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

|  |  |
| --- | --- |
| **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**
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| 1. **MANPOWER**
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|  |  |  |  |  |
| **Staff Designation** | **Existing/ New** | **No.** | **Details** | **Total Costs (SGD)** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | **Total Manpower Costs** |  |
|  |  |  |  |  |
| **Justification:** |
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|  |  |  |  |  |
| 1. **OTHER OPERATING EXPENSES (OOE)**
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|  |  |  |  |  |
| **Category** | **Item Description** | **Total Costs (SGD)** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  | **Total OOE Costs** |  |
|  |  |  |
| **Justification:** |
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| 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)* |
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| --- | --- |
| **Name:** |  |
| **Office Mailing Address:** |  |
| **Email:** |  |
| **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**
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| *Please list the references in the order cited in this proposal.* |
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