**LIEN CENTRE FOR PALLIATIVE CARE  
EDUCATION INCUBATOR APPLICATION**

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| **Title of Project:** |  |
| **Brief Description** |  |
| **Period / Duration** |  |

The information is furnished to the Lien Centre for Palliative Care (LCPC) with the understanding that it shall be used or disclosed for evaluation, reference, and reporting purposes only.

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| 1. **PROJECT PLAN** |
| *Please provide an overview of your proposed plan using the following headers:* |
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| 1. **NEEDS STATEMENT** |
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| 1. **LEARNING OBJECTIVES** |
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| 1. **PROJECT DETAILS** |
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| 1. **PROJECT TIMELINE** |
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| 1. **DESIRED OUTCOMES & MEASUREMENT** |
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| 1. **ESTIMATED RESOURCES REQUIRED**   *(in terms of manpower, other operating expenses such as materials & supplies, and other costs)* | | |
| *Note: This is for planning purposes only. If shortlisted for funding, a more accurate budget will be required.* | | |
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| 1. **BUDGET** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. **MANPOWER** | | | | | |  |  |  |  |  | | **Staff Designation** | **Existing/ New** | **No.** | **Details** | **Total Costs (SGD)** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  | **Total Manpower Costs** |  | |  |  |  |  |  | | **Justification:** | | | | | |  | | | | | |  |  |  |  |  | | 1. **OTHER OPERATING EXPENSES (OOE)** | | | | | |  |  |  |  |  | | **Category** | **Item Description** | | | **Total Costs (SGD)** | |  |  | | |  | |  |  | | |  | |  |  | | |  | |  |  | | |  | |  | **Total OOE Costs** | | |  | |  |  | | |  | | **Justification:** | | | | | |  | | | | | | | |
| 1. **PROJECT TEAM MEMBERS** | |
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| **Name:** |  |
| **Office Mailing Address:** |  |
| **Email:** |  |
| **Contact No:** |  |
| **Current Position:** *(please provide full details, e.g. joint appointments)* | |
|  | |
| |  |  | | --- | --- | | **Name:** |  | | **Office Mailing Address:** |  | | **Email:** |  | | **Contact No:** |  | | **Current Position:** *(please provide full details, e.g. joint appointments)* | | |  | | | |
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| **Contact No:** |  |
| **Current Position:** *(please provide full details, e.g. joint appointments)* | |
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| **Email:** |  |
| **Contact No:** |  |
| **Current Position:** *(please provide full details, e.g. joint appointments)* | |
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| 1. **References** | |
| *Please list the references in the order cited in this proposal.* | |
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