# Primary Configuration col

# Traditional Chinese Medicine Research Grant (TCMRG) – COVID-19

# Application Form

# (Version 01-2020)

|  |
| --- |
|  |

# MINISTRY OF HEALTH (MOH)

###### Application for Traditional Chinese Medicine Research Grant (TCMRG) – COVID-19

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 the Ministry.

Funding will be capped at a total of S$300,000 (inclusive of indirect research cost capped at 10% of the direct cost) over a period of 1 year.

# **Title of research**

# *(Limit to 300 characters)*

|  |
| --- |
|       |

# Host Institution

|  |
| --- |
|  |

# Applicants

*(Please note that Principal Investigators (PIs) must be from local public healthcare or academic institutions i.e. Clusters/ RH&Is, Universities, HPB, or HSA. Co-investigators need to hold at least an adjunct position in a local public institution.*

*Researchers from TCM VWOs and private TCM schools may participate as collaborators. PIs must ensure TCM collaborators are trained in the use of PPEs and all infection control protocol, if they need to assess and access Covid-19 patients.*

*TCM practitioners, fully registered with the Traditional Chinese Medicine Practitioners Board, with more than 10 years of clinical experience, may lead in project teams as PIs for studies that do not involve clinical trials and/or laboratory services e.g. epidemiological, observational type studies.*

*Researchers from overseas institutions are not eligible to participate as collaborators. All things being equal, proposals with collaboration between researchers in public healthcare institutions and TCM VWOs,and/or private TCM schools, participating as collaborators will be awarded higher priority*

| **Applicant** | **Role** | **Position** | **Department**  | **Institution** |
| --- | --- | --- | --- | --- |
|       | PI[[1]](#footnote-1) |       |       |       |
|       | [[2]](#footnote-2) |       |       |       |
|       |  |       |       |       |
|       | Collaborator[[3]](#footnote-3) |       |       |       |
|       | Collaborator |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|       |  |       |       |       |
|  |  |  |  |  |

*(Attach additional rows and sheet if required)*

# Total amount of funds applied for SGD       (capped at S$300,000, inclusive of indirect research cost capped at 10% of the direct cost)

# **(a) Period of Support requested**       months (max 12 months)

 **(b)** **Proposed start and end dates**

*Please allow 1 month for the review process.*

 Start date (mm/yy)

End date (mm/yy)

# **Key words**

# (*Please provide maximum 6 key words*)

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |

# **Ethical considerations**

# *Fund reimbursement is subjected to ethics approval if the project involves any of the below.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | *Please declare the participating institutions where study requiring ethics approval is conducted* |
| *Please tick accordingly if project involves any of the following:* |  |
| 1. Human subjects
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |
| 1. Use of Human Tissues or Cells from Primary Donor (i.e. subject / volunteers recruited for the project)
 | [ ]  Yes | [ ]  No |  |
|  |  |  |  |
|  |  |  |  |
| 1. Multi-centre project(s) or trials (s)

*(If yes, please state all participating institutions/centres:* *)**(Please note that the spending of TCMRG – COVID-19 funds is restricted to Singapore only)* | [ ]  Yes | [ ]  No |  |

A copy of the ethics approval is attached:

**[ ]  Yes [ ]  No**

# Abstract

*In no more than* ***300 words****, concisely describe the specific aims, hypotheses, methodology and approach of the research proposal including its importance to science or medicine, in particular significance towards health services delivery and patient care. The abstract must be self-contained so that it can serve as a succinct and accurate description of the research proposal.* ***Note that the scientific abstract may be disclosed to other funding agencies.***

*To be completed by TCM practitioners participating as PIs, CO-PIs and/or collaborators, if any: In no more than 300 words, concisely describe how TCM principles and theories are applied in the research proposal, in particular, the TCM symptoms and syndromes studied. The write-up in this section may be submitted in Chinese.*

# Research proposal

*In no more than* ***12 pages, (Sections 11.1 to 11.6)*** *organize the details of the research proposal under the following headings. (Please use Arial Font size 10 for all text):*

* 1. *Specific aims and Hypothesis*
	2. *Health economics significance*
	3. *Preliminary studies/Progress reports*
	4. *Methods and timelines (including a flowchart to summarize the research methodology, with clear details on the number of participants and experimental design)*
	5. *Roles of Team Members*
	6. *References can be attached as a separate Annex. However, Annexes may or may not be assessed by the panel.*

## 9.1 Specific Aims and Hypotheses

*State concisely and realistically what the study intends to accomplish and/or what hypothesis is to be tested.*

## 9.2 Background & Clinical Significance

*Briefly sketch the background of the research proposed, critically evaluate existing knowledge and specifically identify the gaps which the project intends to fill.* ***State concisely the importance of the research described by relating the specific aims to both short term (3-5 years) and possible long term clinical implications****.*

*Describe how your research will contribute to:*

1. *solving the health problem;*
2. *develop new knowledge relevant to improving health;*
3. *develop scientific and clinical applications; and*
4. *developing knowledge in biomedical sciences and providing tangible improvements in healthcare*

## 9.3 Preliminary Studies/Progress

*Provide an account of the Principal Investigator’s preliminary studies (if any) pertinent to the applications and/or any other information that will help to establish the experience and competence of the investigator pursuing the proposed project.*

## 9.4 Methods

*Describe the following in detail (refer to* ***statistical checklist*** *for study design):*

1. *experimental design and the procedure,*
2. *any new methodology and its advantage over existing methodologies,*
3. *the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims,*
4. *any procedures, situations or materials that may be hazardous to personnel and the precautions to be exercised,*
5. *statistical justification and the means by which data will be analysed and interpreted.*

*(to summarise, please include a flowchart to illustrate the research methodology and timelines,* with clear details on the number of participants and experimental design)

**9.5 Roles of Team Members**

***Elaborate (in one paragraph) the role of Co-Investigators and Collaborators involved in the project.*** *Specify the research background, technical competencies, role and contribution to specific deliverables and achievements that are relevant and necessary to ensure success for the proposed research.*

## 9.6 References

*Please list the references in the order cited in this proposal, including the titles.*

# Work Contribution of PI & Team Members

*Provide the expected percentage effort within the project, as well as within his/her other work commitments for each Principal Investigator, Co-Investigator(s) and Collaborator(s).*

1. *Note that Co-Investigators need to hold at least an adjunct position in a local public institution.*
2. *Researchers from TCM VWOs, private TCM schools or companies can only participate as collaborators. TCM practitioners should be fully registered with the Traditional Chinese Medicine Practitioners Board.*
3. *However, TCM practitioners, fully registered with the Traditional Chinese Medicine Practitioners Board, with more than 10 years of clinical experience, may lead in project teams as PIs for studies that do not involve clinical trials and/or laboratory services e.g. epidemiological, observational type studies.*
4. *Researchers from overseas institutions are not eligible to participate as collaborators.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  | Role in project (e.g. PI, Co-Investigator, Collaborator) | Institution | % effort within project[[4]](#footnote-4) | % effort within own work commitments[[5]](#footnote-5) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total | 100% |  |

# Biographical Sketch

1. **Principal Investigator**

*Please use the format below to provide the required information on Principal Investigator. MOH places emphasis on the bold areas.* ***Please limit to 2 pages.***

* Name
* Title
* Office Mailing Address
* Email
* Contact No
* Current Position (Please provide full details, e.g. joint appointments, percentage of time spent in Singapore every year, if applicable)
* Academic qualifications, including those in TCM (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)**
* **Recent awards (Scientific Awards)**
* **Half page summary of research outcomes from all previous grants [e.g. publications (full papers only for the past 5 years and highlight papers that are relevant to the study), patents awards, etc.]**

|  |
| --- |
| **Declaration of PI’s Appointment***Please indicate ‘Yes’ or ‘No’.*I confirm that:1. I have a primary appointment with the Host Institution which has endorsed this application – Yes/No (If “No”, please specify the primary appointment institution: )
2. I am salaried by the Host Institution – Yes/No (If “No”, please specify the salary funding institution or source: )
 |

* **TCM research experience**
1. **Co-Investigator and Collaborators**

*In not more than* ***1 page*** *per applicant, please use the format below to provide the required information on the co-investigator(s) and collaborators.*

* Name
* Title
* Office Mailing Address
* Email
* Contact No
* Current Position (Please provide full details, e.g. joint appointments, salary source for Research Fellow/Associate/Assistant/Officer/Scientist))
* Academic qualifications, including those in TCM (Indicate institution’s name and year degree awarded)
* Research interests
* Publications of direct relevance to the study
* Relevant patents held related to the study
* Recent awards (Scientific Awards)
* Current and previous support from MOH or other sources

(Please also include proposals pending approval)

* **TCM research experience**
* **Full registration with TCM Practitioners Board (only applicable to TCM practitioners)**

# Budget

*You are advised to prepare the budget carefully under each category and provide the justifications for all categories in* [***Item 14.***](#_8.5_Details_and_Justifications of F)***3.***

**Please refer to the Guidelines on Management of MOH (Grantor) Funding Programmes TCM Research Grant (TCMRG) – COVID-19 on MOH’s website for details on items fundable/non-fundable by TCMRG. Kindly note that budget requested will be subjected to the TCM Research Advisory Committee (TRAC)’s revision and approval. The provision of indirect research cost (IRC) will be computed at the budget revision phase when the project is approved.**

## 12.1 Manpower

*Please budget for all the manpower required for the project including part-time personnel and those to be shared with other projects. State whether they are existing personnel in your institution or new staff to be recruited. Please use salary scales provided by the Bursar’s Office or Hospital Administration as a reference. The cost should include annual increments, National Service increment, staff welfare, medical and other related benefits as per the Human Resource policies of your institution.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Category** | **Existing/New** | **No** | **Remarks** | **Total cost** |
| Research Assistant |  |     |       | $0.00 |
| Research Nurse |  |     |       | $0.00 |
| Others:      *(please specify)* |  |     |       |       |
|  |  |  | Total | **$0.00** |

## 12.2 Overseas Travel

***Conference travel will be funded only if a presentation or if an article is presented.*** *The presentation or article must be directly related to the project. Overseas travel vote will only apply for grants with approved amount greater than $50,000 (excluding IRC). For projects eligible for overseas travel funding, it will be capped at 5% of total grant amount, and/or not more than* ***$5,000*** *per project*

|  |  |  |
| --- | --- | --- |
|  | Item Description | Cost |
| Overseas Travel |       | $0.00 |
|  | Total | **$0.00** |

## 12.3 Other Operating Expenses (OOE)

*This category covers other expenses directly related to the project such as the purchase of consumables, laboratory manuals, literature search, and maintenance of equipment.*

|  |  |  |
| --- | --- | --- |
|  | Item Description | Cost |
| Materials & Consumables  |       | $0.00 |
| Patient Reimbursement |       |       |
| Others:      (please specify) |       | $0.00 |
|  | Total | **$0.00** |

 **Grand Total: SGD****$0.00**

## 12.3 Details and Justifications of Financial Assistance Requested

*Please* ***provide breakdown*** *for all categories if this is not indicated in the tables.*

### 12.3.1 Manpower

Justifications

|  |
| --- |
|  |

### 12.3.2 Overseas Travel

Justifications

|  |
| --- |
|  |

### 12.3.3 Other Operating Expenses (OOE)

Justifications

|  |
| --- |
| Materials & Consumables  |
| Patient Reimbursement |
| Others e.g. Singapore Clinical Research Institutes (SCRI) cost |

# Milestones

*Please propose Milestones for assessment of the progress of the study. The progress of the project will be taken into consideration for continued disbursements of funds. Status updates on progress of the milestones must be provided in the annual progress reports to be submitted by the PIs.*

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

# Expected Outcomes

*Please indicate your realistic expectations on the outcomes of this grant. Please state ‘NA’ where indicator is not applicable.*

| **Performance Indicators** | **Indicate number / value** |
| --- | --- |
| **Capability Indicators** | Developing long term R&D capability  | Joint programs/projects with local public healthcare institutions, universities and TCM schools |  |
| Papers published in international journals (To state impact factor) |  |
| Presentations at international conferences |  |
| Awards for research at national and international level |  |
| **Implementation Indicators \*** | Novelty | New policies, products, processes, and/ or ideas implemented. |  |
| Scalability | Other institutions implementing the new policies, products, processes, and/ or ideas. |  |
| **National Significance Indicators \*** | Improving patient care | Policies, products, processes, and/ or ideas that improve patient care. |  |
| Improving health outcomes | Policies, products, processes, and/ or ideas that improve health outcomes. |  |
| Promoting knowledge translation | Policies, products, processes, and/ or ideas that contribute to knowledge translation. |  |

*\*MOH places special emphasis on these targets.*

#  Concurrent funding sources

*Please provide the following details for the grants currently held or being applied for by the Principal Investigator. Attach additional pages if necessary.* ***Please attach the scientific abstract of each grant listed below (a) – (c) for MOH’s reference. (Missing abstracts/ KPIs/ attachments will render this application incomplete).***

**(a) Support from any industry partner(s)**

*Please provide details on the funding/drug(s) or other resources provided by any participating industry partner(s) for the applied grant.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Items Supported** | **Funding Source** | **Amount of Fund ($)** | **Support Period (Year)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(b) Grants currently held (MOH****[[6]](#footnote-6) and/ or Other Institutions)**

*Specifically for MOH -funded projects, please indicate the MOH project number and provide the latest research outcomes* ***(Key Performance Indicators)*** *as a separate attachment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Research** | **Funding Agency** | **Amount of Fund** | **Support Period (Year)** | **Expiry Date of the grant** |
| **Approved/ Received ($)** | **Balance Available ($)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**(c) List all applied grants (e.g. MOH6, NRF, A\*STAR, MOE, Clusters, etc) where outcome is pending**

*For all MOH grant applications, please indicate application ID.*

*Please indicate all the applied grants of similar proposal where the applicant is involved as either PI, Co-I or collaborator and* ***provide any overlapping sections in the proposals as a separate attachment****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Research** | **Application ID** | **Funding Agency** | **Amount of fund applied for ($)** | **Support Period (Year)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Conflict of Interest

*Provide name and contact information of individuals who might have conflict of interests with your current research proposal. This includes competitors who are in your specific area of research.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Title** | **Names**  | **Details****(tel, fax number and e-mail add)**  | **Reason for COI** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

# Suggested names of Reviewers

*Reviewers who are co-authors with the PI(s) in publications are generally not to be included. Note that reviewers must not have conflict of interest or involvement (direct and indirect) with the proposed project. MOH has the final discretion whether to select the suggested reviewers for the evaluation of the grant proposal.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Title** | **Names of Reviewers** | **Details****(tel, fax number and e-mail add)**  | **Relationship to** **Principal****Investigator** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

# Institutional support

|  |
| --- |
| In signing the Grant Application, the Institution UNDERTAKES, on any Grant Award, to: |
| * Discuss with immediate supervisor of applicant that the following will be complied with:
	+ The proposed research will be conducted in the host institution
	+ Adequate resources will be provided to the applicant for the entire grant period (e.g. lab space)
	+ The applicant is independently salaried by the institution for the entire period of the grant
	+ The research abides by all laws, rules and regulations pertaining to national and the institution's research operating procedures and guidelines
	+ Confirm the accuracy and completeness of information submitted, including budget, ethics, other funding sources, etc.
	+ Confirm that budget is clear (e.g. no double funding/ excessive purchase of equipment), and is aligned with host institution HR and other policies
 |

Research Director (or designated officer in capacity of providing institutional support):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Designation, Signature and Stamp

*Comments:*

|  |
| --- |
|  |

# Signatories

|  |
| --- |
| In signing the Grant Application, the Principal Investigator and all Co-Principal Investigator(s) & Collaborator(s) UNDERTAKE, on any Grant Award, to: |
| * Declare that all information is accurate and true.
* Declare that the Full Time Equivalent (FTE) as selected upfront in the application will be committed to research during the period of funding.
* Not send similar versions or part(s) of this proposal to other agencies for funding.
* Submit supporting documents of ethics approval obtained from the relevant Institutional Review Board (IRB) and Animal Ethics Committee for studies involving human subjects/human tissues or cells, and animal/animal tissues or cells respectively.
* Be actively engaged in the execution of the research and comply with all laws, rules and regulations pertaining to animal and human ethics, including the Singapore Good Clinical Practice guidelines.
* Ensure that funding by MOH Traditional Chinese Medicine Research Grant (TCMRG) – COVID 19 is acknowledged in all publications.
* Ensure that all publications arising from research wholly or partly funded by MOH will be forwarded to MOH.
* Ensure that the requested equipment/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.
* Adhere to MOH’s Terms and Conditions for Traditional Chinese Medicine Clinical Research Grant – COVID-19
* Ensure that there is no financial conflict of interest

*The undersigned agree to abide by the terms and conditions governing the award of Traditional Chinese Medicine Research Grant set out by the Ministry of Health, Singapore.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | **Role** | **Institution** | **Signature** |
|  | PI |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |

1. Definition of Principal Investigator. The lead researcher who has the appropriate level of authority and the responsibility to direct the project/program being supported by the grant. He or she is responsible and accountable for the proper conduct of the project or program. [↑](#footnote-ref-1)
2. Definition of co-Investigator: An individual involved in the scientific development and execution of the project. A co-Investigator typically devotes a higher percentage of effort to the project as compared to a collaborator and is considered senior/key personnel. [↑](#footnote-ref-2)
3. Definition of Collaborator: An individual involved in the scientific development and execution of project. A collaborator would typically devote a specific percent of effort to the project and would be identified as key personnel. [↑](#footnote-ref-3)
4. Represents percentage effort spent by the team members in the project relative to his/her other team members. The total in this column must add up to 100%. [↑](#footnote-ref-4)
5. Represents percentage effort spent by the team members on this project out of individual’s total work commitments (e.g. other grants, other teaching and administrative responsibilities, clinical work etc.) [↑](#footnote-ref-5)
6. NMRC funding is an example of MOH funding [↑](#footnote-ref-6)