

# Guidelines for Completing NKF Research Grant Application Form

Please read the following carefully before completing this form.

PI’s are advised to familiarize themselves with the following documents before applying for research grant:

* NKFRC Administrative Guidelines and Financial Regulations (available on website: www.nkfs.org)
* Memorandum of Understanding

**How to complete the application form**

* Follow the instructions closely in every section.
* Use **Arial font size 10** for all text. Softcopy to be submitted as **1 file** including all the pictures, tables, charts and various attachments either in Word DOC or PDF format.
* Adhere to the number of characters/space provided in each field and the number of pages where specified.
* In the completed application, remove the guidelines, instructions and blank or irrelevant pages. Do **NOT** remove unused or inapplicable sections; indicate “**NA**” if a section is not applicable.
* Only **one** Principal Investigator (PI) is allowed per application. PI should possess a minimum academic qualification of **PhD and/or MBBS/BDS/MD (Apply to external application only)**. There is no limit to the number of Co-PIs or collaborators. The PI shall be the point of contact for NKF, with the stated Department and Institution as the hosting institution. Applicants with multiple appointments at different institutions are to select only **one** hosting institution for the application.
* Every research proposal must be affiliated with an institution.
* Include CVs of the PI, Co-PI(s) and all collaborator(s) with full contact information.
* The maximum period of support is **3** **years**. The financial year (FY) of the NKF shall begin on 1 July of each calendar year and end on 30 June of the following calendar year.
* Refer and adhere to the list of **non-fundable items** stated in the NKF Administrative Guidelines and Financial Regulations (available on the website: < www.nkfs.org > and the Budget Section of the Application form).
* Provide a breakdown for all categories with justifications and supporting documents such as quotations for high value purchases exceeding SGD 10,000. Tally and provide both a **subtotal amount** for each category and the **total amount** budgeted.
* **The PI and Co-PIs/collaborators’ signatures may be electronic copies.**

**Where to submit your application**

* Submit through your institution’s **research coordinator**:

Soft copy (1 file including all attachments either in Word or PDF format)

* For applicants from institutions without a research coordinator, please submit to :

**Secretariat**

**NKF Research Committee**

**c/o Medical Affairs, Level 5**

**81 Kim Keat Road**

**Singapore 328836**

**Contact**

**Email: ResearchAdmin@nkfs.org**

**Tel: 6506 2198 / 6506 1778**

**Fax: 6506 2138**

**Application for Research Fund**



All information is treated in confidence. The information is furnished to the National Kidney Foundation 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 Foundation.

**Fund Applied For:**

**Venerable Yen Pei-NKF Research Fund**

# 1 Category of research proposal

1. [ ]  New [ ]  Resubmission (Application ID      )

 [ ]  Renewal

(Grant number NKFRC/YYYY/ MM/NN)

1. Is this proposal listed under your Institutional Block Grant? [ ] Yes [ ] No
2. [ ]  Clinical [ ]  Translational

2 Title of research*(Limit: 300 characters)*

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| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant** | **Role** | **Position** | **Department**  | **Institution** |
|       | PI |       |       |       |
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*(Insert additional lines if required)*

3 Total amount of funds applied for SGD

4 (a) Period of Support requested       years (max 3 years)

 **(b)** **Proposed start and end dates** *Allow 6 months for the review process.*

 *(The Proposed start and end dates should match with item 11. Cash flow projection)*

 *(For January grant calls, the proposed start date should be in July of the same year. For July grant calls, the proposed start date should be in January of the following year.)*

 Start date (mm/yy)

End date (mm/yy)

5 Key words (*Maximum 6 key words*)

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

# 6 Ethical considerations and containment

*Fund disbursement is subject to ethics approval where relevant.*

 Declare the participating institutions where study requiring ethics approval is conducted:

*Does project involve:*

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| --- |
|       |

a) Human Subjects [ ]  Yes [ ]  No

|  |
| --- |
|  |

b) Use of Human Tissues or Cells [ ]  Yes [ ]  No      \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|       |

c) Animal Experimentation [ ]  Yes [ ]  No

|  |
| --- |
|       |

d) Requirement for Containment [ ]  Yes [ ]  No

e) Multi-centre project(s) or trial(s) [ ]  Yes [ ]  No

*(If yes, please state all participating institutions/centres:* *)*

A copy of the ethics approval is attached:

**[ ]  Yes** **[ ]  No/Pending**

# 7 Abstract

***300 word limit.*** *Concisely describe the specific aims, hypotheses and methodology approach of the research proposal, with emphasis on its* ***importance to renal biology, clinical practice or patient outcomes relevant to Singapore****. The abstract must be self-contained so that it can serve as a succinct and accurate description of the research proposal.*

# 8 Research Proposal

***8 PAGE LIMIT, EXCLUDING REFERENCES.***

## 8.1 Specific Aims

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

## 8.2 Clinical and Biological Significance

*Briefly sketch the background of the research proposed, critically evaluate existing knowledge and specifically identify the gaps which the project is intended to fill.* ***State the significance and anticipated benefits of the research to renal patient healthcare.*** *Relevant references should be appended.*

**8.3 Preliminary Data/Progress Reports**

*For NEW APPLICATIONS, provide an account of the Principal Investigator’s preliminary data (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.*

*For RENEWAL APPLICATIONS, give the beginning and end dates of the period covered since the research project was last reviewed. Provide a succinct account of published and unpublished results, indicating the importance of the findings. Discuss any changes in the project’s specific aims during the periods covered. List the titles and complete references to all publications and completed manuscripts that have resulted from the project.*

## 8.4 Methods

*Discuss in detail the experimental design and the procedure to be used to accomplish the specific aims of the project. Describe the protocols and controls to be used and the sequence of the investigations, including statistical analysis. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed studies and alternative approaches to achieve the aims. Point out any procedures, situations or materials that may be hazardous to personnel and the precautions to be exercised.*

## 8.5 References

*Please list complete references to recent publications pertinent to this research proposal and the applicants’ publications and patents held related to this research proposal. Use of* ***bibliography software****, e.g. EndNote or Reference Manager is highly encouraged.*

# 9 Biographical Sketch

*In not more than* ***2 pages*** *per applicant, please use the format below to provide the required information on the Principal Investigator (PI), co-PI(s) and all Collaborator(s).*

* Name
* NRIC/Passport No.
* MCR No.(for medical doctors)
* Office Mailing Address (Correspondence)
* Email
* Contact No.(Office & Hp)
* Fax No
* Current Position (Please provide full details, e.g. joint appointments)
* Academic qualifications (Indicate institution’s name and year degree awarded)
* Selected publications (not more than 6 relevant publications)
* Research interests
* Recent awards
* Current and previous support from NKF or other sources

(Please include proposals pending approval)

# 10 Budget

**The following items are non-fundable, unless specifically approved by the NKF:**

* *Equipment already funded by Institutional Block Grants*
* *Administrative charges from Institutions*
* *Handphones*
* *Laptops*
* *Overhead costs such as facilities management, TOL (i.e. rental of space) and utilities charges*
* *Pagers*
* *Personal computers*
* *Printers and Accessories*
* *Refreshments*
* *Relocation expenses*
* *Renovation expenses*
* *Stationery*
* *Patenting expenses*
* *Contingency funds*
* *Any other items that NKF finds inappropriate*

## 10.1 Manpower (EOM)

*Budget for all manpower required for the project including part-time personnel and those to be shared with other projects. State whether they are existing personnel or new staff to be recruited. Please use salary scales provided by your institution’s Finance Officer, Hospital Administration or the Ministry of Health 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** |
| Technologist |  |     |       |       |
| Research Assistant |  |     |       |       |
| Research Officer |  |     |       |       |
| Research Associate |  |     |       |       |
| Postdoctoral Fellow |  |     |       |       |
| Others:      *(please specify)* |  |     |       |       |
|  |  |  | Total | **$0.00** |

## 10.2 Equipment

*Budget for all equipment needs. Indicate sharing of equipment with other projects where relevant.*

|  |  |  |  |
| --- | --- | --- | --- |
| Qty | Equipment | Unit Cost | Sub- Total  |
|     |       |       |       |
|     |       |       |       |
|     |       |       |       |
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|  |  | Total | **$0.00** |

10.3 Materials & Supplies

*Budget for all materials and supplies required for the project such as experimental animals and consumables.*

|  |  |  |
| --- | --- | --- |
|  | Item Description | Cost |
| Animals |       |       |
| Consumables |       |       |
| Others:      (please specify) |       |       |
|  | Total | **$0.00** |

## 10.4 Miscellaneous

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

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

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

## 10.5 Details and Justifications of Financial Assistance Requested

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

### 10.5.1 Manpower

Justifications

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| --- |
|  |

### 10.5.2 Equipment

Justifications

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| --- |
|  |

### 10.5.3 Materials & Supplies

Justifications

|  |
| --- |
|  |

### 10.5.4 Miscellaneous

Justifications

|  |
| --- |
|  |

# 11 Cash flow Projection

*Project the cash flow in accordance with your proposed start and end dates to assist the NKF administration in cash flow projection. Please note that NKF FY starts in July of the year Jul-Jun).*

**\*For 2 Years Project**

**\*Category** **FY** **FY** **FY****Total**

*Manpower*                   $0.00

*Equipment*                   $0.00

*Materials & Supplies*                   $0.00

*Miscellaneous*                   $0.00

**Total costs by year** $0.00$0.00$0.00 $0.00

**\*\*For 3 Years Project**

**\*\*Category** **FY** **FY** **FY** **FY****Total**

*Manpower*                         $0.00

*Equipment*                         $0.00

*Materials & Supplies*                         $0.00

*Miscellaneous*                         $0.00

**Total costs by year** $0.00$0.00$0.00$0.00 $0.00

# 12 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.*

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| --- | --- |
| **Milestones** | **Targeted Duration/Date of Fulfillment** |
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**13 Performance Indicators**

*Please indicate the final expected targets. Please state ‘NA’ where indicator is not applicable.*

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| --- | --- |
| **Performance Indicators** | **Indicate number / value** |
| **Capability Indicators** | Training R&D manpower for industry | Master’s research students trained  |  |
| PhD students trained |  |
| Master’s research and PhD students trained and spun out to local industry as RSEs  |  |
| Research staff spun out to local industry as RSEs  |  |
| Post-doctoral (within 3 years of the PhD award) researchers hired |  |
| Developing long term R&D capability  | Joint programs/projects with prestigious international research organizations |  |
| Joint programs/projects with local universities |  |
| Invention disclosures |  |
| Patents filed  |  |
| Patents granted  |  |
| Patents commercialized  |  |
| Papers published in international journals |  |
| Presentations at international conferences |  |
| Awards for research at national and international level |  |
| **Industry Relevance Indicators** | R&D collaboration  | R&D projects with industry cash funding  |  |
| Industry dollars received to fund R&D projects  |  |
| Outcomes | Revenue from royalties and licensing agreements  |  |
| Spin-off companies registered  |  |
| New products or processes commercialized  |  |

# 14 Other Support

*Please provide the following details for the grants currently held or being applied for by the Principal Investigator. Attach additional pages if necessary.*

**(a) Grants currently held**

*Please indicate the NKF grant number for all NKF-funded research projects.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Research** | **Funding Agency** | **Amount of Fund** | **Support Period (Year)** | **Expiry Date of the grant** |
| **Approved/ Received ($)** | **Balance Available ($)** |
|  |  |  |  |  |  |
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**(b) List all other applied grants where outcome is pending**

*For any NKF grant applications*, *please indicate application ID.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Research** | **Application ID** | **Funding Agency** | **Amount of fund applied for ($)** | **Support Period (Year)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**(c) Support not related to specific research projects**

*Provide details of all support OTHER than research grant funds, such as departmental technicians, grants from private foundations, start-up funds, donations from charitable organizations and collaborations with industry. You may also attach correspondences showing commitments by other parties in support of your work.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Resources** | **Funding Organisations** | **Duration of support** | **Expiry date, if any** |
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**15 Conflict of Interest**

*Provide name and contact information of individuals who might have conflict of interests with your current research proposal.*

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

**16 Suggested Reviewers**

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

**17 Reviewers NOT to be invited to review this grant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Title** | **Names of Reviewers** | **Details****(Institution)**  | **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
 |

Research Director/ Department Head:

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

Name, Designation & Signature

*Comments:*

|  |
| --- |
|  |

# 19 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.
* 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 National Kidney Foundation (NKF) funding is acknowledged in all publications.
* Ensure that all publications arising from research wholly or partly funded by NKF will be forwarded to NKF .
* 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 NKF ’s general guidelines on competitive funding
 |

*The undersigned agree to abide by the conditions governing the award of research grants set out by the National Kidney Foundation of Singapore.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name:

Date: Date:

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Name: Name:

Date: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name:

Date: Date:

*Insert additional entries as needed.*