National Health Innovation Centre I2Adopt

Progress Report

1. **Details of Organisation and Project**

Please email NHIC Grant Secretariat at [grant@nhic.cris.sg](mailto:grant@nhic.cris.sg) with the subject header “Progress Report No (X)- NHIC Ref*”*

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| **PROJECT INFORMATION**  *Kindly ensure that* ***ALL*** *sections of this Form are completed. Please use attachment sheets if space provided is insufficient.* | |
| **Project Title:** |  |
| **NHIC Ref:** | NHIC-I2A- |
| **Site A Principal Investigator /Project Lead Name, Institution:** |  |
| **Site B Principal Investigator / /Project Lead Name, Institution:** |  |
| **Site C Principal Investigator / /Project Lead Name, Institution *(if applicable)*:** |  |
| Project Start Date:  *(in accordance to the Letter of Award)* |  |
| Project End Date:  *(in accordance to the Letter of Award)* |  |
| Funding Period:  *(in accordance to the Letter of Award)* |  |
| Date of Progress Report: |  |
| Period of Reporting: |  |
| Progress Report No.: |  |

1. **Description of Progress of the Project**

Please describe, with details, current status of the project and/or deliverables achieved to date in **Table 1** and **Form 5B** (xls embedded). Any delay or deviation from the Letter of Award (LOA), as well as remedial actions and next-step actions should be fully explained, and details given.

**Table 1:** **Summary of Project Outcomes / Key Performance Indicators (KPI) & Deliverables**

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|  | Indicators | Target Projected number/ value | Achieved Value |
| Human Capital | Number of FTEs trained in translational work under this Project |  |  |
| Intellectual Capital | Number of Invention Disclosures filed |  |  |
| Number of Patent applications filed |  |  |
| Number of Patents granted |  |  |
| Number of Journal Publication/ Books (State journal name, article title and impact factor) |  |  |
| Presentations at international conferences (State title of presentation, country and name of conference) |  |  |
| Awards at national and international level |  |  |
| Industry Relevance | Agreements related to commercialization activities of the Project, including but not limited to, licensing agreements, term sheets, option agreements, project agreements, research collaboration agreements |  |  |
| Product sale revenue, equity holding, investment directly related to the product in the Project |  |  |

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| **Form 5B - Progress and Budget Utilisation** |

1. **Summary of Project Milestones**

* *Please provide the project milestones with reference to the project schedule, timeline reflected in the Letter of Award.*
* *Use shading to indicate the original target duration, and crosses to indicate the actual duration (Please add or delete rows where applicable).*
* *Examples of achievements include procurement of project items, recruitment of research subjects, requirements gathering, systems development, system integration testing, user acceptance testing etc.*

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| Project Milestones/ Deliverable | 18 Months | | | | | | | | | | | | | | | | | | | *Extension (if applicable)* | | | | | |
| M  1 | M  2 | M  3 | M  4 | M  5 | M  6 | M  7 | M  8 | M  9 | M  10 | M  11 | M  12 | M  13 | M  14 | M  15 | M  16 | M  17 | M  18 | M19 to M24 | | | | | | |
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1. **Qualitative Impact**

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| *Please provide the qualitative impact of the project. Examples of qualitative impact including positive patients’ feedback, media reports, photographs of prototype / process / service / application, media reports, awards received, journal publications etc.* |
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1. **Problems Encountered / Learnings**

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| *Summarise the problems encountered during the project (i.e. technical / administrative / operational problems) and actions taken to mitigate, resolve, or improve the process, as well as the lessons learnt.* |
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1. **Budget Projection**

Please refer to and use the **Form 5C** (xls embedded).

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| **Form 5C - Budget Projection** |

**7. Other Benefits of Project *(Final Report only)***

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| *Please describe other benefits to the Organisation as a result of the Project, e.g. quality improvement, new prototype / process / service / application etc, as well as any contributions made to the healthcare industry.* |
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**8. Future Plans for Project *(Final Report only)***

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| *Please describe any future plans the Organisation may have to develop or follow up on the results of the Project, e.g. the additional investments to be carried out, scaling to other institutions, further enhancements intended or any changes to be made to the Organisation’s current operations.* |
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Note: Please note that the completeness of the reports submitted will help to ensure the efficient processing of the re-imbursement claims. Keep to the structure of the report and your report succinct.

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| **Declaration:**  I hereby declare that all the information provided by me in this form is accurate and true to the best of my knowledge and that I would be responsible for the consequences of providing false and/or misleading information.  **Approval/ Endorsement\* only for relevant site(s)** | | |
| **Site A** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title, Signature of designated authority  Date |
| **Site B** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title, Signature of designated authority  Date |
| **Site C *(if applicable*)** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title, Signature of designated authority  Date |

\*Please delete where appropriate