

Frequently Asked Questions (FAQs)

LeapX Co-funding Scheme

Partnering scheme to de-risk late-stage innovations and accelerate impact

1. Define 'late-stage' healthcare innovations.

'Late-stage' refers to innovations that have progressed beyond early discovery and feasibility, with supporting technical and/or preliminary clinical evidence, and are advancing towards clinical validation, regulatory readiness, deployment, or commercial adoption.

2. What is considered as medium to high-risk emerging/deep tech?

Innovations that have moderate to high development costs and complexity are considered as medium to high-risk. For example, Class B-D or equivalent; therapeutics; clinical diagnostics; clinical decision-making tools among others.

3. Can there be more than one co-funding partner contributing to the 20% minimum fresh funding?

Yes, the fresh funding source can come from multiple co-funding partners. Non-exclusive examples of partners are healthcare clusters, industry partners, venture capitalists, other RIE entities from within and outside Singapore.

4. Can existing grants be counted towards the co-funding contribution?

Existing grants cannot be counted towards co-funding contribution. LeapX requires fresh funding in-cash from partners.

5. Can in-kind be counted towards the co-funding contribution?

Only cash contributions will count towards the minimum 20% co-funding requirement. Cash can be defined as services and/or new equipment purchases and consumables expended by the co-funding party towards the project. Existing manpower expenses are not considered as cash contribution.

6. Is this scheme equivalent to the previous Innovation to Industry (I2I scheme)/Innovation to Startup (I2START) scheme?

LeapX is similar to the previous I2I and I2START schemes, in that it is also a partnering scheme. However, LeapX is designed to support only late-stage projects and requires a minimum of 20% fresh cash funding from co-funding partner(s). I2I and I2START schemes are no longer open for applications.

7. Is the 30% indirect cost compulsory? Are these monies applicable to the total funding quantum or the NHIC portion of the funding?

The inclusion of 30% indirect costs depends on the healthcare institute's policy. It is only applicable to NHIC's portion of the funding.

8. How many letters of award (LOA) will be issued for this partnering scheme?

Two separate LOAs will be issued – NHIC LOA and co-funding partners' LOAs.

9. Can LeapX fund clinical trials?

Yes, LeapX can support preclinical and clinical studies that advance projects towards meaningful value inflexion points, such as regulatory approval, clinical adoption, or commercial readiness.

10. Can LeapX fund technology deployment without development or clinical validation?

No. Projects are expected to undertake late-stage productisation and/or clinical validation scope under this scheme.

11. Are projects involving background IP (BIP) from sources outside the public healthcare clusters eligible for the scheme?

Yes. Projects may be eligible regardless of whether they involve external or internal BIP. There must be an established collaboration with the clinical PI who will drive the proposed scope of work in the clinical settings.

12. Is new IP generation a mandate?

No. IP generation is not a mandate under this co-funding scheme. However, please note that any foreground IP/clinical data generated from NHIC's portion of the funding awarded to public healthcare institutions (PHIs) will be owned by the respective institution. PHIs may work with industry collaborators to establish the terms and conditions under a Research Collaboration Agreement (RCA) or equivalent arrangement governing the rights of use for commercialisation.

13. What are the expected project outcomes?

Potential to result in *two or more priority outcomes

- *Attract private investments/commercial revenue of at least S\$1M within 5 years
- *Achieve first market regulatory approval within 2 years
- *Reach First-in-Human (FIH) Phase within 2 years that represents a significant value inflection point for the innovation
- Piloted and deployed in operational environments within 3 years
- Result in new or changes in local and/or international clinical practice within 5 years

14. How do I apply for LeapX?

This grant is open on a rolling basis for public healthcare institute (PHI) applicants. Please approach your respective Cluster Managers for guidance.

15. What is the review process for the scheme?

LeapX review will be conducted in two stages.

- At stage 1 review, NHIC will assess if the minimum criteria are met. Additionally, an independent clinical review will be sought to validate the clinical feasibility and healthcare value.

Note: Technically competent/advanced solutions with low clinical feasibility or relevance will not be considered.

- At stage 2 review, a joint evaluation panel with the co-funding entity and experts will be conducted to make the final funding decision.

16. How does the stage 2 joint evaluation work?

Joint evaluation panel is considered when the source of co-funding contribution is an internal funding programme for which the office (cluster, local or international public sector entity) has well-established evaluation mechanism, and the co-funding partner is open to including an NHIC representative as part of the panel to evaluate the LeapX project for a final funding recommendation.

However, joint evaluation panel is not considered when the co-funding contribution is entirely from an industry partner, or the co-funding public healthcare institute or public sector entity does not have a well-established evaluation committee. In this case, NHIC will convene its own joint evaluation panel that will include a co-funding representative.

17. When there are multiple co-funding partners, whose mechanism will be opted for the joint evaluation?

Potential scenarios are listed as follows:

Applicant	Cash co-funding source (Note: funds yet to be committed)	Stage 2 evaluation
Local public healthcare institute	Cluster only	Joint with cluster
	Cluster, Industry Partner	Joint with cluster
	Cluster, RIE agencies/schemes	Joint with RIE agencies/schemes
	Cluster, RIE agencies/schemes, Industry Partner	Joint with RIE agencies/schemes
	RIE agencies/Schemes, Industry partner	RIE agencies/schemes
	RIE agencies/schemes only	RIE agencies/schemes
	Industry partner only	NHIC evaluation panel
	International public sector partner only	Joint with int'l partner

The above is only a guiding framework; joint evaluation consideration is evaluated on a case-by-case basis.

18. What is the duration of the review process?

Overall, the review process is approximately expected to take 4 months.

Note: This is also dependent on the evaluation mechanism and timeline of the co-funding partner.

19. Besides clinical validation, can productisation and health technology assessment (HTA) be covered under the scope?

Projects should have substantially completed core technology development prior to application. NHIC's funding portion can support only late-stage productisation activities necessary to enable clinical validation, rather than technology redesign or early engineering development. HTA may be added to complement the scope as part of clinical validation.

20. What activities are considered under late-stage productisation?

These may include final validation ready refinement, verification and regulatory preparation, clinical grade prototype production or equivalent for the various modalities.

Examples of activities excluded from NHIC portion of funding

- Exploratory prototype development
- Fundamental engineering redesign
- Core algorithm redevelopment
- Discovery-stage assay optimisation
- New target discovery (therapeutics)
- Extensive feature expansion
- Research-grade prototype experimentation

21. What is the project maturity level expected at the application phase and the potential scope of work for various treatment modalities?

Below is a general guideline of the project maturity level expected at the application phase and the potential scope of work to be supported by NHIC's portion of funding for reference. Please note that this is a non-exhaustive list and projects will be evaluated on a case-by-case basis.

Medical devices	
Late-stage asset definition	• Completed core prototype development and engineering feasibility • Generated relevant bench, usability, preclinical, or pilot clinical data • Should already be approaching or near design freeze at entry
Examples of typical indicators	• Functional integrated prototype • Productisation activities underway
Potential LeapX scope under NHIC's portion of funding	• Final prototype refinement • Design verification testing • Human factors/usability optimisation (minor refinements) • Manufacturing transfer preparation • Regulatory documentation preparation • Quality management setup (basic ISO readiness) • Clinical-grade prototype production • Limited design locking/finalisation activities • Manufacturing scale-up • Regulatory submission • Clinical validation (usability studies, workflow integration testing, multi-site studies, clinical safety and effectiveness evaluation, comparison against SOC etc.) • First-in-human studies
Diagnostics	
Late-stage asset definition	• Established analytical feasibility and assay performance • Generated preliminary clinical performance data • Demonstrated reproducibility and workflow feasibility

Examples of typical indicators	• Sensitivity/specificity benchmarks established • Laboratory or workflow integration planning initiated
Potential LeapX scope under NHIC's portion of funding	• Assay optimisation for clinical testing • Analytical validation • Stability testing • Clinical-grade kit preparation • SOP standardisation • Regulatory approval • Batch reproducibility testing • Clinical validation to demonstrate clinical performance and clinical utility • Laboratory implementation
Therapeutics	
Late-stage asset definition	• Completed key discovery and preclinical optimisation activities
Examples of typical indicators	• Lead candidate selected • GLP/preclinical package progressing/Manufacturing and formulation strategy initiated
Potential LeapX scope under NHIC's portion of funding	• Formulation optimisation • CMC documentation • Clinical trial material manufacturing • IND-enabling studies (Toxicology/PK/PD, safety/GMP manufacturing) • First-in-human • Early clinical trials only if funds are sufficient
AI/Digital Health	
Late-stage asset definition	• Demonstrated technical feasibility and validated performance in relevant datasets or settings • Established usability and workflow integration feasibility
Examples of typical indicators	• Retrospective or prospective validation completed • Integration with healthcare systems/EHRs explored

Potential LeapX scope under NHIC's portion of funding	• Model locking/version control • Prospective deployment preparation • Workflow integration for validation study • Cybersecurity and interoperability readiness • Clinical interface refinement • Regulatory clearance (if applicable) • Validation environment setup • Cybersecurity/interoperability readiness • Clinical validation to include prospective validation and demonstrate operational and clinical impact
---	--