Centre for Healthcare Innovation
NHG Health

NHG Health Adoption & Scale Healthcare (NASH) Innovation Fund

Domain B – Cluster Adoption and Scale

APPLICANT'S INFORMATION PACK

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1. BACKGROUND

1.1. The NHG Health Adoption & Scale Healthcare (NASH) Innovation Fund is a cluster-level fund introduced to provide holistic funding support and develop NHG innovation capabilities to be future-ready, so as to support innovation adoption towards scaling. This will be achieved through three (3) funding domains:

- Domain A: Global Innovation Visiting Expert (GIVE)
- Domain B: Cluster Adoption and Scale
- Domain C: Digital Innovation Fund (DIF)

2. OBJECTIVE

2.1. Domain B - Cluster Adoption and Scale aims to provide funding to support the adoption and spread of proven innovative solutions in NHG institutions.

3. GRANT CALLS

3.1. The funding opportunities for NASH Innovation Fund Domain B will be made available to all NHG Health employed staff through two competitive grant calls, during April/ May and September/ October. The September/ October grant call is contingent on the availability of remaining funds following the April/ May grant call.

3.2. The grant call is scheduled on very tight timelines due to multiple levels of review involved. Hence, the stipulated deadlines must be adhered to strictly, as there will be no extension of deadlines.

3.3. Review of the applications will take approximately 4 months from the closing of the grant call.

4. GOVERNING POLICIES

4.1. The NASH Innovation Fund shall follow relevant NHG framework, policies and procedures for the administration and management of awards for projects/ programmes.

5. ELIGIBILITY

5.1. Project Lead must hold a primary full-time appointment (defined as a minimum commitment of nine months per year) in NHG Health.

5.2. The NASH Innovation Fund Domain B is only applicable for proposed project that aims to implement a validated and proven innovation solution in at least 2 NHG Health institutions that are aligned to NHG Health strategic goals & enablers.

a) "Co-application/ involvement of at least 2 NHG Health institutions" encompasses the following example:

i. The NHG Health institution with the validated solution (i.e. "originating institution") is eligible for the fund and is considered involved as long as the originating institution is also enhancing the validated solution within originating institution and/or providing support to at least another NHG institution(s) (i.e. "adopting institution(s)"). If the originating institution intends to enhance the solution through this proposed project, the adopting institution should also implement the enhanced version of the solution as well.

Example:
Solution is TTSH 3D Printing solution (version 1.0) where both TTSH and KTPH are proposing to tap on NASH Domain B fund. Scope of project involves TTSH enhancing the 3D Printing solution from version 1.0 to 2.0. In this case, KTPH should implement version 2.0 as well instead of 1.0.

6. FUNDING QUANTUM

6.1. Base funding of $100,000, but up to $200,000, per project over 12 months with justification.

6.2. Any expenses beyond the awarded fund and/or project duration (whichever earlier) should be covered by each involved institution.

7. APPLICATION PROCEDURE

7.1. Applicant is required to submit **all** of the following, except otherwise stated:

a. Application Form
b. Financial Implications ROI Calculator (in Microsoft Excel format)
c. Clinical Risk Assessment (in Microsoft Excel format)
d. AI Risk Assessment, if applicable (in Microsoft Excel format)
e. Any other supporting documents (e.g. information regarding the solution to be implemented/mainstream in the institutions, team members' CV, testimonials, or any other documents) which supports the application

7.2. Applicants are required to search on the Centre for Healthcare Innovation Learning & Development System (CHILD) for similar innovation projects that have already been done. If there are similar projects found, Applicant is strongly encouraged to collaborate or adopt the existing solutions. If applicant wishes to proceed with projects, he/she will need to provide a justification as to why collaboration and/or adoption is not possible.

7.3. Applicants whose innovations or solutions incorporate AI are required to complete the AI Project Declaration in the Application Form. For AI projects at the Proof-of-Value stage, prior approval from Health Empowered by AI Launchpad (HEAL) Tracks is mandatory. Please refer to instructions in the application form on the process of seeking approval from HEAL Tracks. Submissions that have not completed the AI Project Declaration section and obtained the necessary HEAL Tracks' approval before the submission deadline will not be accepted.

7.4. For all applications requesting for manpower e.g. Research Assistant (RA), applicant is strongly encouraged to consult approach respective institution's HR for the salary norms.

7.5. **Incomplete applications or applications submitted after the closing date and time will not be considered. You may not amend your applications or submit additional information after the closing date and time (except in response to specific questions raised during the review period). Hence, please consider your application content carefully before submitting.**

8. FUNDING

8.1. Funding is made on a reimbursement basis with supporting document provided and verified. Project Lead and collaborating institutions should follow their institutions' procurement, budgeting and approval routes to proceed with project expenses (budgeted and unbudgeted process). Project Lead and collaborating institutions should check with their institutions' finance department about any specific requirements for handling grant-funded expenses under either the unbudgeted and/or budgeted route.

8.2. The funding shall not be used to pay any indirect costs. Indirect costs are defined as incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project but contribute to the ability of the Institutions to support such projects. Indirect costs shall be funded from overheads or other funding sources. Examples of indirect costs includes executive oversight, accounting, overseas trips, refreshments, catering, entertainment, meeting, staff retreat & team-building activities, audit and legal expenses, insurance premiums, fines & penalties, utilities, cost of renovation, general furniture and office equipment, general office supplies (e.g. stationeries, files, printing), professional membership fees, transportation, postage and courier fees.

8.3. The supportable and non-supportable items are:

<table>
<tr><th></th><th>CAPEX</th><th>OPEX</th></tr>
<tr><td rowspan="5">Supportable</td><td rowspan="5">Hardware
For hardware, personal productivity tools are not supportable unless the use of mobile phones and other form of smart devices were indicated in the methodology of the study design. All other cost under this expense type is an indirect cost.

Software

For all equipment (hardware & software*) required for the project, please indicate if the equipment is for this project use only, or it can be shared, or for core services (e.g. imaging).

*As a general principle, if approved, it will only be supported for the duration of the project.

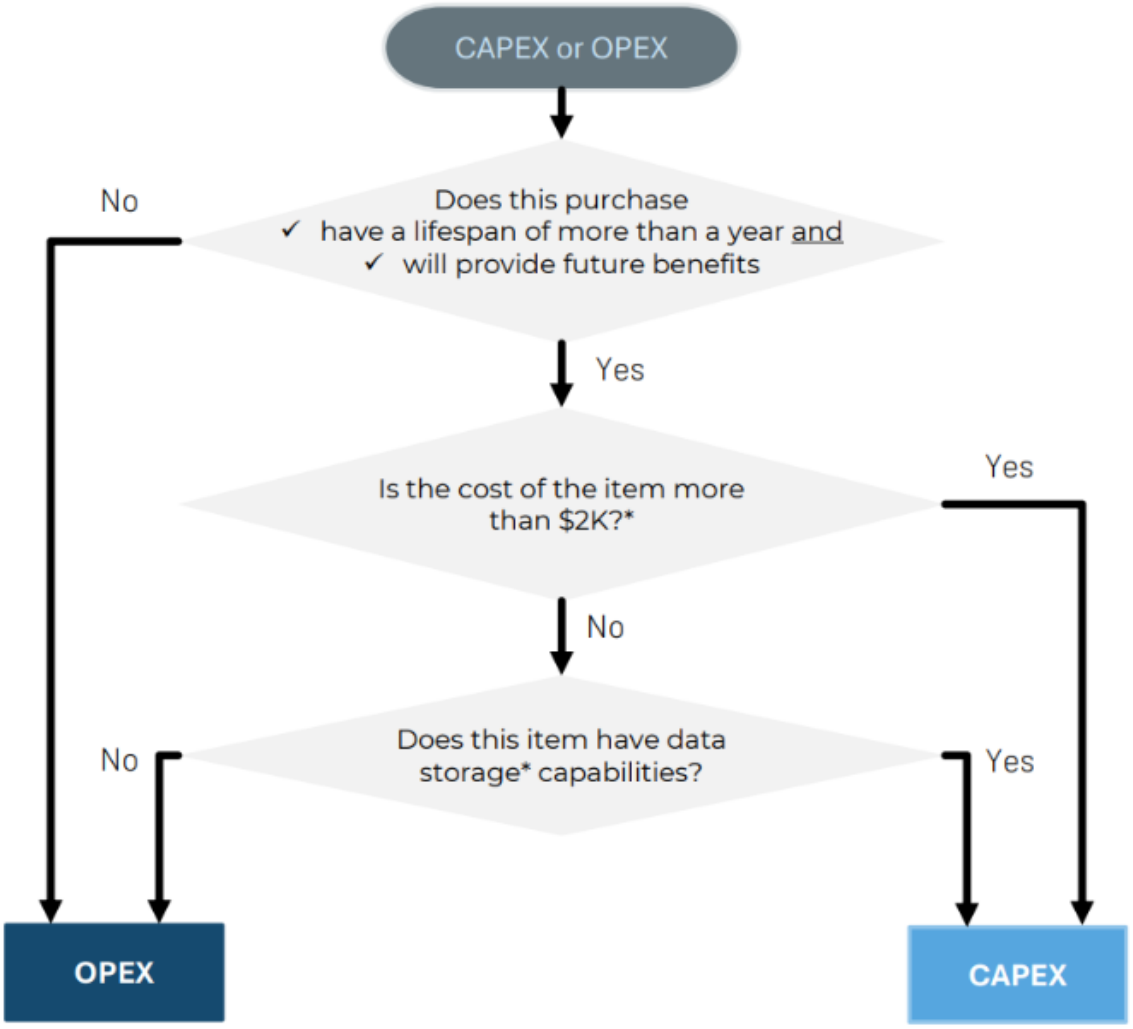
Development cost
Development cost fundable comprises items such as infrastructure, fixed assets, and software development. Development related items which are indirect costs are not fundable.

Please seek clearance from CHI GMO for all CAPEX items before incurring the expense. CHI GMO will advise if the CAPEX items can be supported.</td><td>Manpower (new headcount only)
For all manpower required for the project management and coordination of the project including part-time personnel and those to be shared with other projects, please state that they are new staff to be recruited and share the referenced salary scales provided by your own institution that is consistently applied regardless of the source of funds. Staff benefits are not allowed unless costs are incurred under the Host Institution’s prevailing policies which should be consistently applied regardless of the source of funds. As a general principle, all manpower related expenses should be charged based on time commitment to the project. Recruitment and related costs are not supportable. PI / Co-I / Collaborator Expenditure on Manpower are not supportable to ensure no double funding of salaries and related costs, as the salaries are already supported from other sources.</td></tr>
<tr><td>Professional Services</td></tr>
<tr><td>General Purpose IT-related fees
Direct costs such as maintenance fees, subscription fees and hosting fees are supportable and will only be for the period of the project.</td></tr>
<tr><td>Consumables
Consumables which are necessary for the successful execution of the trial that can be identified readily and specifically with a particular sponsored project are supportable.</td></tr>
<tr><td>Publication
Only reputable journal publication generated from this grant/award is supportable to share the learnings. The costs of reprints and publishing in other media, such as books, monographs and pamphlets are not supported. Purchase of books, journals or lab manuals are also not supported.</td></tr>
</table>

	CAPEX	OPEX
		Conferences *Only reputable local conference generated from this grant/award is supportable to share the learnings. Please submit a copy of the abstract(s) / oral presentation(s) / poster presentation(s) when submitting the final report.*
Non-Supportable		Manpower (existing headcount)
		Indirect Costs
		Overseas Trips and related costs
		Visiting experts/ researchers
		Refreshments/ Catering
		Non-cash items *Non-cash items such as depreciation costs, amortization cost, loss on revaluation, etc. are not supportable.*

8.4. Guide for appropriate classification of budget items between CAPEX and OPEX is provided below.

Capital Expenditure (CAPEX)	Operating Expenditure (OPEX)
• Asset acquisition and infrastructure investment • Increases long-term productivity capacity • Creates durable value and fosters growth • High initial cost; depreciated over multiple years • Long-term commitment with risk of obsolescence	• Covers recurring, day-to-day operational costs • Flexible and easily adaptable to changing needs • Essential for sustaining business-as-usual operations • Easier cash flow forecasting and expense control • Fully deductible in the year incurred



*NHG Fixed Assets Policy effective 1 April 2026. Data storage classification is subject to PDPA considerations.

9. REVIEW AND APPROVAL PROCESS

9.1. All completed applications will undergo a rigorous process of evaluation by the Joint Management Committee (JMC).

9.2. It is important that applicants fill out the application accurately and with as much relevant information as possible to aid in the review of application.

9.3. Applicants will need to state clearly the scope and deliverables in the applications and relate to how it will fulfil the objective of the project. For example, it will be important to describe how the proposed innovative and improvement initiatives will lead to care delivery redesign, improved productivity and workforce transformation in the healthcare setting, across NHG Health Institutions.

9.4. At any point in time, the CHI Grants Management Office (GMO) and/or CHI JMC (through CHI GMO) may direct questions to applicants during the review process, and applicant will be asked to respond and/or submit additional information specific to the query. Applicants must adhere to the deadlines given by CHI GMO to respond.

9.5. Applicants shall be invited to present their proposals and participate in Q&A sessions with the CHI JMC, scheduled by CHI GMO at the designated date and time.

9.6. All decisions made by the CHI JMC are final. No revisions or appeals will be accepted.

9.7. The review and approval process will take 4 months after the grant call closes. Please take this timeline into account when planning the timeline and deliverables of your application.

10. REQUIREMENT OF AWARDEES

10.1. The award is strictly non-transferable.

10.2. The award does not allow a change in project.

10.3. No replacements may be made if the applicant is unable to start the project. His/her replacement must submit a fresh application in the next grant call. However, exceptions to this (e.g. medical reasons, replacement of collaborators) may be considered on a case-by-case basis.

10.4. To ensure prudency in budgets proposals and allocation, successful applicants are required to utilise at least 90% of awarded amount in accordance with the projected milestones/ budget breakdown. Applicants can only spend on items that have been approved.

10.5. Submission of formal grant variation requests for approvals are necessary for any intended adjustments to the budget allocation, duration of project, purchase of non- standard/ unapproved items. Formal requests must be submitted at least 3 months in advance for processing.

10.6. Successful applicants are responsible for ensuring DSRB approval (if applicable) has been obtained before the commencement of the project. NASH Innovation Fund will not undertake or be responsible for the DSRB submission or approval of applicant’s project.

10.7. Successful applicant is responsible to adhere to all Singapore standard regulations and guidelines that govern this project. The Project Lead is

also required to ensure that he/she updated with the latest regulations and guidelines of Singapore that govern this project.

10.8. Successful applicants are required to sign a Letter of Acceptance.

10.9. Successful applicants will be required to submit progress reports and final report within the stipulated timeframes.

10.10. Upon completion of the project, successful applicants would be required to submit a copy of poster artwork summarising the outcomes and impact and to grant permission to CHILD administrative team to publish and store the material for viewing, downloading extraction of content in part of while and/or downloading purposes for users of CHILD and the public.

10.11. The outcomes of project may be subject to continuous tracking for at least 2 years after the end of project.

10.12. CHI JMC (through CHI GMO) reserves the right to withdraw all funding and suspend the period of the awarded project funding indefinitely, should there be any form of non-compliance of NHG Health relevant policies and guidelines, improper conduct, or unjustified utilisation of funds.

11. MISCELLANEOUS

11.1. In accordance with The Personal Data Protection Act 2012 (PDPA), NASH Innovation Fund ensures applicant's privacy and adheres by the PDPA. However, NASH Innovation Fund reserves the right to share information on applicant' identity and details of your awards, in reports to the NHG Health HQ from time to time.

12. CONTACT INFORMATION

12.1. The NASH Innovation Fund is managed by the CHI GMO. If applicant has any queries, kindly contact any of the following personnel for assistance.

Ameen Shah/ Terence Yong
Grants Management Office, Centre for Healthcare Innovation
Email: CHI.Grants.Mgmt.Office@nhghealth.com.sg