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

## INFORMATION ON PROPOSED PROJECT

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

[ ]  **TECHNICAL ADVISORY (ta)**

|  |
| --- |
| Suitable for charities that need support on the suitable digital solution to adopt on a specific focus area. The Charity’s first TA is fully-funded. |

1. Indicate why your charity is applying for Technical Advisory or 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?

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

1. Indicate if your charity also requires the below assessment(s) as part of this Technical Advisory.
(Additional areas are chargeable and subjected to the consultant’s quote)

You may select more than 1 area.

[ ]  Integration with other existing systems

|  |
| --- |
| *Provide details.* |

[ ]  IT architecture review

|  |
| --- |
| *Provide details.* |

[ ]  Cloud architecture review

|  |
| --- |
| *Provide details.* |

[ ]  Others, please specify

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

1. Indicate your preferred consultant:

|  |
| --- |
| *Choose a consultant.* |

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

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

[ ]  **DIGITAL IMPLEMENTATION CONSULTANCY (dic)**

|  |
| --- |
| The consultant will support the Charity in managing the project timeline, milestones, and deliverables of their IT project. Recommended for charities who require support for the implementation of IT solutions. |

1. Describe why your charity is applying for DIC?

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

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

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

1. Your charity is applying for the following implementation modules:
You may select more than 1 module.

|  |  |
| --- | --- |
| [ ]  | Project Management*Ensures project timeline, deliverables & KPIs are satisfied.* |
| [ ]  | Process Management1. *Streamlines and develops processes to maximise benefits of digitalisation*
 |
| [ ]  | Change Management *Secures buy-in from stakeholders, especially staff who may feel threatened by work changes caused by digitalisation.* |
| [ ]  | Post-Implementation Advisory*Provides advisory and training to SSA staff to implement the digitalisation project, in areas such as design thinking, project management, process improvement etc.* |

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. |

1. Please indicate if your charity also requires the below assessment(s) as part of this DIC. (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. 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. 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! Charities: Go Digital (Tech Subsidies) funding  |
|[ ]  Charities Capability Fund (CCF) – ICT Category B funding |
|[ ]  If Other government grants, please elaborate: |  *Enter text.* |
|[ ]  If Others, please elaborate: |  *Enter text.* |

1. Indicate your preferred consultant:

|  |
| --- |
| *Choose a consultant.* |

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

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

[ ]  **Digital strategy planning (DSP)**

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

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

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

1. Your charity is applying for the following Digital Strategy Planning modules:
You may select more than 1 module.

|  |  |
| --- | --- |
| [ ]  | Facilitation Workshop*Perform SWOT analysis at organisational level and prioritise digital solutions to meet future service needs of organisations.* |
| [ ]  | Change Management Planning*Plan & validate change management strategies and provide change management tools to enable organisations to secure buy-in from stakeholders.* |
| [ ]  | Change Management Implementation*Execute and refine change management implementation strategies to support organisation’s digital plan and provide change management tools to secure buy-in from stakeholders.*  |
| [ ]  | Process Management*Streamlines and develops processes to maximise benefits of digitalisation.* |

1. Indicate your preferred consultant:

|  |
| --- |
| *Choose a consultant.* |

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

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

[ ]  **Starter Pack (STP)**

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| --- |
| Suitable for charities that require guided support through their digitalisation journey but have limited funds. This consultancy includes selective DIC and DSP modules in a bundle.[[1]](#footnote-1)  |

Starter Pack consists of the following modules:

|  |  |
| --- | --- |
| 1. | DSP – Process Management*Streamlines and develops processes to maximise benefits of digitalisation.* |
| 2. | DIC/DSP – Change Management*Secures buy-in from stakeholders, especially staff who may feel threatened by work changes caused by digitalisation or clients/caregivers that may not be digital savvy.* |
| 3. | DIC – Project Management*Ensures project timeline, deliverables & KPIs are satisfied.* |

1. Describe the process area(s) your charity would like to improve on.

|  |
| --- |
| *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.

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

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

1. Please indicate if your agency also requires the below assessment(s) as part of this 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. Indicate your preferred consultant:

|  |
| --- |
| *Choose a consultant.* |

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

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

1. Charities applying for Starter Pack will not be able to tap on individual DIC or DSP consultancy modules. [↑](#footnote-ref-1)