Instruction:

* Submit the Project Status Form together with the progress/final report every half-yearly to NHIC I2D Grant Secretariat @ [grant@nhic.cris.sg](mailto:grant@nhic.cris.sg)
* Complete all sections and endorsed by Cluster Office’s Admin oversight (eg: Research Director)

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| **SECTION A: GRANT DETAILS** | | |
| Programme Title | : |  |
| NHIC Application ID | : |  |
| Healthcare Cluster | : |  |
| Grant Duration | : |  |
| Reporting Period | : |  |

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| **SECTION B: PROJECT STATUS OVERVIEW**  *Please provide an assessment of the progress of the project and describe major project management and commercialisation activities by the MTO for these project.*  *Shade the project status column:*   |  |  |  | | --- | --- | --- | | *On track* | *Low/Medium risk* | *High risk* | | | | | | | | |
| **Inst. Ref. No.** | **Project**  **End Date** | **Sub-Project Title** | **PI** | **Institution** | **Comments** | **Submit Final Report (Y/N)** | **Project Status** |
|  | DD MMM YYYY |  |  |  |  |  |  |
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| **SECTION C: PERFORMANCE INDICATORS OVERVIEW**  *Please indicate 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.*  *Target: Based on original target value stated on the grant application/Letter of Award* | | | | | | | | | | | | |
| **Reference ID** |  | |  | |  | |  | |  | | **Total Values** | |
| **KPIs** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** |
| Number of FTE trained in translational work under this Project |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Invention Disclosures filed\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Patents applications filed\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Patents granted\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Patents commercialized/licensed\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Journal Publication/Books (To state impact factor) |  |  |  |  |  |  |  |  |  |  |  |  |
| Presentations at international conferences |  |  |  |  |  |  |  |  |  |  |  |  |
| Awards for research at national and international level |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of Industry dollars received for this Project (cash contribution)\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of Industry dollars received for this project (in-kind contribution)\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Licences\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of Product sales revenue generated by licensees |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Reference ID** |  | |  | |  | |  | |  | | **Total Values** | |
| **KPIs** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** | **Target** | **Achieved** |
| Number of Spin-off/Start-up companies registered\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of investment raised by Spin-off/Start-up |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount of Total Licensing revenues received |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Option to license agreements executed |  |  |  |  |  |  |  |  |  |  |  |  |
| Project adopted by the healthcare system |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow on funding awarded from public funding |  |  |  |  |  |  |  |  |  |  |  |  |
| New products or processes commercialized/deployed\* |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| Endorsement by Host Institution Research Director |
| Name, Title, Signature and Date |