# **Application for Singapore Biodesign Prototyping Support Fund 2025**

## **TITLE OF PROJECT**

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## **SHORT DESCRIPTION OF PROJECT**

In less than **300 words**, describe in lay terms the aims, hypotheses, methodology and approach of the project proposal including its clinical impact. Please ensure the abstract is non-confidential.

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## **PROJECT PROPOSAL**

### **Description and Impact of the Technology**

### *Give a concise description of the proposed Technology covering the following areas:*

* + - *Describe the background and the significance of the clinical need which the Technology will address*
    - *Describe the Technology and how it works.*
    - *Detail the preliminary studies you have undertaken using the Technology.*
    - *Why is the Technology the best solution for the clinical need?*

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### **Technology Development Plan**

* *Describe in detail the Development Plan for the Technology under this funding.*
* *Highlight any technical challenges of the proposed Development Plan. What is the contingency plan where the technical challenges cannot be overcome?*
* *Describe the methods and management of the collaboration i.e. who will take the lead for each area, a plan for regular meetings etc.*
* *Detail any agreements that would need to be put in place prior to starting the Development Plan.*

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### **References (if any):**

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## **BUDGET/JUSTIFICATIONS FOR BUDGET REQUESTED**

## List the budget of the funding requested in the format below and provide the relevant justifications. This covers any expenses directly related to the project, such as purchase of consumables, fee-for-service, etc. Note that all expenses have to be classified under OOE vote (EOM, EQPT, TRVL will not be applicable).

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| **Item / Description** | **Justification** | **Total Cost** |
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|  |  |  |
| **Total** | |  |

## **MILESTONES / TIMELINE**

*Provide the timeline and proposed milestones for the proposal. Detail reasonable 3-month and 6-month benchmarks for success.* *Shade the appropriate box(es) to indicate the month that a particular milestone is expected to be met. You can add or delete rows as appropriate.*

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| Project Milestones/Deliverables | M  1 | M  2 | M  3 | M  4 | M  5 | M  6 |
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## **PRIOR FUNDING FOR TECHNOLOGY’S DEVELOPMENT** *Please provide the following details for funding from all sources that has contributed to the development of the Technology. List the funding source, the PI and the outcome of the grant. Attach additional pages if necessary.*

### **Private funding from any industry partner(s)** *Please provide details on the funding or other resources provided to the Development Plan by any participating industry partner(s).*

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| **Items Supported** | **Source of Support** | **Form of Support** | | **Support Period** |
| **In-Kind**  **(Yes/No)** | **Cash Contribution (SGD)** |
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## **List all grants applied for where outcome is pending** *For all grant applications, please indicate application ID where applicable. Please indicate all the grants applied of similar proposal where the applicant is involved as PI, Co-PI, Co-Investigator or Collaborator and provide any overlapping sections in the proposals as an Annex.*

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| **Title of Research and PI’s role in project** | **Application ID** | **Funding Agency** | **Amount of fund applied for ($)** | **Support Period**  **(Year)** |
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## **TEAM MEMBERS** *Attach the CV of each member of the research team. Please use the format below and indicate NA if the required information is not applicable.*

**Member 1**

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| Name | : |  |
| Email | : |  |
| Nationality | : |  |
| Role in Company | : |  |
| Contact No | : |  |
| Participated in SB Workshops/Training? | : | ☐ *Yes* ☐ *No* |
| Name of Workshop/Training | : |  |
| Year of Workshop/Training | : |  |

**Current Position(s)**

Please provide full details, e.g. joint appointments, other academic appointments including those outside of Singapore

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**Percentage of time spent in Singapore every year**

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**Employment History**

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**Academic qualifications**

Indicate degree title, award year and institution name

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**Patents held**

Related or unrelated to study

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**Member 2**

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| Name | : |  |
| Email | : |  |
| Nationality | : |  |
| Role in Company | : |  |
| Contact No | : |  |
| Participated in SB Workshops/Training? | : | ☐ *Yes* ☐ *No* |
| Name of Workshop/Training | : |  |
| Year of Workshop/Training | : |  |

**Current Position(s)**

Please provide full details, e.g. joint appointments, other academic appointments including those outside of Singapore

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**Percentage of time spent in Singapore every year**

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**Employment History**

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**Academic qualifications**

Indicate degree title, award year and institution name

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**Patents held**

related or unrelated to study

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**FORM OF APPLICATION**

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| In submitting the prototyping fund application, the Principal Investigator UNDERTAKE, on any Fund Award, to:   * Declare that all information is accurate and true. * Declare that he/she is free from any financial conflicts of interest. * Not send similar versions or part(s) of this grant application to other agencies for funding. * Be actively engaged in the execution of the research and comply with all laws, rules and regulations pertaining to safety, animal and human ethics, including the Singapore Good Clinical Practice guidelines. * Ensure that the requested resources are not funded by another agency or research proposal.   Ensure that there is a reasonable effort in accessing available equipment/resources within the host institution or elsewhere within Singapore.   |  |  |  | | --- | --- | --- | |  |  |  | | **Name** | | **Signature/date** | |