Centre for Healthcare Innovation
NHG Health

NHG Health Coordinating Party (CP) Scheme

APPLICANT'S INFORMATION PACK

NHG Health CP
Version Sep 2026

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1. BACKGROUND

1.1. The NHG Health Coordinating Party (CP) Scheme is a funding under MOH Health Innovation (MHI) Fund 2.0. The CP scheme is a key strategy for ground sensing, strategic alignment, and promoting collaboration and adoption.

2. OBJECTIVE

2.1. CP aims to provide holistic support for adoption of cross-institution and cross-cluster projects towards scaling.

- Cross institution POC/POV projects within NHG institution
- Cross cluster POV projects

3. TYPES OF PROJECTS SUPPORTED AND SUPPORT LEVEL

3.1. Whilst the CP intends to support deserving applicants as much as possible, it may not cover all expenses that may arise. Before submitting your application, please consider the support cap in Table 1 below.

3.2. Project requirements:

- Well defined unmet healthcare needs.
- Addresses national/ NHG priorities on e.g. Ageing, Population Health, Mental Health etc.
- Clear deployment and development strategy/roadmap.
- Fair market assessment of technology/solution conducted beforehand.
- Solution must (or in queue to be prioritised) in the institutions' IT/ business workplan.
- If applicable and necessary for implementation and scaling, solution must have received regulatory approval, registered or licensed.
- Potential to result in reduced healthcare costs, improved clinical outcome and eventual adoption by the healthcare system.
- Has obtained interest for cross institution/ cluster deployment.

3.3. Projects should demonstrate a clear potential in terms of cost savings, productivity gains, improved health outcomes as well as for real-world adoption and scaling within Singapore for national impact. There are four areas of focus listed below but projects are **not limited** to these areas:

a) Sensors and Wearables (S&W)

Innovation that uses S&W. For primary care applications, we are hoping to dramatically increase (10x) the number of residents an individual doctor can look after.

b) Artificial Intelligence (AI)
National-level innovative AI solutions to improve operational efficiency, patient outcomes, and/or user satisfaction per use case.

c) Robotics and Automation (R&A)
Innovations that employ assistive and robotics solutions in back and front room operations.

d) Digital Solutions (DS)
Innovations that use technology-based tools, systems, or services.

3.4. Types of projects not supported:

a) Existing technologies not yet proven/ mainstreamed in the healthcare sector, but has been proven for a similar use case in a different sector,

b) Concepts, ideas, services, processes, or products, which may be new to the applying institution, but already available/ deployed in another cluster/ institution,

c) Projects which have been proven successful and identified for scaling within entire cluster or at national level as these do not meet the criteria of "introduction of new concept, operating model, idea, service (or service delivery model), process, or product",

d) Projects that are already supported at Ministry-level under existing funding streams,

e) Projects (in the same form) rejected by other funds from MOH or non-MOH agencies,

f) Projects whose solution(s) involve intellectual property owned by a separate third-party institution, unless the third-party institution grants the innovator sufficient license rights to the innovation to permit eventual scaling in Singapore.

TABLE 1: PROJECT TYPE AND AWARD CAPS

S/N	Project Type	Amount per Project	Support Level
#1	Cross institution POC/POV projects **within NHG institution, with at least 2 NHG institutions**	Up to $300,000 for 12 months	Up to 70%, with 30% co-funding from institution(s)
#2	Cross cluster POV projects with **partner(s) from <u>one</u> different cluster**	Up to $1,000,000 for 12 months	Up to 80%, with 20% co-funding from institution(s)
#3	Cross cluster POV project with **partner(s) from <u>two</u> different cluster**	Up to $2,000,000 for 18 months	Up to 90%, with 10% co-funding from institution(s)

3.5. For Project Type #3, the proposal will be reviewed and supported by NHIC. Submission will be through CHI at CHI.Grants.Mgmt.Office@nhghealth.com.sg. Current grant call for Project Type #3 is closed.

4. GRANT CALLS FOR PROJECT TYPE #1 AND #2

4.1. The funding opportunities for CP Project Type #1 and #2 will be made available to all NHG Health employed staff through two competitive grant calls, during April/ May and September/ October. Grant calls are contingent on the availability of remaining funds.

4.2. The grant calls are 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.

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

5. GOVERNING POLICIES

5.1. The CP shall follow relevant MOH and NHG Health framework, policies and procedures for the administration and management of awards for projects/ programmes.

6. ELIGIBILITY

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

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. testimonials, or any other documents) which supports the application

7.2. Applicant is 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, applicants are strongly encouraged to collaborate or adopt the existing solutions. If applicant wishes to proceed with the 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. Applicants may not amend their 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 the 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 include executive oversight, accounting, overseas trips, refreshments, catering, entertainment, 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="4">Supportable</td><td rowspan="4">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

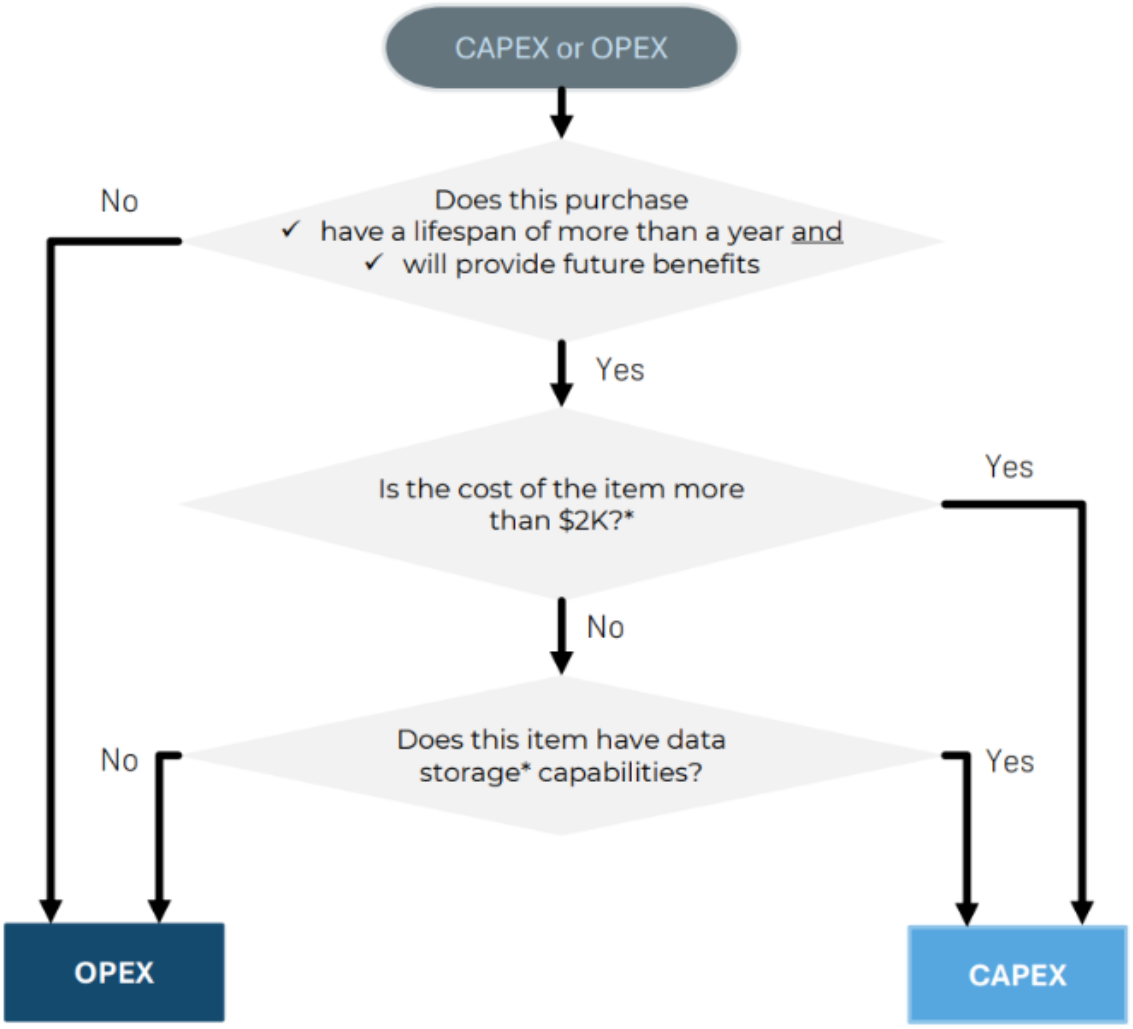
For all equipment (hardware & software*) required for the project, please indicate if the equipment is for this project use only, or it can be shared, or for core services (e.g. imaging).

*As a general principle, if approved, it will only be supported for the duration of the project.</td><td>Manpower
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 whether they are existing personnel in your host institution or 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 for Development</td></tr>
<tr><td>Training
Direct training on the use of proposed product / solutions-of-interest required for the conduct of the project is fundable. Training should be restricted to the personnel required under the project.</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></td><td>Consumables
Consumables which are necessary for the successful execution of the trial</td></tr>
</table>

	CAPEX	OPEX
		that can be identified readily and specifically with a particular sponsored project are supportable.
		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.*
		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		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 CHI 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 the 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, particularly on how this solution can be adopted

and scaled beyond the originated institution.

9.4. At any point in time, the CHI Grants Management Office (GMO) and/or CHI JMC (through CHI GMO) may direct questions to applicant during the review process, and applicants will be asked to respond and/or submit additional information specific to the query. Applicant 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 the 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 is necessary for any intended adjustments to the budget allocation, duration of project, purchase of non- standard/ unapproved items, methodology etc. 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. NHG Health CP 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 is 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 reports within the stipulated intervals and timeframes.

10.10. Upon completion of the project, successful applicants will 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 may be subjected 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 MOH/ 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), NHG Health CP ensures applicant's privacy and adheres by the PDPA. However, NHG Health CP reserves the right to share information on applicant's identity and details in reports to the MOH from time to time.

12. CONTACT INFORMATION

12.1. The NHG Health CP is managed by 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