## Things to note

For the below two services, it is mandatory for your agency to attend a clinic session with the pre-appointed consultant/service provider before submission of application on the OurSG Grants Portal. Please book a clinic session if you have not already done so.

* 1. For [***Pre-Scoped Project Consultancy Services***](https://www.ncss.gov.sg/our-initiatives/tech-and-go/funding-support/social-service-agencies---consultancy-subsidy) **only (excluding IT Audit, Cyber Security, Data Protection, Robotic Process Automation, Digital Marketing and BDDC Consultancy):** Book your clinic session[here](https://go.gov.sg/tngpcc)
  2. For [***Pre-Scoped IT Professional Services***](https://www.ncss.gov.sg/our-initiatives/tech-and-go/funding-support/itps-subsidy) **only:** Book your clinic session [here](http://go.gov.sg/tng-itpsclinic)

## How to Apply

Complete and submit the following to the relevant sections of your application on OurSG Grants Portal:

|  |  |  |
| --- | --- | --- |
| Consultancy/Service Type | Proposal Section | Budget Section |
| * Digital Strategy Planning (DSP) * Data Management Consultancy (DM) * Start Consultancy * Go Consultancy * Grow Consultancy * Digital Implementation Consultancy (DIC) * Consultancy Support Service (CSS) * IT Project Coaching (IPC) | 1. **This Word document.**      1. Your agency’s **Post-Clinic Report,** which the pre-appointed consultant will provide after the clinic session. | NIL |
| * IT Audit * Cyber Security (CS) * Data Protection (DP) | 1. **This Word document.**      1. **Proposal(s)[[1]](#footnote-1)** from your agency’s preferred service provider(s). | 1. **Quotation(s)1** from your selected assessment body (if applicable). 2. [**Annex A**](https://go.gov.sg/tng-npsc-annexa)(Only applicable for **IT Audit**, **Cyber Trust Mark**, and **Data Protection Trust Mark** applications above $6k). |
| * Robotics Process Automation (RPA) Consultancy * Digital Marketing Consultancy * Data Consultancy for Better Data Driven Charities | 1. **This Word document.** 2. **Proposal** from Institute of Higher Learning. | 1. **Quotation** from Institute of Higher Learning |
| * Infrastructure Design * Network Implementation * Cloud & Server Computing * Collaboration Solutions * Data Migration * Data Analysis * Software Deployment * Software Integration * UX/UI Design * IT Process Analysis * IT Project Management * Other scope discussed and confirmed by Lithan | 1. **This Word document.** 2. **Draft Scope of Works (SOW)** from Lithan Academy | 1. **Quotation** from Lithan Academy |

**Information on Proposed project**

|  |  |
| --- | --- |
| Agency Name: | *Enter text.* |
| Agency UEN: | *Enter text.* |

Please submit one Consultancy Service per application and indicate the Consultancy Service your agency is applying for:

**Digital strategy planning (DSP)**

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| --- |
| The consultant will help the SSA develop a digital strategy roadmap by identifying and prioritising resources and digital solutions required to become a future ready organisation. |

1. Describe why your agency needs a digital strategy plan and how it will contribute to your agency’s strategic goals:

|  |
| --- |
| *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**Data management (DM)**

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| --- |
| The consultant will help the SSA develop a data management strategy across the stages of the data lifecycle (e.g., collect, store, use, share, archive data etc) that is specific to the SSA's needs, capability and resources. |

1. Does your agency have a centralised data repository?

Yes  No

1. Has your agency established agency-wide data management policies and procedures?

Yes  No

1. How does your agency currently manage data in terms of collection, use, storage, share, archival? List any software that your agency is using, if applicable.

|  |
| --- |
| *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**IT solutions Consultancy**

|  |
| --- |
| **Start Consultancy**  The consultant will analyse SSA’s current processes and pain points, collect user requirements and perform gaps analysis, and provide up to 3 solution recommendations. Suitable for SSAs implementing pre-scoped and greenlane solutions.  **Go Consultancy**  In addition to Start Digital Consultancy scope, the consultant will conduct a cost benefit analysis to evaluate potential productivity gains. The consultant will also support the SSA in the IT implementation by providing project management and change management planning. Recommended for SSAs implementing non-pre-scoped and/or large- scale integrated IT solutions.  **Grow Consultancy**  In addition to Go Digital Consultancy scope, the consultant will leverage human centred design methodology to map the service user journey and to perform process re-engineering for the SSA. Recommended for SSAs implementing non-pre-scoped and/or large-scale integrated service delivery technology solutions.  **Digital** **Implementation Consultancy (DIC)**  The consultant will support the SSA in managing the project timeline, milestones, and deliverables of their IT project. Recommended for SSAs who require support for the implementation of IT solutions.  **Consultancy Support Service (CSS)**  The consultant will provide additional support required by the SSA to ensure optimal outcome for the digital project. Recommended for SSAs with consultancy needs in addition to the standard offerings. |

1. Describe why your agency is applying for IT Solutions Consultancy.

|  |
| --- |
| Enter text. |

1. Describe the challenges your agency is currently facing in digitalisation.

|  |
| --- |
| Enter text. |

1. What is/are the IT Solution(s) you would like to be assessed for this consultancy? Select the Category of IT Solution(s):  
   You may select more than one category. To add more or delete categories, right click on any item below, select *“Insert Item After”* or *“Delete Item”* from the pop-up menu.

|  |
| --- |
| 1. *Choose a category.* |

|  |  |
| --- | --- |
| If Others, please elaborate: | *Enter text.* |

If you are applying for the consultancy services (***Go, Grow or CSS***) for any of the following solutions, please submit the [**TSS Checklist**](https://go.gov.sg/tsschecklist):

·      People Practice, eg. **Human Resources and Learning & Development systems**

·      Volunteer Management, eg. **Volunteer Management Systems**

·      Financial Sustainability, eg. **Donor Management System**

·      Evaluation and Research, eg. **Case Management System**

1. Please indicate if your agency also requires the below assessment(s) as part of this IT Solutions Consultancy. (Additional areas may be chargeable and subjected to the consultant’s quote)

You may select more than 1 area.

Integration with other existing systems

|  |
| --- |
| *Please provide details.* |

IT architecture review

|  |
| --- |
| *Please provide details.* |

Cloud architecture review

|  |
| --- |
| *Please provide details.* |

Others, please specify

|  |
| --- |
| *Enter text.* |

1. For Go, Grow and Digital Implementation Consultancy (DIC) only:
2. What is the estimated cost of the IT solution?

Indicate the cost in SGD.

|  |
| --- |
| $ |

1. What is the projected timeline of the IT implementation?

|  |  |  |
| --- | --- | --- |
| *Start Date (MMM-YYYY)* | to | *End Date (MMM-YYYY)* |

1. For Go, Grow and Digital Implementation Consultancy (DIC) only:

We declare that:

|  |  |
| --- | --- |
|  | Our Agency is committed to implementing an IT Solution(s) as part of the requirements for the above Consultancy Service(s). We understand and confirm that failure to implement the IT Solution(s) would require our Agency to bear any consultancy costs that have already been incurred, in partial or in full, subject to NCSS’ approval. |

1. How will the IT Solution(s) be funded?

|  |  |  |
| --- | --- | --- |
|  | Self-funded | |
|  | Tech-and-GO! funding | |
|  | If Other government grants, please elaborate: | *Enter text.* |
|  | If Others, please elaborate: | *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**IT Project coaching (IPC)**

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| --- |
| The consultant will provide coaching sessions to train SSAs in the below digital capabilities  (at least 4 out of 7 focus areas):   1. Design Thinking 2. Technology and Vendor Evaluation 3. Project Management 4. Process Improvement 5. Change Management 6. Job Redesign 7. Business Case Development |

1. Describe why your agency is applying for IT Project Coaching Consultancy.

|  |
| --- |
| Enter text. |

1. Describe the challenges your agency is currently facing in digitalisation.

|  |
| --- |
| Enter text. |

1. What is/are the IT Solution(s) project you would like to implement under this coaching consultancy? Select the Category of IT Solution(s):  
   You may select more than one category. To add more or delete categories, right click on any item below, select *“Insert Item After”* or *“Delete Item”* from the pop-up menu.

|  |
| --- |
| *Choose a category.* |

|  |  |
| --- | --- |
| If Others, please elaborate: | *Enter text.* |

If you are applying for IT Project Coaching for any of the following solutions, please submit the [**TSS Checklist**](https://go.gov.sg/tsschecklist):

·      People Practice, eg. **Human Resources and Learning & Development systems**

·      Volunteer Management, eg. **Volunteer Management Systems**

·      Financial Sustainability, eg. **Donor Management System**

·      Evaluation and Research, eg. **Case Management System**

1. Please indicate if your agency also requires the below assessment(s) as part of this IT Project Coaching Consultancy. (Additional areas may be chargeable and subjected to the consultant’s quote)

You may select more than 1 area.

Integration with other existing systems

|  |
| --- |
| *Please provide details.* |

IT architecture review

|  |
| --- |
| *Please provide details.* |

Cloud architecture review

|  |
| --- |
| *Please provide details.* |

Others, please specify

|  |
| --- |
| *Enter text.* |

1. We declare that:

|  |  |
| --- | --- |
|  | Our Agency is committed to implementing an IT Solution(s) as part of the requirements for the above Consultancy Service(s). We understand and confirm that failure to implement the IT Solution(s) would require our Agency to bear any consultancy costs that have already been incurred, in partial or in full, subject to NCSS’ approval. |

1. How will the IT Solution(s) be funded?

|  |  |  |
| --- | --- | --- |
|  | Self-funded | |
|  | Tech-and-GO! funding | |
|  | If Other government grants, please elaborate: | *Enter text.* |
|  | If Others, please elaborate: | *Enter text.* |

1. Please list the members from your agency who will participate in this coaching project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

1. Your agency has secured leadership’s (Executive Director/CEO/Board) commitment to:
   1. Upskill staff with digital capabilities:

Yes  No

* 1. Implement digital solutions:

Yes  No

**IT AUDIT / CYBER SECURITY (CS)**

|  |
| --- |
| **IT Audit**  This professional service is recommended for SSAs that would like to ascertain if their IT systems are adequately protected from data tempering and loss, controls are effective, and if they are compliant with applicable laws, policies, and standards.  **Cyber Essentials Mark (Certification)**  This professional service is recommended for SSAs who want to be recognised for implementing good cyber hygiene practices to protect their operations and clients against common cyber-attacks.  **Cyber Trust Mark (Certification)**  This professional service is recommended for SSAs with extensive digitised operations who wish to receive a mark of distinction for putting in place good cyber security practices. |

1. Does your agency have a plan for IT incident response and recovery?

Yes  No

1. Are your agency’s IT policies and processes constantly reviewed and updated?

Yes  No

1. Your agency is applying for the following Cyber Security Modules:  
    Cyber Security Essentials (CSE)

Cyber Security Trustmark (CSTM)

IT Audit

1. Indicate your preferred service provider (Select from our [Tech-and-GO! website](https://www.ncss.gov.sg/our-initiatives/tech-and-go/funding-support/social-service-agencies---consultancy-subsidy) under Eligibility, Funding, and Application):

|  |
| --- |
| *Enter text.* |

1. For **CSE** and **CSTM**, indicate your preferred Certification Body (Select from [here](https://www.csa.gov.sg/Programmes/sgcybersafe/cybersecurity-certification-for-enterprises/cyber-essentials-appointed-certification-bodies)):

|  |
| --- |
| *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**DATA Protection (DP)**

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| --- |
| **Data Protection Essentials (Programme)**  This professional service is recommended for SSAs who would like to put in place basic data protection and security practices.  **Data Protection Trust Mark (Certification)**  This professional service is recommended for SSAs who want to build trust with their service users by demonstrating that a robust data protection regime has been implemented. |

1. Has your agency appointed a Data Protection Officer (DPO) and is the business contact information made available to the public?

Yes  No

1. Does your agency have a plan for data breach response and recovery?

Yes  No

1. Does your agency regularly review your data protection policies?

Yes  No

1. Your agency is applying for the following Data Protection programmes:

Data Protection Essentials (DPE)

Data Protection Trustmark (DPTM)

1. Indicate your preferred Service Provider (Select from [here](https://www.imda.gov.sg/dpe)):

|  |
| --- |
| *Enter text.* |

1. For DPTM, indicate your preferred Assessment Body (Select from [here](https://www.imda.gov.sg/programme-listing/data-protection-trustmark-certification)):

|  |
| --- |
| *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**ROBOTIC PROCESS AUTOMATION (rpa)**

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| --- |
| The consultant will help the SSA develop Robotic Process Automation on the processes that need to be automated specific to the SSA’s needs, capability and resources. |

1. Describe why your agency is applying for RPA Consultancy.

|  |
| --- |
| Enter text. |

1. Describe the challenges your agency is currently facing in digitalisation.

|  |
| --- |
| Enter text. |

1. Select and elaborate on the potential top processes that your agency wants to automate:

|  |  |
| --- | --- |
|  | Class registration automation |
| Please elaborate: | *Enter text.* |
|  | Sorting of emails and updating information into database |
| Please elaborate: | *Enter text.* |
|  | Preparation of Certificates |
| Please elaborate: | *Enter text.* |
|  | Preparation of performance bonus letters |
| Please elaborate: | *Enter text.* |
|  | Preparation of letter of acceptance and employment |
| Please elaborate: | *Enter text.* |
|  | 360 degree feedback |
| Please elaborate: | *Enter text.* |
|  | Population of job application forms |
| Please elaborate: | *Enter text.* |
|  | Sending of customised WhatsApp messages |
| Please elaborate: | *Enter text.* |
|  | Identification of absentees and automation of reminder messages |
| Please elaborate: | *Enter text.* |
|  | Sending customised email messages |
| Please elaborate: | *Enter text.* |
|  | Population of job application forms |
| Please elaborate: | *Enter text.* |
|  | Others |
| Please elaborate: | *Enter text.* |

1. Please indicate if your agency has overall readiness plans to automate and the willingness to upskill the relevant staff to acquire RPA knowledge in the software.

Yes  No

If Yes, please elaborate:

|  |
| --- |
| Enter text. |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**data consultancy for Better Data driven Charities (BDDC)**

|  |
| --- |
| The consultant will help the SSA improve the data visibility and analytics through the customisation and implementation of the BDDC templates. |

1. Describe why your agency is applying for BDDC Consultancy.

|  |
| --- |
| Enter text. |

1. Describe the challenges your agency is currently facing in digitalisation.

|  |
| --- |
| Enter text. |

1. Select and elaborate on the BDDC use case template that your agency wants to customise and implement:

*Select one use case per application*

|  |  |
| --- | --- |
|  | **Donation Management** – Growing Donations |
| Please elaborate: | *Enter text.* |
|  | **Volunteer Management** – Retaining and Engaging Volunteers |
| Please elaborate: | *Enter text.* |
|  | **HR Management** – Improve HR Planning |
| Please elaborate: | *Enter text.* |
|  | **Case Management** – Manage Caseloads and Resource Planning |
| Please elaborate: | *Enter text.* |

1. Please indicate if your agency has overall readiness plans to customise the data templates and develop dashboards, and the willingness to upskill the relevant staff to acquire data analytics and visualisation knowledge in the software.

Yes  No

If Yes, please elaborate:

|  |
| --- |
| Enter text. |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**DIGITAL MARKETING**

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| The consultant will help the SSA to improve branding communications to increase outreach and create constant online presence. |

1. Describe why your agency is applying for Digital Marketing Consultancy.

|  |
| --- |
| Enter text. |

1. Describe the challenges your agency is currently facing in Digital Marketing.

|  |
| --- |
| Enter text. |

1. Select and elaborate on the potential top processes that your agency wants to automate:

|  |  |
| --- | --- |
|  | **Brand Audit** which include *understanding target audience’s motivation and decision making process/journey mapping, perception towards organisation/services, digital media consumption habits, etc* |
| Please elaborate: | *Enter text.* |
|  | **Digital Content Strategy** which include o*nline value proposition, mapping of content pillars and digital channels)* |
| Please elaborate: | *Enter text.* |
|  | **Content Creation** which include *social media content (static or short videos), Corporate video(s)* |
| Please elaborate: | *Enter text.* |
|  | Others |
| Please elaborate: | *Enter text.* |

1. Please list the members from your agency who will participate in this consultancy project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

**IT Professional services**

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| --- |
| The Service Provider will support the SSA’s internal IT needs with a combination of diverse and varied IT skillsets as outlined in the [Skills Framework for ICT](https://www.imda.gov.sg/cwp/assets/imtalent/skills-framework-for-ict/index.html) |

1. Describe your agency’s needs and desired outcomes for engaging this IT Professional Service.

|  |
| --- |
| Enter text. |

1. Please select which package(s) you are applying for (you may select more than one):

|  |  |
| --- | --- |
|  | **Infrastructure Design** |
|  | **Network Assessment and Implementation** |
|  | **Cloud Assessment and Migration** |
|  | **Data Migration** |
|  | **Data Analysis** |
|  | **Software Configuration and Implementation** |
|  | **Software Integration** |
|  | **UI/UX Design** |
|  | **Business Process Optimisation & Automation** |
|  | **IT Project Management** |
|  | **Others: Please specify** |

1. Please list the members from your agency who will participate in this project.

|  |  |  |
| --- | --- | --- |
| Project Lead | *Name* | *Email* |
| Member | *Name* | *Email* |
|  | *(Add more rows as needed)* |  |

1. See [Tech-and-GO! Website](https://www.ncss.gov.sg/our-initiatives/tech-and-go/funding-support/social-service-agencies---consultancy-subsidy) for breakdown of proposals and quotations required for each service type. [↑](#footnote-ref-1)