deviation from the original aims, milestones, and/or implementation methodology (e.g. changes to key staff), and provide remedial actions taken.

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| **Deviation** | **Justification** | **Remedial Actions** |
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| **5 Project Performance Indicators and Milestones***Please indicate your* ***realistic*** *expectations on the outcomes of the NHIC Grant by providing the projected number/value of each listed KPI that you will aim to achieve during and after grant ended.* *Please state ‘NA’ where indicator is not applicable.* ***\*NHIC places special emphasis on these targets - you will need to satisfy at least two of these in order to be funded.******NB:******Number of licenses refers to the assignment of rights to use an IP for commercial purposes resulting in economic and societal benefits.******Total licensing revenue includes (i) upfront/one-time payments; (ii) recurring revenue from royalty bearing IP licenses; (iii) licensing revenue from EULA; and (iv) Number of spin-offs refers to spin-offs that demonstrate successful market validation; spin-offs must be launched on the back of an IP/technology.*** |

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| 1. **Human Capital**
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| **Performance Indicators** | **Target Value** | **Achieved Value** | **Details of Achieved Value** |
| Number of FTE trained in translational work under this Project |  |  | Name, Designation, Nationality of FTE:e.g. John Smith, Research Fellow, Singapore PR1.
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| 1. **Intellectual Capital**
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| **Performance Indicators** | **Target Value** | **Achieved Value** | **Details of Achieved Value** |
| **Number of Invention Disclosures filed\*** |  |  | Title, Date filed:1.
 |
| **Number of Patents applications filed\*** |  |  | Title, Patent application number, Date filed:1.
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| **Number of Patents granted\****NB: State NHIC I2P application ID, if applicable* |  |  | Title, Patent number, Country, Date granted:1.
 |
| **Number of Patents commercialized/licensed\*** |  |  | Title, Patent number, Date commercialized/licensed, Type of Company (eg: MNC, LLE, SME):1.
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| Journal Publication/Books(To state impact factor)***NB: Please attach a copy to the report****.* |  |   | Complete **Annex A** of the progress report if target value is achieved. |
| Presentations at international conferences |  |  | Complete **Annex A** of the progress report if target value is achieved. |
| Awards for research at national and international level |  |  | Name of award, Date awarded:1.
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| 1. **Industry Relevance**
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| **Performance Indicators** | **Target Value** | **Achieved Value** | **Details of Achieved Value** |
| **Amount of Industry dollars received for this Project (cash contribution)\*** |  |  | Amount (in SGD), Name of Company, Type of Company (eg: MNC, LLE, SME), Date received:1.
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| **Amount of Industry dollars received for this project (in-kind contribution)\*** |  |  | Amount (in SGD), Name of Company, Type of Company (eg: MNC, LLE, SME) Date received:1.
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| **Number of Licences\*** |  |  | Type of Company (eg MNC, LLE, SME), Title, Date licensed:1.
 |
| Amount of Product sales revenue generated by licensees |  |  | Amount (in SGD), Product name, Date:1.
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| Number of Spin-off/Start-up companies registered\* |  |  | Name of Spin-off/Start-up companies, Date registered:1.
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| Amount of investment raised by Spin-off/Start-up |  |  | Amount (in SGD), Date raised:1.
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| Amount of Total Licensing revenues received. |  |  | Amount (in SGD), Date received:1.
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| Number of Option to license agreements executed |  |  | Name of Industry partners, agreement date:1.
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| Project adopted by the healthcare system |  |  | Name of Healthcare Institution, Title, Date:1.
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| Follow on funding awarded from public funding |  |  | Name of grant agencies, Amount awarded, Date:1.
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| **New products or processes commercialized/deployed\*** |  |  | Name of products/processes, Date deployed, deployed by (MNC, LLE, SME, Public Agency:1.
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| 1. **Please provide justification(s) for not achieving the project performance indicator targets set in the original grant application at the end of grant period.**
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| **Deviation** | **Justification(s)** |
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| **6 Project Milestones***Fill the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual duration (Please add or delete rows where applicable).* |

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| Project Milestones/Deliverable | 1 year | Extension (if applicable) |
| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | M13 | M14 | M15 | M16 | M17 | M18 |
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| Status: Completed/ Ongoing/ Dropped (please delete as appropriate)Remarks: |

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| **7 Intellectual Property**  |

1. Provide details of the background IP information (filed/identified prior to the commencement of this funding).

1. Provide details of the foreground IP information (filed/identified during the course of the project).

1. Describe any patentable/commercially exploitable results, and the follow-up arrangements that have been made or are planned.

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| **8 Collaboration/Commercial Engagement**Briefly explain how any collaborative effort/commercial engagement was identified/developed during the course of the project.  |

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| **9 Manpower recruited***Details of Project Personnel employed under the grant must be provided in the manpower listing, and continuously updated, including new additions and those whose employment has ended.* |

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| **Name of Staff** | **Designation** | **Employing Institution** | **Citizenship** | **Remarks (if any)** |
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*\*Please add more rows where applicable.*

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| **Manpower Category** | **Approved Headcount** | **Actual Headcount** |
| Research Coordinator |  |  |
| Research Assistant |  |  |
| Research Technician |  |  |
| Research Fellow |  |  |
| Engineer |  |  |
| Others (please specify) |  |  |

*\*Please add more rows where applicable*

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| **10 Equipment purchased** Provide a list of equipment items purchased within the grant and for each piece of equipment, the date of purchase and purchase price in S$. |

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| **Description** | **Qty** | **Exact location of the equipment** | **Date of Purchase** | **Price ($)** |
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| **11 Grant Variation Summary**Please provide information on all variations approved, up to this progress report period. |

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| **Variation** | **Approved Date** | **Approver (HI/NHIC)** |
| E.g. Variation #1 | 02-Jan-2018 | NHIC |
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| **12 Future Directions for the Project**Briefly describe the future plans for this technology following completion of the project, particularly regarding i) commercialisation activities ii) funding, and iii) collaborations.  |

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| **13 Final Statement of Account**Please enclose a statement of account of the project from your Finance Department. The statement should reflect the approved budget and the expenditure in the year reported in terms of manpower, equipment, consumables and others, as well as the balance at the end of the project.Note: Please use the NHIC Final Statement of Account Template (NHIC-GEN-FORM-22) and submit together with your last claim. |

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| **14 Signing of Report**The report must be signed and dated by the PI of the project and countersigned by his/her immediate supervisor. If the immediate supervisor is involved in the project (i.e. Co-PI or collaborator), the countersigning officer should be from the next level of supervisory.*NB: The PI can delegate a Co-I to sign on his behalf in his absence.* |

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| PI or designee Signature/ Name/ Designation |  | Date |

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| Countersigning Officer Signature/ Name/ Designation |  | Date |

**Annex A**

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| **Title of Publication** | **Name of Journal, Conference Books or Other Publications** | **Published Date** | **Deposited Date** | **Web-link to Publication or Author-Accepted Manuscript in openly accessible repository (please provide reasons if a web-link is not available** |
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