**ANNEX C3**

**NRF CENTRAL GAP FUND**

**POST-PROJECT REVIEW REPORT**

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| The Post-project Review Report shall be submitted within 1 year from the end of the Project term. The Project Lead may be required to make a presentation on their completed Project as a review of the outcomes of the Project.  Please complete ALL sections and indicate “NA” where applicable. Incomplete submissions will not be accepted and re-submission will be required. |

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|  | **PROJECT DETAILS** | | | |
| **Project ID:** | |  | | |
| **Project Title:** | |  | | |
| **Project Lead:** | |  | | |
| **Host Institution:** | |  | | |
| **IEO:** | |  | | |
| **Approved Grant Amount:** | |  | | |
| **Project Duration**  **(in months):** | |  | **Start Date – End Date:** |  |

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|  | **OUTCOMES AND IMPACT** |
| *Please provide details of the project outcomes and impact, referenced against the original proposal. Please include any value creation and value capture for Singapore not described in the original proposal.* | |

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| **Impact Metric** | **Proposed Deliverables** | **Actual Delivered** |
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|  | **COMMERCIALISATION** |
| *Please summarise the commercialisation and/or deployment achievements of the project, including any collaborations, investments, licences and follow-on funding secured, and any spin-offs. The team should also highlight any other significant non-technical accomplishments of the project in this section.* | |
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|  | **TECHNICAL** |
| *Please summarise the technical achievements of the project, and any technical progress made after the project term.* | |
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|  | **[TO BE COMPLETED BY IEO]**  **SUMMARY OF PROJECT MANAGEMENT ACTIVITIES** |
| *Please provide an assessment of the achievements of the project. Please also describe major project management and commercialisation activities undertaken by the IEO for this project, as well as any future commercialisation plans.* | |
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| **Submitted By:** |  | **Date:** |  |
|  | [Signature and Name of Project Lead] |  |  |
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| **Endorsement by IEO:** |  | **Date:** |  |
|  | [Signature and Name of Director of IEO (or equivalent)] |  |  |

**Appendix C1**

**Manpower listing**

Details of Project Personnel employed under the grant must be provided in the manpower listing, and continously updated, including new additions and those whose employment have ended.

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| **S/N** | **Name of Staff** | **Designation** | **Institution** | **Start Date of Employment**  **(dd-mmm-yyyy)** | **End Date of Employment**  **(dd-mmm-yyyy)** | **Nationality** | **Country** |
| **a) Current Headcount** | | | | | | | |
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| **b) Past Headcount** | | | | | | | |
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| **Summary of Manpower** | | | |
| **S/N** | **Manpower Category** | **Approved Headcount** | **Actual Headcount** |
| 1 | Research Fellow |  |  |
| 2 | Research Engineers |  |  |
| 3 | Business Development Manager |  |  |
| 4 | Others (please specify) |  |  |

**Appendix C2**

**List of equipment that had been purchased**

List all equipment (costing $250,000 and above) that **had been purchased** for the project(s) under the award so far, for full reporting period (i.e. from ‘Project Start Date’ to ‘Project End Date’. This list should include all equipment indicated in the original approved budget and any new equipment from variation request approved by NRF. Please expand where necessary.

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| **S/N** | **Equipment Purchased, Costing $250,000 and Above (using NRF’s grant approved for this project)** | | | | | | | |
| **Name and Description of the Equipment Purchased** | **Rate of Utilisation [Average usage hours per week]** | **Is equipment open for sharing? [Yes/No] [Note: If ‘No’, please provide reasons under the ‘Remarks’ column]** | **Current Exact Location of the Equipment** | **Invoice Reference Number/s** | **Purchased Price (S$)** | **HI Asset Reference ID** | **Remarks** |
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**Appendix C3**

**List of equipment that is pending purchase**

List all equipment (costing $250,000 and above) that is **pending purchase** for the project under the award so far. This list should include all equipment indicated in the original approved budget **and** any new equipment from variation request approved by NRF. Please expand where necessary.

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| **S/N** | **Equipment Pending Purchase, Costing $250,000 and Above (using the NRF’s grant approved for this project)** | | | |
| **Name and Description of the Equipment to be Purchased** | **Expected “Month” and “Year” that Equipment will be Purchased?**  **[Note: If purchase date is less than 6 months before the original ‘Project End Date’, please provide reasons under the ‘Remarks’ Column]** | | **Remarks** |
| **Month** | **Year** |
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**Appendix C4**

**Web-links to Deposited Publications**

List all web-links to the publications or author-accepted manuscripts deposited in the publicly accessible repository. **For any reported publications for which no web-links are provided, Project Leads are to provide the reasons** (such as compliance with an embargo period from the publisher for depositing the publication), **or a timeframe** by which the publication or at least the Author-Accepted Manuscript (AAM) can be deposited.

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| **Journal Publications (Top 10%)** | | | | |
| **Title of Publication** | **Name of Journal** | **Published Date**  **(dd/mm/yyyy)** | **Deposited Date**  **(dd/mm/yyyy)** | **Web-link to Publication or AAM in openly accessible repository** |
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| **Journal Publications (Not Top 10%)** | | | | |
| **Title of Publication** | **Name of Journal** | **Published Date**  **(dd/mm/yyyy)** | **Deposited Date**  **(dd/mm/yyyy)** | **Web-link to Publication or AAM in openly accessible repository** |
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