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**National Health Innovation Centre Singapore**

**Progress Report**

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| **NHIC Reference** | NHIC-     -      |
| **Type of Grant Scheme** | [ ]  I2D [ ]  I2I [ ]  I2Start  |
| **Title of Project** |       |
| **Project Commencement Date** | DD/MM/YYYY |
| **Reporting Period****(Tick appropriate box)** | **Half-Yearly**[ ]  01 Jan – 30 Jun[ ]  01 Jul – 31 Dec  |  Year:      |
| **Principal Investigator** |       | Citizenship:       |
| **Host Institution** |       |
| **NHIC Case Manager** |       |

**GUIDELINES:**

* Progress report is due on a half-yearly basis, within 30 days after the end of each reporting period. Please ensure the report is complete and timely submission.

**Half-Yearly**

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| **Project Commencement Date** | **Reporting Period** | **Submission Deadline** |
| 1st of Jan, Feb, Mar, Apr, Nov, Dec | Jan – Jun | 31 July |
| 1st of May, Jun, Jul, Aug, Sep, Oct | Jul - Dec | 31 January |

* Please submit a **cumulative progress report** (eg: to include all variation, deviation and extension) during the respective reporting period.
* Use the latest version of Progress Report template.
* Use Arial Font Size 11 and single spacing for all text.
* Complete all sections in the Progress Report; indicate “NA” where not applicable

**SUBMISSION DETAILS:**

* This report must be endorsed by the 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 of the Principal Investigator’s (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 softcopies to Grant Secretariat at grant@nhic.cris.sg with the subject header “Quarterly/Half-Yearly Progress Report\_Application ID”.
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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| **1.0 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 | Citizenship | Role | Current Appointment^ | Institution |
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| **2.0 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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| Name | Citizenship | Role | Current Appointment^ | Institution |
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| **3.0 Abstract of Progress Report (not more than 200 words)** *Provide a summary of the progress of the project* |

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| **4.0 Progress of Project**4.1 Technical Findings *Detail the progress and results from the project for the period indicated above.* |

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| 4.2 Project Performance Indicators *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.****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.
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| **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.
 |
| 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.
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| 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.
2.
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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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| 4.3 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).****NB: If there are any foreseeable changes to your project timeline, please submit a Grant Extension Request form (NHIC-GEN-FORM-18) to NHIC at least 3 months before the grant completion date.***  |

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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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| **5.0 Foreground Intellectual Property** *Detail any IP generated during the course of the project and how it is being protected and managed.* |

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| **6.0 Industry and Business Development** *List interest by potential industry partners, investors and any private sector participation.* |

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| **7.0 Problems encountered** *Highlight problems, if any, encountered in the course of the project and outline reasons and solutions.* |

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| **8.0 Deviations from original proposal** *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, up to this progress report*  *period.* |

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| **Deviation** | **Justification** | **Remedial Actions** |
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| **9.0 Manpower listing** *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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| **10.0 Grant Variation Summary** *Please provide information on* ***all variations*** *approved for the project.* |

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| **Variation** | **Approved Date** | **Approver (HI/NHIC)** |
| E.g. Variation #1 | 02-Jan-2018 | NHIC |
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*\*Please add more rows where applicable.*

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| **11.0 List of Equipment that had been purchased or pending purchase** *Please list all equipment indicated in the original approved budget and any new equipment from*  *variation request approved by Host Institution or NHIC.* |

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| **Description** | **Quantity** | **Exact location of the Equipment** | **Date of Purchase** | **Price ($)** |
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*\*Please add more rows where applicable.*

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| **12.0 Budget Status Overview*****NB: Please ensure 70% of the budget is to be utilized by the 3rd quarter*.** |

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|  | **EOM** | **Equipment** | **OOE** | **Overseas Travel** | **Total** |
| Approved Budget  | $ | $ | $ | $ | A: |  |
| Final Approved Budget | $ | $ | $ | $ |  |
| Expenditure-to-date  | $ | $ | $ | $ | B: |  |
| Total Balance-to-date  | $ | $ | $ | $ | C: |  |
| Utilisation Rate (B/A\*100%) |      % |
| Virement Percentage[[1]](#footnote-1) |  |
| Comments (e.g: reason for the shortfall, budget on track): |

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| **12.0 Signing of Report** *The report must be signed and dated by the PI of the project and countersigned by the Research*  *Director / CEO. If the Research Director is involved in the project (i.e. Co-I or Collaborator), the*  *countersigning officer should be from the next higher level of supervisor.****NB: The PI can delegate a Co-I to sign on this behalf in his absence.*** |

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| PI or designeeSignature/ Name/ Designation  |  | Date |

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| Countersigning Officer Signature/ Name/ Designation (Research Director/CEO) |  | 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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1. Virement percentage (applicable to virement between votes) is the cumulative variation amount over the total approved budget, refer to Guidelines for the Management of NMRC Funding programmes. [↑](#footnote-ref-1)