****

**Care-at-Home Innovation Grant**

PROJECT ABSTRACT SUBMISSION TEMPLATE

August 2015

2015

Organised by:  
**Ministry of Health Singapore (MOH)**

Supported by:

**Agency for Integrated Care (AIC)**

**Infocomm Development Authority of Singapore (IDA)**

**MOH Holdings Pte Ltd (MOHH)**

**National Research Foundation (NRF)**

**Standards, Productivity and Innovation Board (SPRING Singapore)**

Authority of Singapore (IDA)

# Importance notes to pROJECT teams

1. Capitalized expressions used without definition shall have the meanings assigned to them in the Care-at-Home Innovation Grant Public Document and its Annex A unless otherwise expressly stated.
2. For the avoidance of doubt, all Participants are assumed to have fully read and understood the Care-at-Home Innovation Grant Public Document and the Important Notices set out in its Annex A.
3. The Team Lead should submit only one (1) Project Abstract on behalf of all Participants of the Project team, duly completed using this template as follows:
   1. The Declaration Form in Part I must be signed by the authorised representatives of each and every Participant in the Project team. Participants who are individuals not representing any organisation are still required to endorse Part I in their personal capacity.
   2. Part II shall be completed with the relevant information of each and every Participant in the Project team, and the Team Lead shall consolidate and submit all the information on behalf of the Participants in the Project team.
   3. Part III shall be completed and submitted by the Team Lead on behalf of the Project team. Part III should not exceed **five (5) pages**.
   4. Other supporting details
4. Team Leads shall submit **two (2)** hardcopies of the Project Abstract and any supporting documents to MOH by 6 November 2015, 5pm to the following address:

Care-at-Home Innovation Grant Secretariat

Ageing Planning Office

Ministry of Health

College of Medicine Building (COMB)

16 College Road Singapore 169854

1. Team Leads shall also email soft copies of the Project Abstract and any supporting documents to MOH at [NIC\_Ageing@moh.gov.sg](mailto:NIC_Ageing@moh.gov.sg), with the subject title “Project Abstract for Care-at-Home Innovation Grant”.
2. [Team Leads/Project teams] shall ensure that the Project Abstract addresses the Challenge Statement as stated in Clause 4.1 of the Care-at-Home Innovation Grant Public Document.
3. [Team Leads/Project teams] shall furnish all necessary information and documents as indicated in the template. All assumptions used should be stated clearly in the Project Abstract.
4. The following submissions will not be considered:
   1. Incomplete submissions, e.g. missing documents, missing signatures, sections left blank and missing CVs, etc.; and
   2. Inappropriate template used.
5. Shortlisted eligible Project teams will be asked to flesh out their proposed Project in greater detail.
6. MOH reserves the right not to accept late submissions.
7. Enquiries regarding submissions should be emailed to [NIC\_Ageing@moh.gov.sg](mailto:NICAgeing@moh.gov.sg).

# PART I – DECLARATION FORM

1. We have read and understood the requirements and notices in the Care-at-Home Innovation Grant Public Document and its Annex A issued by MOH on 21 August 2015 and this Project Abstract is submitted in response thereto.

2. We acknowledge that the submission of this Project Abstract does not impose any obligations on or constitute the acceptance of any terms and conditions by MOH.

3. You are entitled to reject our Project Abstract if it is inconsistent with or it contradicts or derogates from anything in the Care-at-Home Innovation Grant Public Document and/or its Annex A.

4. We hereby declare that all the information submitted in this Project Abstract is accurate, true and complete.

5. We further undertake to give you any further information which you may require.

6. Our Team Lead represents and warrants that he/she is the duly authorized Team Lead of the Project Team and that he/she has the necessary authorization and approvals to submit this Project Abstract on behalf of the Project Team.

|  |
| --- |
| **Team Lead** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Team Lead |

|  |
| --- |
| **Other Participants in Project Team**  *Note: Please add rows as necessary.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Participant’s authorised  representative |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Participant’s authorised  representative |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Participant’s authorised  representative |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Participant’s authorised  representative |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Official Stamp and Date  Signature of Participant’s authorised  representative |

# PART II – Project team INFORMATION

1. **Contact Details of Team Lead**

Please furnish the details of the Team Lead in the Project team for future correspondence with MOH.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Organisation |  | | |
| Designation & Department |  | | |
| DID |  | Fax |  |
| Mobile No. |  | Email |  |

1. **Project Team Composition**

Please furnish the details of each Participant in the Project team who will be contributing towards the design and implementation of the Project. In the case of individuals not representing any organisation, they are required to complete this section in their personal capacity.

*Note: Please add more rows as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Name of Participant** | **Role of Participant in Project Team  (Home Care Provider / Solutions Provider)** | **Main contribution(s) in Project e.g. home care provision, scheduling optimiser solution, redesign of business processes, telehealth** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

# PART III – PROJECT ABSTRACt

Information provided in this section must be self-contained so that it can serve as a complete, succinct and accurate description of the Project. This section must be no longer than **5 pages**.

* 1. Objective(s) of the Project

|  |
| --- |
| <<Provide an overview of the productivity issues, challenges, pain points being faced by the home care provider(s) in the Project team and how the Project will resolve them >> |

* 1. Key Components and Innovations of the Project

|  |
| --- |
| << State the key components and innovations of the Project. Proposed solutions may include a combination of technologies, data analytics, operations research and/or business process redesign e.g. operational research, route and schedule optimisation, remote monitoring of care staff, redesign of business processes & service delivery. Project teams may also look to other industries and sectors besides healthcare, e.g. logistics, for innovative ideas. Proposed solutions should not be simply the purchase of single off-the-shelf products, but involve Participants in the Project team co-developing a feasible, comprehensive and technology-enabled model of home care delivery customised to the local context.>> |

* 1. How the Project addresses the Challenge Statement

|  |
| --- |
| <<Describe the potential usage scenarios for the solutions to be deployed in the Project and how the Project resolves the needs of care staff or clients, e.g. helping home nurses to retrieve and translate relevant patient information into care plans to reduce administrative work, increasing amount of time spent caring for clients>> |

* 1. Summary of Project implementation plan, timelines and milestones

|  |
| --- |
| <<Describe how the Project team will work together on the development and implementation of their proposed solutions, and include a schedule of the dates for the major Project milestones and deliverables. How will the solutions provider(s) in the Project team ensure long-term scalability of the proposed solutions to other users after the funding period (i.e. within 36 months from the point of award)>> |

* 1. Summary of Project Evaluation framework and Key Performance Indicators (KPIs) to track

|  |
| --- |
| <<Describe how the Project team intends to evaluate the progress of the Project and the KPIs to be tracked. State any assumptions used to qualify the proposed deliverables and outcomes outlined. Also include any conditions needed in order to ensure the success of the Project.>> |