

2. Click into GP IT Enablement (GP ITE) Grant to view the details and log in via CorpPass to apply for the grant

AGENCY FOR INTEGRATED CARE
GP IT ENABLEMENT GRANT
(GP ITE)

INSTRUCTIONS

About this grant

The GP IT Enablement (GP ITE) Grant is a one-off support grant for GP clinics to achieve a minimum level of digitalisation for contribution of data to National Electronic Health Record (NEHR) and participation in Healthier SG (HSG).

GP clinics can tap on the GP ITE Grant to adopt or upgrade to a Clinic Management System (CMS) under the CMS Tiering Framework for Primary Care.

Visit primarycarepages.sg/healthier-sg for more information on Healthier SG and GP ITE Grant.

Who Can Apply?

This grant is open to all GP clinics offering primary care services licensed under the Private Hospitals & Medical Clinics Act (PHMCA) or Healthcare Services Act (HCSA).

When to Apply?

GP clinics may submit their application from 1 Jul 2023 to 30 Jun 2024.

How much funding can you receive?

GP clinics can apply only for either of the 2 grant packages below:

(Healthier SG) Package 1

- For GP clinics intending to participate in HSG
- Required to adopt a Tier 1 CMS under the CMS Tiering Framework for Primary Care and fulfil HSG data contribution and NEHR quality data contribution
- Funding amount of \$10,000

(Non-Healthier SG) Package 2

- For GP clinics not intending to participate in HSG, but wish to adopt or upgrade their CMS
- Required to adopt a Tier 1/Tier 2 CMS under the CMS Tiering Framework for Primary Care and fulfil NEHR quality data contribution
- Funding amount of \$3,000

GP clinics will indicate a 6-months monitoring period in the application, where their CMS will be monitored for Healthier SG and/or NEHR contribution, depending on the selected package. GP clinics should factor in the time required to adopt or upgrade their CMS such that they are ready to contribute data to HSG and/or NEHR during the 6-months monitoring period.

The funding amount will be awarded only to GP clinics that successfully meet the data contribution criteria in the 6-months monitoring period.

Visit primarycarepages.sg/healthier-sg for full details on the eligibility and disbursement criteria for the respective packages.

How to apply?

Complete the application, which should take about 30 mins if you have the information on hand. All fields are necessary unless they are marked as optional.

DOCUMENTS REQUIRED FOR APPLICATION

Complete the following document and upload it to the relevant sections of the form before you submit your application: >

- [GPITE_Grant_Supporting_Application_Form_V1 \(XLSX 15.4 KB\)](#)

All files attached to the application must not exceed 25MB in total.

APPLY AS AN ORGANISATION

You will be directed to login via SingPass. Upon successful login, select the relevant UEN ID.

Click here to log in via CorpPass tagged to the clinic's UEN.

***Important Note for Healthier SG Clinics:**
Please ensure that you are applying using the UEN used in your Healthier SG application. For sole proprietor, please apply using the MOH-issued UEN.

3. Filling up the grant application form

- a) Please select Yes for Qns 1 and 2.

CHECK YOUR ELIGIBILITY

1. Is your organisation a legal entity registered under Accounting and Corporate Regulatory Authority (ACRA) / Registry of Societies (ROS) / Registry of Co-Operative Societies (RCS) or gazetted in AGC Statutes?

Yes No

2. Is your organisation a GP clinic offering primary care services, with a valid healthcare license under the Private Hospitals & Medical Clinics Act (PHMCA) or Healthcare Services Act (HCSA)?

Yes No

- b) Please key in Clinic Name (indicate name on clinic license) and HCI code (e.g. 25M0001)

PROJECT DETAILS

Category ? Healthier SG Package 1 x v

Please visit www.primarycarepages.sg for more information about the package

Application Title ?

HCI Code ?

- c) To meet grant disbursement criteria, clinic will need to indicate the 6-months period for the data contribution monitoring.

Clinic will need to factor in the time required to adopt or upgrade the CMS such that the clinic is ready to contribute data to HSG and/or NEHR during the monitoring period.

Clinic will be monitored for their HSG and/or NEHR data contribution based on the indicated period (6 months). This monitoring period would also be stipulated in the LOA.

Start Date ?

End Date ?

Start Date: Please indicate the first calendar day of the monitoring month. Date indicated cannot be later than 1/8/2024.

End Date: Please indicate be last calendar day of the sixth monitoring month. Date indicate cannot be later than 31/1/2025.

FUNDING DETAILS

Have you **requested** funding for this project from other sources? Yes No

Since GP ITE is a once-off grant, GP should indicate "No" for the funding questions.

Have you **received** funding for this project from other sources? Yes No

If "Yes" is indicated, GP would need to provide the funding details in the comment box, for AIC's further assessment.

Is your organisation GST registered? Yes No

Additional Comments (If Any)

250 characters left

GPs that had applied for ECI may indicate the ECI monitoring period in the additional comments section, for AIC's noting.

MAIN CONTACT PERSON

We will contact this person with any queries about the application.

Name (as in NRIC/FIN)

Contact Number

Email Address

Designation (If Any)

Mailing Address

Same as organisation address

Please provide Clinic's Address in the Mailing Address section.

Country Postal Code

Blk/Hse No. Street

Level Unit Building Name

ALTERNATE CONTACT PERSON

We will contact this person with queries about the application if the main contact is unavailable.

Name (as in NRIC/FIN)

Contact Number

Email Address

Designation (If Any)

ORGANISATION INFORMATION

You may be able to use details registered with your UEN to complete your profile.

RETRIEVE PROFILE

Organisation Name
Required

UEN

Organisation Type Non-profit For profit Government

Registration Date
Required

Registered As
Required

Are you a raise member? Yes No

GP can retrieve organisation details based on the UEN records used in this application.

Organisation Address

Country Postal Code
Required

Blk/Hse No. Street
Required

Level Unit Building Name

Group clinics can provide the HQ address (if applicable) in the Organisation Address.

Otherwise this should be the Clinic Address.

Organisation Website (If Any)

Organisation Vision/Description

Briefly describe what your organisation does

Required

Past Achievements/Projects/Work (If Any)

List your organisation's relevant experience or expertise to strengthen your grant application

2000 characters left

To provide a brief description of clinic services. (E.g., CHAS, PCN and HSG Clinic)

Past Achievements field can be left blank.

LETTER OF AWARD ADDRESSEE

We will address the Letter of Award to your organisation's highest authority (e.g., Chief Executive Officer, Director, Chairman, Organising Chairman or President) stated below, if the application is successful.

Name (as in NRIC/FIN)
Required

Designation

Email Address

The LOA will be electronically generated when the application is approved. An email will be sent to the LOA Addressee to view and accept/reject the LOA.

SUPPORTING DOCUMENTS (IF ANY)

Declaration

"Applicant" refers to the individual or organisation applying for this grant.

I / We and the Applicant, declare the following:

- a. Has the Applicant been or is the Applicant being, in the last 5 years or currently:
1. investigated for or charged with or convicted of any criminal offence or subject to any criminal proceedings; or
 2. subject to any disciplinary proceedings or regulatory action by any regulatory or licensing authority, in any jurisdiction?
- Yes No
- b. Has the Applicant been or is the Applicant being, in the last 5 years or currently, engaged in any civil suit or proceedings in any jurisdiction?
- Yes No
- c. Has the Applicant been or is the Applicant currently:
1. bankrupt, wound up or under judicial management;
 2. subject to any bankruptcy, winding up or judicial management proceedings; or
 3. subject to having a receiver or manager appointed over any undertaking or property of the Applicant?
- Yes No
- d. Has the Applicant applied for or obtained any other grant or tax incentive for this project?
- Yes No
- e. Has the Applicant received or will the Applicant receive any cashback, benefit, reward or incentive for applying for or using the grant?
- Yes No
- f. Has the Applicant commenced on this project prior to this application, such as signing any contract and making any form of payment to any supplier or service provider engaged?
- Yes No
- g. Do any of the suppliers and service providers engaged in this project have any relationship, connection, association or dealings with the Applicant, its related companies or their directors and shareholders?
- Yes No
- h. If the answer to Question 'g' is 'Yes', will the Applicant be claiming project costs which may be incurred by such suppliers and service providers?
- Yes No
- i. Is the Applicant related directly or indirectly to the Agency (E.g. staff of the Agency, appointment holder or member of any committee/ board/ council overseen by the Agency)?
- Yes No

Consent & Acknowledgement

The Applicant consents to the release of any information provided in this application, in support of this application or on any consequential provision of grant by the Agency to other public agencies for the purposes of assessing the Applicant's suitability for the grant or other assistance schemes or for public policy analysis or formulation or public data analytics purposes, and to external auditors and assessors.

The Applicant gives its consent for the Agency to obtain and verify information from or with any source, as the Agency deems appropriate for the assessment of this application.

The Applicant acknowledges that the submission of this application does not, of itself, automatically entitle the Applicant to the grant, and all project funding stated in this application is purely an estimation and will be subject to evaluation. The Applicant also understands that the grant (if approved) shall be subject to such further terms and conditions as may be set out in the Letter of Offer, where applicable.

The Applicant acknowledges and agrees that the Applicant shall be undertaking the project at the Applicant's own cost and risk. The Applicant agrees that in no event will the Agency be liable to the Applicant for any direct or indirect losses or damages, including loss of income, profit or savings or indirect, incidental, special, consequential, or punitive damages arising from or in connection with this application.

The Applicant agrees to indemnify the Agency against any claims made against the Agency or incurred by the Agency arising from or in connection with this application.

I / We and the Applicant, declare that all facts stated in this application and all accompanying information are true and correct to the best of our knowledge and that we have not withheld or distorted any material facts or information.

I / We and the Applicant understand that I / We and the Applicant have a continuing obligation to promptly notify the Agency if there is any change affecting any fact or information set out in this application form and declaration.

I / We and the Applicant understand that I / We and the Applicant may face prosecution if I / We and the Applicant provide false or misleading statements or fail to disclose material facts or information, and the Agency may, at its discretion, withdraw the grant and recover immediately from the Applicant any amount of the grant that may have been disbursed, and I / We and the Applicant shall have no claim against the Agency in relation thereto.

I / We and the Applicant have read and agree to abide by all the Terms of Use for this website.

- I / We and the Applicant consent to and acknowledges all of the above.
- I / We consent to receive updates and notifications about AIC programmes, grants and events. I understand that AIC will keep my details strictly confidential.

Applicant would need to complete OSG standard declaration and consent/ acknowledgement to TOU in the final step of their submission.

For any queries, please contact your AIC account manager for assistance.