**LIEN CENTRE FOR PALLIATIVE CARE  
RESEARCH FUNDING APPLICATION**

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| **Title of Research Project:** |  |
| **Name of Principal Investigator:** |  |

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. **CATEGORY OF RESEARCH** | |
| *Please select the appropriate box:* | |
|  | |
|  | **Understanding and meeting patient/caregiver preferences regarding end-of-life care** |
|  | **Patient-family provider communication regarding end-of-life care** |
|  | **End-of-life care financing and delivery models** |
|  | **Pain and symptom management at the end of life** |

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| 1. **RESEARCH PLAN** |
| *In no more than* ***2 pages****, please provide an overview of your proposed research plan using the following headers:* |
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| 1. **SPECIFIC AIMS AND HYPOTHESES** |
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| 1. **SIGNIFICANCE** |
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| 1. **PRELIMINARY WORK** *(if available)* |
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| 1. **METHODS** |
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| 1. **EXPECTED DELIVERABLES** |
| *For example, will the research result in a grant submission? If so, who is the funding agency? Will it generate publications? If so, how many and what are the target journals? How will the research strengthen the credentials of the PI for future research opportunities? Will there be other research outputs?* |
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| 1. **ESTIMATED RESOURCES REQUIRED**   *(in terms of project duration; and 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. **TIMELINE** |
| |  |  | | --- | --- | | Project Duration: (dd/mm/yy to dd/mm/yy) |  |  | **Milestones** | **Targeted Duration of Project** | | | | | | | --- | --- | --- | --- | --- | --- | --- | | *Shade the box which the activity is projected to occur in* | **M1** | **M2** | **M3** | **M4** | **M5** | **M6** | | Draft Interview Guide/Survey Design |  |  |  |  |  |  | | Obtain Ethics Approval |  |  |  |  |  |  | | Conduct in-depth interviews |  |  |  |  |  |  | | Analyse Qualitative Data |  |  |  |  |  |  | | Write Publications |  |  |  |  |  |  | | Submit to Peer Reviewed Journals |  |  |  |  |  |  | | Produce Dissemination Material |  |  |  |  |  |  | |
| 1. **BUDGET** |
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| 1. **MANPOWER** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Staff Designation** | **Existing/ New** | **No.** | **Details** | **Total Costs (SGD)** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  | **Total Manpower Costs** |  | |
| **Justification:** |
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| 1. **OTHER OPERATING EXPENSES (OOE)** |
| |  |  |  | | --- | --- | --- | | **Category** | **Item Description** | **Total Costs (SGD)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  | **Total OOE Costs** |  | |
| **Justification:** |
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| 1. **RESEARCH TEAM** | |
| *Please list all Co-Investigators* | |
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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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| **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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| 1. **References** |
| *Please list the references in the order cited in this proposal* |
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