

# Communicable Diseases Public Health Research Grant (CD-PHRG) Commissioned Studies

### Application Form for Letter of Intent (LOI)

**CLOSING DATE: 16 MAR 2015 (MONDAY), 5.00PM**

The submission must comprise the endorsed original hardcopy application and its soft copy. Applications must be submitted to the CD-PHRG Secretariat, MOH, through the PI’s Host Institution’s Research Office to this address:

**CD-PHRG Secretariat**

**Communicable Diseases Division**

**Ministry of Health**

**College of Medicine Building, 16 College Road,**

**Singapore 169854**

Walk-in submissions (by the PI or any representatives) will **NOT** be accepted.

For further enquiries, please email [MOH\_CD-PHRG@moh.gov.sg](mailto:MOH_CD-PHRG@moh.gov.sg) .

**Important: Relevant privileged or confidential information should be disclosed to help convey a better understanding of the project. However, such information must be clearly marked in the proposal.**

**SUBMISSION DETAILS**

The LOI submission must comprise of 2 soft copies and the endorsed original hardcopy.

Softcopy Details

* The first softcopy LOI must be saved as **a single Microsoft Word document**. The document should include all annexes, pictures, tables, charts and attachments, if any. Please adhere to the specified number of pages where applicable (any exceeding page(s) will be removed). The softcopy should not contain blank or irrelevant pages.
* The second softcopy LOI will be the scanned copy of the hardcopy in PDF version (which includes the complete set of original signatures)
* Please use the latest version of CD-PHRG Commissioned Studies LOI Form (downloadable from <http://www.moh.gov.sg/content/moh_web/home/Fundings_and_Medical_Research/communicable_diseasespublichealthresearchgrant.html>) and name the document in the following format:

CD-PHRG Commissioned Studies Mar **2015** LOI\_( PI’s Name, Name of Institution)

Hardcopy Details

* Please use the latest version of CD-PHRG Commissioned Studies LOI Form (downloadable from <http://www.moh.gov.sg/content/moh_web/home/Fundings_and_Medical_Research/communicable_diseasespublichealthresearchgrant.html>).

Submission to MOH

All submissions must be submitted through the PI’s Research Office. **Walk-in submissions (by the PI or any representatives) will NOT be accepted.** Please submit the soft and hardcopy to the following address:

**CD-PHRG Secretariat**

**Communicable Diseases Division**

**Ministry of Health**

**College of Medicine Building, 16 College Road,**

**Singapore 169854**

* The deadline for soft and hardcopy submission is **16**  **MAR 2015 (MONDAY), at 5.00PM**
* Internal Host Institution submission deadline may apply; please check with your Research Office for more information.
* The following will be rejected:
  + Incomplete applications E.g. softcopy submission only, missing documents such as re-submission materials and progress / final reports for renewal applications and signatures; sections left blank, missing CVs, etc.
  + Outdated LOI form
* Any late submission, individual submission or revision to the submitted LOI form will not be entertained after the closing date.

For further enquiries, please email [MOH\_CD-PHRG@moh.gov.sg](mailto:MOH_CD-PHRG@moh.gov.sg) .

This document contains 10 sections.

Please use Arial, font size 10 pt and single spacing for all text.

|  |  |
| --- | --- |
| **SECTION** | **DESCRIPTION** |
| 1 | Category |
| 2 | Title of Research |
| 3 | Research Team Details |
| 4 | Host Institution |
| 5 | Budget |
| 6 | Period of Support Requested |
| 7 | Proposed Research Project |
| 8 | Milestones |
| 9 | Curriculum Vitae |
| 10 | Declarations By Principal Investigator And Endorsements By Host Institutions |

# 



###### Application for Communicable Diseases Public Health Research Grant (CD-PHRG) Commissioned Studies – Letter of Intent

All information is treated in confidence. The information is furnished to the Ministry of Health (MOH) with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.* If your application is not successful, this form will be destroyed after the retention period deemed as appropriate by MOH.

# Category

*Please state the research question your study seeks to address*

|  |
| --- |
|  |

1. Title of Research*(Limit to 300 characters)*

|  |
| --- |
|  |

1. **Research Team Details**

*Please include additional rows as necessary. (Please note that Co-investigators need to hold at least an adjunct position in a local public institution. Researchers from overseas institutions or private companies can only participate as collaborators)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Designation** | **Department** | **Institution** |
|  | PI |  |  |  |
|  | Co-I |  |  |  |
|  | Collaborator |  |  |  |

1. **Budget**

*(A funding quantum of up to S$1M per project, inclusive of indirect costs capped at 20% of eligible funding amount, will be provided to the host institution.* ***Please indicate the direct costs only.****)*

|  |  |
| --- | --- |
| **Budget Category** | **Amount of Funds Applied For**  **(in SGD)** |
| **Manpower** |  |
| **Equipment** |  |
| **Other Operating Expenses (OOE)** |  |
| **Total** |  |
| Brief Description of Budget: | |

1. Period of Support Requested:       years

*(Please note that the period of support requested should take into consideration the durations allowed for each research question, as stated on the current grant call webpage)*

1. **Proposed Research Project**

*In no more than* ***4 pages*** *(page limit excludes the reference section), you may include the following sections in the research proposal. Please use Arial font size 10 for all text.*

* ***Methods/Approach***
  + *The experimental design and the procedure, any new methodology and its advantage over existing methodologies or statistical justification for the sample size and the means by which data will be analyzed and interpreted.*

***Expected deliverables/outcomes***

* + *The expected deliverables/outcomes should be aligned to the specific research needs of MOH.*
* ***Application/Exploitation***

*Potential for application and/or exploitation of results.*

* ***Roles of Team Members***
  + *Roles or contributions of research team members involved in the project.*
* ***References***

1. **Milestones**

*Please propose milestones for assessment of the progress of the study and shade the appropriate boxes. Please note that the proposed milestones should take into consideration the durations allowed for each research question, as stated on the current grant call webpage. The milestones will be reviewed on a quarterly basis for the period of grant awarded.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Milestones** | **Targeted Duration** | | | | | | | | | | | |
| **Year 1** | | | | **Year 2** | | | | **Year 3** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| Eg. Milestone 1 (please replace) |  |  |  |  |  |  |  |  |  |  |  |  |
| Eg. Milestone 2 (please replace) |  |  |  |  |  |  |  |  |  |  |  |  |
| Eg. Milestone 3 (please replace) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Curriculum Vitae**

*Please use the format below to provide the required information on the PI. MOH places emphasis on the areas highlighted in bold. Please indicate NA if the required information is not applicable and note that MOH will not be responsible for any missing information not provided in the CVs.* ***Please limit the CV to 2 pages.***

*Please note the eligibility requirement that a PI should come from a local public healthcare or academic institutions (i.e. Clusters/ Restructured Hospitals (RH) & Institutions, Universities, Health Promotion Board (HPB), or Health Sciences Authority (HSA)).*

* Name
* Title
* NRIC/Passport No.
* Office Mailing Address
* Email
* Contact No
* Current Position (Please provide full details, e.g. primary appointment, joint appointments; other academic appointments including those outside of Singapore; **percentage** **of time spent in Singapore every year**, if applicable)
* Employment History
* Academic qualifications (Indicate institution’s name and year degree awarded)
* Research interests
* Publications in the last 5 years (include only publications of direct relevance to study, stating impact factors where possible)
* Patents held (related or unrelated to the study)
* Scientific Awards
* Half page summary of research outcomes from all previous grants [e.g. patents, awards, etc].

1. **Declaration by Principal Investigator and Endorsement by Host Institution**

We declare that the facts stated in this application and the accompanying information are true. We further confirm that this is an original and the most up-to-date version of the LOI.

**Principal Investigator**

Declaration by the Principal Investigator:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  | |  | |
|  | | | | | |
| Signature: |  | | Date: | |  |

Endorsement by the Host Institution of the Principal Investigator:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  | | | |
| Designation: |  |  |  |
|  | | | |
| Signature: |  | Date: |  |