|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEALTH PROMOTION BOARD**  **CALL FOR COLLABORATION 2022**  Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PROPOSAL** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | Closing Date:  **30 September 2022 (Friday), 2359 hours** | | | | | | | | | | |  |
|  | Any enquiries to be made by emaiI to: [HPB\_CFC@hpb.gov.sg](mailto:HPB_CFC@hpb.gov.sg) | | | | | | | | | | |  |
| **For Internal Use** | | | | | | | | | | | | |
| Date Received | | : |  |  |  |  |  |  |  |  |  | |
| Officer-in-charge | | : |  |  |  |  |  |  |  |  |  | |
|  | |  |  |  |  |  |  |  |  |  |  | |

**Notes to Respondent / Consortia**

1. Companies may participate in this Call for Collaboration (CFC) either singly or as a consortium.
2. Where the Respondent is a Company, the Respondent must obtain a copy of this CFC Proposal Form and submit the proposal to Health Promotion Board (HPB) with all Parts and Annexes herein duly completed.
3. Where the Respondent is a consortium, each member of the consortium is required to obtain a copy of this CFC Proposal Form. For submission purposes, only one (1) proposal is to be submitted by the consortium lead on behalf of all members of the consortium, duly completed as follows:
4. The Declaration in Part I must be signed by authorized representatives of each and every member of the consortium.
5. Parts II and IV of this Proposal Form is to be completed and submitted by the consortium lead, on behalf of the consortium it is representing.
6. A deck of power point slides (limited to 20 slides) to communicate the essence of the proposal in response to this CFC as part of the submission.
7. Every member of the consortium, including the consortium lead, must complete a copy of Part III and the consortium lead shall submit the copies of Part III completed by each member of the consortium as part of the proposal.
8. In the event that a proposal is shortlisted, more information may be requested from the consortium lead and the members to facilitate the evaluation.
9. The consortium lead shall be primarily responsible for the submission of the proposal. In the event that an award of grant is made to the Consortium in respect of its proposal, the consortium lead shall also be primarily responsible for directing and coordinating the implementation of the project and all other matters, which are to be performed by the Consortium.
10. For the avoidance of doubt, this Proposal Form shall be read with and shall be subject to the Terms & Conditions as set out in Annex A of the CFC Document.
11. Participants are to submit their proposal in PDF format by **30 September 2022** at 2359 hours (Singapore time, GMT +0800) via the following channels:

* <https://hpb.gov.sg/partners/cfc2022> or
* email to [HPB\_CFC@hpb.gov.sg](mailto:HPB_CFC@hpb.gov.sg)

1. For enquiries on the submission of the proposal, please email to [HPB\_CFC@hpb.gov.sg](mailto:HPB_CFC@hpb.gov.sg)
2. AGENCIES reserve the right not to accept late submissions.

## PART I – DECLARATION

We have read and understood the requirements and notices in the CFC 2022 Document issued by HPB on 4 July 2022 and this proposal is submitted in response thereto. We acknowledge that the submission of this proposal does not create or impose any obligations or constitute the acceptance of any terms and conditions on the part of HPB. We hereby declare that the information submitted pursuant to this proposal is accurate, true and complete.

|  |
| --- |
| **COMPANY / Consortium LEAD** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Stamp and Date  Signature of Company /  Consortium Lead’s representative  (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the Company) |
| **Other Members of Consortium (if applicable)**  *Note: Please add rows if needed.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Designation and Company, Stamp and Date  Signature of Consortium Member’s  representative  (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the Company) |

**PART II – CONSORTIUM INFORMATION**

## (Not applicable where the Respondent is submitting a proposal as an individual company; to be completed and submitted by the consortium lead only, on behalf of the consortium it is representing.)

## Contact Person for Future Correspondence (Consortium Lead)

|  |  |  |  |
| --- | --- | --- | --- |
| Lead Company |  | | |
| Contact Person |  | | |
| Designation |  | | |
| DID |  | Fax |  |
| Mobile No. |  | Email |  |

## Consortium Composition

|  |  |  |  |
| --- | --- | --- | --- |
|  | Company | Role of Company in Consortium | Principal Business Activity |
| 1 | Consortium Lead |  |  |
| 2 | Participating Company 1 |  |  |
| 3 | Participating Company 2 |  |  |

*Note: Please add rows if needed.*

**PART III – COMPANY INFORMATION**

*(Where the Respondent is a consortium,* ***each*** *member of the consortium, including the consortium lead, is required to complete a copy of Part III and all copies of Part III completed by each member of the consortium shall be submitted by the consortium lead as part of the proposal.)*

## Company Information

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Mailing Address |  | | |
| Telephone |  | Fax |  |
| Country of Incorporation |  | Corporate  Web Site URL |  |
| ACRA Reg. No\* |  | Date of Registration |  |
| Paid-up Capital (S$)\*\* |  | | |

\*Please attach a copy of the **latest** updated ACRA search.

\*\* Please provide certified copies of 3 years of FULL set of the **latest** audited financial / management report.

### Company Registration: (please tick one)

□ Sole Proprietorship

□ Partnership

□ Private Limited (non-exempt limited by shares)

□ Public Limited (limited by shares)

□ Research Institute / Institute of Higher Learning

□ Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Person for Future Correspondence

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Designation |  | | |
| DID / Office No. |  | Fax |  |
| Mobile No. |  | Email Address |  |

## Corporate Relations

Please complete the relevant boxes in the table for the major related companies owned in Singapore and (if applicable) overseas (corporate share ≥ 20%)

Additional information may be provided in separate attachments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Company | *Company Name & Business Activity & % Share* | | | |
| Substantial Shareholders | 1. *Name of Stakeholder* | *[Country registered / Nationality]* | | *[% Share]* |
| 2. |  | |  |
| 3. |  | |  |
| Subsidiaries | *Company Name(s) & Business Activity & % Share* | | | |
| Holdings | *Company Name(s) & Business Activity & % Share* | | | |
| Alliances | 1*. Company Name(s)* | | *Description of Business Activity (& include % share)* | |
| 2. | |  | |
| 3. | |  | |
|  | |  | |
| Partnerships | 1*. Company Name(s)* | | *Description of Business Activity (& include % share)* | |
| 2. | |  | |
| 3. | |  | |
| Joint Ventures | 1*. Company Name(s)* | | *Description of Business Activity (& include % share)* | |
| 2. | |  | |
| 3. | |  | |
| Others | 1*. Company Name(s)* | | *Description of Business Activity (& include % share)* | |
| 2. | |  | |
| 3. | |  | |

## Company Structure

(Please attach organisational chart and operational chart if available)

Total number of full time employees: [ ]

Number of technical personnel: [ ]

Key Management Personnel: (Please attach biography if available):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Years of Related Experience | Professional / Academic Qualification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Other Grants awarded to / application in process by the Company \*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Awarding Organisation | Description of Grants / Awards | S$ | Status (pending / awarded) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\* Please indicate incentives, grants and / or loans awarded to you by EDB, MAS and / or other government agencies and other financial institutions.

**PART IV – PROPOSAL DETAILS**

## (Where the Respondent is a consortium, Part IV shall be completed and submitted by the consortium lead only, on behalf of the consortium it is representing.)

## Proposal Summary

*[Please briefly describe the proposal, and how it aligns with the desired objectives of the CFC.]*

## Respondent’s Background

*[Please describe the Respondent’s background and role within the proposal. Respondents should elaborate on their track records (e.g. company credentials, details of similar deployments at a local / city / state / national level, extent of consumer reach, breadth of services or any other unique collaborations). In the event of a consortium, the consortium lead shall further describe how each consortium member will contribute towards achieving the proposal objectives and implementation plan.]*

## Proposal Scope & Objectives

*[Please describe the full scope of the proposal and its business objectives. You may refer to Section 3.2 of the CFC Overview & Specifications Document on HPB / AGENCIES’ desired objectives.*

*Respondent can share on opportunities and gaps identified in the current landscape, and how the proposal addresses these issues. Respondent should also explain how the proposal can be compatible with MOH / HPB’s initiatives, and cover the following aspects.]*

* 1. Technology Innovation

*[Please highlight and explain any innovative use of technology in the proposal (e.g. any unique / value-added features / services in contrast with other similar projects attempted elsewhere).]*

* 1. Technical / Functional Features and Data Management

*[Please state the key technical and functional features of any proposed solution, including technology and support roadmap, design considerations, systems compatibility, scalability, reliability, maintainability and security. Respondents should also propose what and how new / existing data could be collected, managed, protected and shared among collaborators.]*

* 1. Architectural Diagram(s)

*[Please include any technical architectural diagram(s) and descriptions applicable to the proposed solution. The architectural diagram or explanation should clearly state where the application is hosted.]*

## Business Model Development

*[Please describe the envisaged business model for the proposal, including the following aspects.]*

* 1. Nature and Extent of Impact

*[Please include an assessment of the solution’s potential to solve health challenges, and quantify any potential sustainable benefits or positive health outcomes that may arise from this proposal (e.g. better compliance to lifestyle interventions, delayed onset of disease complications, and / or associated downstream health cost savings).]*

* 1. Marketing Strategy, Scale and Pace of Adoption Plan

*[Please describe the plans to market / distribute / promote the adoption of the solution(s) within the proposal. Respondent should include target customer profiles, an estimate of the potential market size and addressable customer base, before demonstrating the intended pace and targets for adoption. If applicable, Respondent should share details on pricing plan(s) towards driving adoption.]*

* 1. Resourcing Plan

*[Please state the intended programme commitment (i.e. financial, resources and capability investments) to this collaboration, and identify any revenue stream(s) to illustrate how the business model can be sustainable. Respondents can also indicate expectations / capability support from HPB for the proposed collaboration.]*

* 1. Longer-Term Strategy & Post-Implementation Plan

*[Please describe the longer-term strategy and plans AFTER deployment to ensure scalability to more users and/or other uses. These could include e.g. potential improvements / enhancements / scaling-up of the proposed solution.]*

## Implementation Plan, Deliverables and Outcomes

*[Please outline a detailed implementation plan, including overall project schedule, key milestones and projected durations required for the proposal to be rolled out for public use and / or scaled up for eventual larger-scale deployment (if applicable). Respondents should also state the proposal’s outcomes and additional impacts below.]*

* 1. Proposed Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated date of commencement | : |  | *(dd/mmm/yyyy)* |
| Estimated date of completion | : |  | *(dd/mmm/yyyy)* |
| Estimated duration | : |  | mths / years |

* 1. Key Milestones / Deliverables

|  |  |
| --- | --- |
| **Date** | **Milestone / Deliverable** |
|  | *[Please provide a schedule of the key dates for major project milestones / deliverables and associated KPIs here. Respondent may also include additional rows to indicate subsequent milestones to scale up their proposals (if applicable).]* |
|  |  |
|  |  |
|  |  |

*[Note: Please add rows if needed.]*

* 1. Assumptions / Restrictions / Conditions

|  |  |  |
| --- | --- | --- |
|  | **Assumptions / Restrictions / Conditions** | **Impact on Project** |
| 1 | *[Please state any assumptions used to qualify the proposed deliverables and outcomes outlined above. Respondents may also include any foreseeable restrictions and conditions needed to ensure the success of the project.]* |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

*[Note: Please add rows if needed.]*

* 1. Quantitative Outcomes

*[Please estimate any performance targets that may be relevant to the project – examples include behaviour change and health outcomes in the Singapore population, health and other cost savings realised, potential revenue from new co-innovation / R&D, or any patents targeted to be filed.]*

| S/N | Performance Indicators | Upon Completion of project | 1st Year after  project completion | 2nd Year after  project completion | 3rd Year after  project completion |
| --- | --- | --- | --- | --- | --- |
|  | *E.g. number of people impacted by proposal* |  |  |  |  |
|  | *E.g. quantified improvements in health outcomes* |  |  |  |  |
|  | *E.g. productivity gains, time savings, error reduction* |  |  |  |  |
|  | *E.g. health and other cost savings* |  |  |  |  |

*[Note: Please add rows if needed.]*

* 1. Qualitative Outcomes

*[Please describe any other qualitative outcomes or benefits to the beneficiaries resulting from this proposal.]*

* 1. New Capabilities / Competencies to be developed and / or brought into Singapore

*[Please describe any new capabilities / competencies that will be developed and / or brought into Singapore during the course of pursuing this proposal. Respondent may also share how the proposal could contribute to digital health within Singapore.]*

## Resource Requirements

*[Please enumerate the resource requirements for this proposal, in terms of the following:*

1. *Manpower*
2. *Training*
3. *Equipment – Hardware*
4. *Equipment – Software*
5. *Materials and ICT Services*
6. *Intellectual Property*
7. *Professional Services*
8. *Marketing and Publicity*
9. *Others.*

*Respondents can also indicate expectations / capability support from HPB for the proposed collaboration.]*

## Project Organisation and Personnel

*[Please attach a Project Organisation chart in addition to completing the following table, and indicate if the personnel would be based in Singapore / overseas.]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Company | Designation | Role in Project | Will be based in SG? (Yes / No) |
| 1 | *[Please provide details on the key persons to be involved in the project, and attach their resumes as a separate Annex.]* |  |  | *<e.g. Project Manager>* |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

*[Note: Please add rows if needed.]*

# ANNEX

# RESUMES

Please attach the resumes of the Project Team.

# - End of Document -