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| --- | --- | --- |
|  | C:\Users\Low0521G\AppData\Local\Microsoft\Windows\INetCache\Content.Word\NHIC_Corporate Logo_Full Colour(CMYK).jpg |  |

**Innovation to Startup (I2Start)**

**Letter of Intent (LOI)**

|  |  |
| --- | --- |
| **Clinical Principal Investigator** | Name of Clinical PI |
| **Institution** |  |
| **Department** |  |
| **Designation** |  |
| **Email Address** |  |
|  |  |
| **Technical Principal Investigator** | Name of Technical PI |
| **Institution** |  |
| **Department** |  |
| **Designation** |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Project Title**  (Limit to 15 words) |  |

**Background & Clinical Need**

*Describe the background and the significance of the clinical need which the technology intends to address.*

*Describe the current treatment/approaches and their shortcomings.*

*What is the market doing now to address the problem? Concrete market data and testimonials are encouraged.*

**Description of Solution**

*Describe the technology and how it works.*

*How is the technology better than existing/emerging competing technologies/products/services?*

*Highlight why you think the technology will succeed and any technical challenges of the proposed approach.*

**Prior Art**

*To the best of your knowledge, what is the prior art in this area – by you and others?*

*Comment on the novelty of your proposal with respect to this prior art.*

*Comment on the IP implications of this prior art; (e.g., will other patents have to be licensed in order to practice your technology?*

*Please comment on whether this is an extension of existing research or something totally new for your team.*

**Intellectual Property**

*Describe the status of the Background Intellectual Property (including ownership, IP technology transfer office).*

*Describe what Foreground Intellectual Property is likely to be generated under the Development Plan.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Invention Title** | **Inventors & Affiliations** | **Status (PCT Filing/ National Phase/ Granted)** | **Filing Date** | **Grant Application No. /PCT No. (If any)** |
|  |  |  |  |  |
|  |  |  |  |  |

**Start-up Formation**

*What is the potential start-up company structure?*

*Who will be the key members and their role in your project team to start-up?*

*Please highlight the potential hires and skills / capabilities required from the team.*

*Briefly describe how do you attract follow-on funding into the start-up after I2S.*

**Commercialisation Strategy**

*Briefly describe the ‘go-to-market’ strategy and the competitors market landscape.*

*What is the revenue/business model and how will the solution be paid?*

*Briefly describe the commercialization plan for entry into the first major market. (e.g. potential customers/users)*

**Regulatory Strategy (if applicable)**

*Briefly describe the regulatory strategy of the proposed solution for entry into the first major market.*

*Are there any predicate devices in the market?*

**Supporting Data**

*Provide details of the preliminary studies generated using the technology.*

**Development Plan**

*Outline the development plan for the technology under the entire I2Start funding.*

*Briefly describe the key technical hurdles that need to be overcome, and the resources required to do so.*

*Are there any key partners that you plan to work with to develop the technology?*

*Briefly describe the verification and validation plan of the proposed solution.*

**Milestones/Timeline**

|  |  |
| --- | --- |
| **Phase** | **Milestones** |
| Phase 1^  (SMART) |  |
| Phase 2^  (NHIC) |  |
| Start-up (ENTERPRISE SINGAPORE) |  |

***^*** *SMART Innovation Grant and NHIC I2D funding support is up to 1 year.*

**Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Phase 1 (SMART)**  **(SGD$)** | **Phase 2 (NHIC) (SGD$)** | **Start-up (ESG) (SGD$)** |
| Manpower |  |  |  |
| Equipment |  |  |  |
| Other Operating Expenses |  |  |  |
| Overseas Travel\* |  |  |  |
| Training Bootcamp\*\*  (only applicable to SMART grant) |  |  |  |
| Catalyst:  Catalyst Fees S$5000  (only applicable to SMART grant) |  |  |  |
| Indirect Research Costs \*\*\*  (only applicable to NHIC grant) |  |  |  |
| **Total** |  |  |  |

**\*** *Capped at $6000 per trip/person. Total expenses must not exceed $12,000 per project at each phase (phase 1 & 2).*

\*\* Bootcamp Fees S$10,000.00 nett per project (You can bring in as many team members to join the bootcamp)

***\*\*\**** *For NHIC Grant, total funding capped at SGD $300,000/project inclusive of maximum 30% Indirect Research Costs (Direct Costs + Indirect Cost = $300,000)*

**Other Funding**

*List below the other funding agencies to which this application (or any part of it) has been submitted.*

*List previous funding for the technology’s development.*

**References**

**Declaration by Principal Investigators**

We declare that the facts stated in this application and the accompanying information are true.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Signature of Clinical Principal Investigator | |  | Date |  |
|  |  |  |  |  |
| Name and Signature of Technical Principal Investigator | |  | Date |  |