

Human Potential – Prenatal/ Early Childhood
Grant Call 2026
Information Sheet

Human Potential Coordinating Office
Agency for Science, Technology & Research
Email: hppo@a-star.edu.sg

Accurate as of July 24, 2026

Contents

1	BACKGROUND	3
2	OBJECTIVES AND KEY OUTCOMES	3
3	RESEARCH AREAS AND SCOPE	4
4	GRANT TIERS	7
5	FUNDING QUANTUM AND PROJECT DURATION	7
6	ELIGIBILITY CRITERIA	8
7	GRANT CALL TIMELINE	9
8	PROPOSAL REQUIREMENTS	9
9	GRANT CALL SUBMISSION PROCESS.....	9
10	FUNDING	11
11	REVIEW PROCESS AND EVALUATION CRITERIA	12
12	AWARD	13
ANNEX A		14
ANNEX B		15

1 BACKGROUND

- 1.1 Human capital is Singapore's most valuable resource. With persistently low birth rates, ageing population, and a declining workforce, it is a national priority for Singapore to optimise an individual's potential from young and throughout life.
- 1.2 The Human Potential ("HP") Programme was set up as part of the Human Health and Potential ("HHP") domain under the Research, Innovation and Enterprise ("RIE") 2025 plan. The HP Programme is aimed at:
 - a) improving holistic health, wellness, and academic readiness of individuals; and
 - b) increasing their economic contribution over their lifetime.
- 1.3 Under RIE2030, the HP Programme will retain these overall aims.
- 1.4 PEC is one of the three (3) strategic focus areas under the HP Programme and focuses on improving child's physical, cognitive, and socio-emotional development and maternal health and well-being in order to optimise developmental outcomes and set the right trajectory for an individual's life course.

2 OBJECTIVES AND KEY OUTCOMES

- 2.1 The PEC Grant Call (hereinafter referred to as "Grant Call") is a national competitive funding scheme dedicated to build ecosystem capacity and capabilities in HP.
- 2.2 It will also tap on the momentum of past RIE2025 PEC Grants to catalyse collaborations between multi-disciplinary research performers and operational agencies to deepen our understanding of early life health and development by supporting targeted, evidence-based interventions that promote physical, metabolic, mental, and socio-emotional well-being during the maternal, prenatal, and childhood periods—critical stages that influence outcomes across the life course.
- 2.3 The Grant Call also complements ongoing and future efforts under the HP Programme, including Science of Learning grant led by the Ministry of Education ("MOE") and the Integrative Adolescence Research Programme ("IARP"). Together, these efforts aim to optimise developmental trajectories from childhood through adulthood by advancing coordinated, life-course research and intervention strategies.

- 2.4 The Grant Call will continue to award grants through open, competitive grant calls to research performers, including Institutes of Higher Learning (“IHLs”), publicly funded research institutions, healthcare institutions, to address knowledge and translational gaps in maternal, prenatal, and childhood health and development.
- 2.5 This Grant Call concerns **“Empowering Caregivers to Foster Healthy Development”**, within the life course from **preconception, pregnancy to early-mid childhood (-1 to 10 year olds)**.

3 RESEARCH AREAS AND SCOPE

- 3.1 The research areas covered under this Grant Call are:

<u>Research Areas</u>	<u>Description</u>
Caregiving relationships, interactions and communication	Strengthen caregiving relationships, interactions and communication practices across parents, family members, educators and other caregivers, with demonstrated impact on children’s cognitive, language, socio-emotional and self-regulation outcomes in Singapore’s diverse socioeconomic and cultural contexts. Outcomes may include more responsive and sensitive caregiving, improved emotional co-regulation, richer language and stimulation in everyday interactions, and more consistent caregiving approaches across home and preschool settings, particularly when children face socioeconomic or environmental adversity and during sensitive developmental periods in the prenatal to childhood years.
Caregiver well-being, capacity and caregiving contexts	Enhance caregiver well-being, caregiving capability and caregiving contexts (including family, community and organisational environments) to support high-quality caregiving and improved developmental outcomes for children from prenatal to childhood. Outcomes may include improved caregiver mental health, reduced stress and burnout, stronger caregiving self-efficacy, better alignment with recommended caregiving practices, and more supportive home and school environments, with explicit attention to how socioeconomic pressures, work conditions and environmental constraints influence caregivers’ ability to

<u>Research Areas</u>	<u>Description</u>
	provide stable, sensitive care at key developmental periods.
Multi-caregiver configurations, alignment and stability	Optimise caregiving structures, configurations and alignment in multi-caregiver systems (e.g. parents, grandparents, domestic helpers, childhood educators) to support caregiving stability, coherent routines and secure, developmentally supportive caregiving relationships, especially for children experiencing socioeconomic or environmental adversity. Outcomes may include more stable and predictable caregiving arrangements, improved coordination across caregivers, stronger sense of security and connectedness for children, and reduced disruptions due to caregiver turnover in both homes and school settings, with a focus on sensitive developmental windows when caregiving instability may have lasting impact.
Caregiver-led play and holistic development	Strengthen caregiver-led play and play-based interactions across home and school-linked environments to support children’s holistic development, including cognitive, language, socio-emotional and self-regulation outcomes, with explicit consideration of socioeconomic and environmental constraints. Outcomes may include increased quality and frequency of developmentally supportive play interactions, improved adult–child interaction quality during play, richer opportunities for outdoor and active play within dense urban settings, and better continuity of play experiences between home and school across different communities, particularly during early sensitive periods when play is a primary context for learning and relationship-building.

3.2 A non-exhaustive list of examples under each of the Research Areas can be found in [Annex A](#).

3.3 Applicants are encouraged to consider the following **cross-cutting approaches** that may augment the Research Areas and which should not be proposed as standalone projects.

3.4 These approaches include (but is not limited to):

<u>Cross-cutting Approaches</u>	<u>Description</u>
Focus on modifiable caregiving and environmental mechanisms	- Proposals should move beyond describing risk factors (e.g., socioeconomic status (SES), maternal education) that are not modifiable, to identify actionable pathways and intervention targets. - Priority will be given to research examining protective, compensatory, and promotive mechanisms that can improve developmental outcomes despite contextual adversity.
Generate Singapore-relevant evidence	- Proposals should examine caregiving processes, caregiver beliefs, practices, and expectations about child development, and intervention approaches within Singapore's multicultural family and institutional contexts, and avoid assuming the universal applicability of frameworks derived predominantly from Western populations. - Where validated tools or models are adapted for use in Singapore, proposals should include appropriate cultural validation and contextual calibration as part of the research design. Development of new, locally anchored conceptual frameworks, assessment measures and interventions is strongly encouraged where existing instruments have limited cultural fit.
Prioritise causal understanding	Research designs that enable identification of mechanisms and causal pathways, including randomised controlled trials (RCTs), quasi-experimental designs, natural experiments, and implementation and intervention research, are strongly encouraged.
Emphasise behavioural, relational and developmental mechanisms	- Research should elucidate the proximal mechanisms through which caregiving quality translates into developmental change, with sufficient granularity to support intervention design. - Biological measures may be included where justified but need not be the primary focus.

4 GRANT TIERS

4.1 There are three (3) Grant Tiers under the current Grant Call, viz:

Tier 1	Tier 2	Tier 3
Seed innovative research ideas and support the development of young investigators towards research independence.	Support impactful research programmes addressing important translational gaps in maternal, prenatal and childhood health and development.	Support large-scale collaborative research programmes capable of generating evidence that informs practice, programmes and policy.

4.2 Research proposals under all tiers should articulate a clear translational pathway to address important gaps in maternal, prenatal and childhood health and development. Proposals may encompass discovery, mechanistic, developmental, translational, implementation and/or intervention research, provided they are aligned with the Grant Call objectives and demonstrate a clear rationale for advancing knowledge and/or informing practice, programmes or policy. Applicants should describe a translational pathway that is aligned with the scale and complexity of the proposed research. Where implementation activities are beyond the scope of the proposed work, applicants should clearly describe the anticipated pathway for future translation.

4.3 Research Proposals with identified relevant public sector/industry partners (e.g., through collaboration or provision of Letters of Support from partners stating their intended contributions/deployment interests) shall be considered favourably. Such contributions may include in-kind services (e.g. labour, materials), cash, or a combination of the two towards the Project.

4.4 The Grant Approaches and recommended scope of research proposals can be found in [Annex B](#).

5 FUNDING QUANTUM AND PROJECT DURATION

5.1 The funding support and duration for proposals under the respective grant tiers are as follows:

	Tier 1	Tier 2	Tier 3
Funding Quantum	Up to S\$500,000	Up to S\$2,000,000	Up to S\$5,000,000
Duration	Up to three (3) years	Up to three (3) years	Up to four (4) years

NOTE: Funding quantum is inclusive of 30% indirect costs. Final quantum awarded will be subject to budget evaluation and recommendations by the Grant Review Panel.

6 ELIGIBILITY CRITERIA

Eligible Organisations

6.1 This Grant Call is open to all researchers from IHLs, public sector agencies, public hospitals, public healthcare institutions, and public research entities (hereinafter referred to as “eligible organisations”) in Singapore.

Eligible Researchers

6.2 Proposals should be driven by one (1) Lead Principal Investigator (hereinafter referred to as “Lead PI”) with the stature and reputation to drive collaborations with research partners. The Lead PI must have a minimum of 0.75 FTE primary appointment with an eligible organisation and have a laboratory or research programme that carries out research in Singapore.

6.3 Work packages (if proposed) must be led by Team Principal Investigators (hereinafter referred to as “Team PIs”). Team PIs must fulfil the criteria set out under paragraph 6.2.

6.4 Researchers who have primary/joint appointments in publicly funded institutions may participate in the call as Co-Investigators (“Co-Is”).

6.5 Researchers who are salaried by this PEC26 awarded project cannot be PIs/ Co-Is on this project.

6.6 Researchers from private organisations (local and/or foreign) may only participate as collaborators.

6.7 Ministries/Public Agencies whose officers have expertise relevant to the project may participate as collaborators with supporting justification.

6.8 The specific eligibility requirements researchers under for Tiers 1, 2 and 3 proposals can be found in [Annex B](#).

Roles of Team Members

6.9 The roles and responsibilities of Team Members are as follows:

- a) The Lead PI’s role will be to coordinate research activities carried out by research team. He/She will be responsible for all progress reporting at official meetings, on behalf of the research team.

- b) The Team PI(s) will be the representative(s) leading the work package(s) and/or research at the Partner Institution(s).
- c) The Co-I(s) will be the person(s) leading and managing a particular aspect of the research effort.
- d) Collaborator(s) refers to any company, institution, incorporated body or other public sector, industry or academic collaborator, who are engaged in the research in collaboration with Lead PI, Team PIs or Co-Is and their institutions.

7 GRANT CALL TIMELINE

7.1 The Grant Call Timeline (below) may be subject to change:

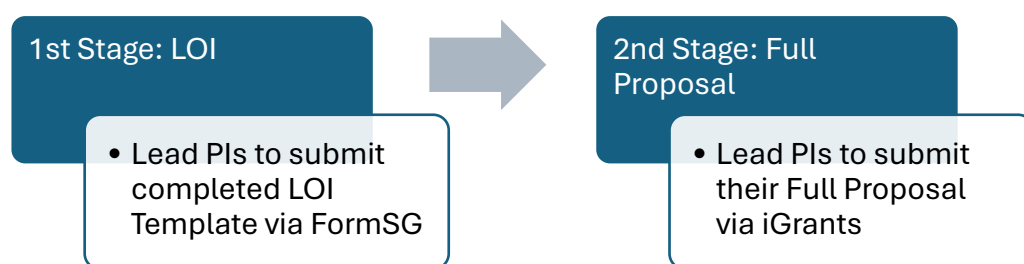
Submission of Letter of Intent (hereinafter referred to as "LOI")	27 Jul - 24 Aug 2026
Submission of Full Proposal (by invitation only)	1 – 31 Oct 2026
Notification of in-principle Approval	Mar 2027
Project Commencement	1 Apr 2027

8 PROPOSAL REQUIREMENTS

- 8.1 All research work must be conducted in Singapore, and all assets acquired with the funding must be in Singapore and maintained within the control of the eligible organisations.
- 8.2 If awarded, the research is not permitted to be contracted out, whether in whole or part thereof, to Co-I(s) and/or Collaborator(s) (local and/or international).
- 8.3 Intellectual Property (hereinafter referred to as "IP") management: All eligible organisations and eligible researchers shall follow and apply the national IP regulations.

9 GRANT CALL SUBMISSION PROCESS

- 9.1 There is a two-stage process for this Grant Call. Lead PIs are required to submit LOI in the 1st stage. If shortlisted, Lead PIs will be invited to submit a full proposal during the 2nd stage.



LOI Submission

9.2 All LOIs are to be submitted via FormSG.

9.3 Lead PIs should note the following when submitting LOIs:

- a. All LOIs should be submitted using the LOI Template;
- b. All LOI submissions must be accompanied with powerpoint slides using the LOI Powerpoint Slide Template. The powerpoint slides must state the **key value proposition** of the research proposal;
- c. LOI submissions must be made by Lead PI;
- d. The Lead PI should be the primary contact for the research team; and
- e. The LOI must be endorsed by the Lead PI's institutional authority/Director of Research (or equivalent). LOIs submitted **without the endorsement will be rejected**.

9.4 The deadline for submission of LOIs is **24 August 2026, 1700hrs** (Singapore Time). No extensions will be granted.

9.5 The Research Administrative Office from IHLs or Research Entities are required to ensure information submitted by their researchers for the grant call is compiled according to the requirements set out. Incomplete submissions will be rejected.

Full Proposal Submission

9.6 Full Proposals must be submitted through A*STAR's iGrants.

9.7 Full details of the budget required must be submitted using the Budget Proposal Template. Supporting documents must be provided for all budget components requested.

9.8 The deadline for submission of Full Proposals is **31 October 2026, 1700hrs** (Singapore Time). No extensions will be granted.

9.9 Late submissions and/or submissions from Lead PIs without endorsement from their eligible organisation will not be accepted.

- 9.10 The Research Administrative Office from IHLs and/or Research Entities must ensure proposals submitted by Lead PIs comply with the requirements set out in the templates and/or iGrants. Incomplete submissions will be rejected.
- 9.11 Lead PIs are to note that where relevant privileged or confidential information is needed to help convey a better understanding of the project, such information should be disclosed and must be clearly marked in the proposal.
- 9.12 Submitted proposals will be subjected to review by international and local scientific experts, as well as an evaluation panel. Where appropriate, proposals may also be sent to relevant national agencies and industry resource persons for additional review. Privileged or confidential information shall be clearly marked as such in any of the submission documents.

10 FUNDING

- 10.1 All projected output and achievements of the proposal are expected to commensurate with the level of funding requested.
- 10.2 Lead PIs must declare all funding sources at the point of submission.
- 10.3 Proposals should not already be funded by other local and/or international grants and/or funding schemes.
- 10.4 Proposals that are under consideration for funding by other agencies will not be considered under this Grant Call.
- 10.5 Lead PIs should not submit the same proposal to different grants concurrently, i.e. parallel submissions to different funding agencies for different grants is not permitted. Lead PIs should decide which grant to apply for based on the nature of their proposal and the objectives of the grant.
- 10.6 In submitting the proposed budget, reference must be made to the following:
- [A*STAR's Terms and Conditions 2020](#)
 - [A*STAR's Guidelines 2020](#)
- 10.7 Eligible organisations may qualify for up to 100% funding on approved qualifying direct costs of a project.
- 10.8 Indirect costs of up to 30% of the total approved qualifying direct costs may be allowed, subject to the approval from A*STAR.

10.9 The final funding quantum awarded will be based on the scope and projected outcomes of the research.

10.10 Tiers 1 and 2 grants are awarded to individual applicants and are non-transferable.

11 REVIEW PROCESS AND EVALUATION CRITERIA

11.1 Full proposals will be evaluated by local and international scientific experts, as well as by evaluation panels.

11.2 Full Proposals will be evaluated based on the following criteria:

<u>Evaluation Criteria</u>	<u>Description</u>
Relevance and Strategic Alignment	Relevance and alignment of the proposed research to the PEC Grant Call objectives, research themes, cross-cutting approaches, and identified scientific and/or translational needs.
Strength of Evidence and Rationale	Strength of the scientific and/or translational rationale, including the significance of the problem, evidence gap, and justification for the proposed research.
Innovation and Knowledge Advancement	Originality, scientific and/or translational innovation, and potential of the proposed research to advance knowledge, methods, technologies, interventions and/or implementation approaches.
Scientific Rigour and Methodology	Scientific quality, appropriateness and rigour of the proposed study design, methodology and analytical approach to achieve the project objectives.
Investigator/Team Capability and Collaboration	Capability, expertise and experience of the investigators, including the appropriateness of the proposed team composition, mentorship and collaborations to successfully deliver the proposed research.
Potential for Translation, Implementation and Impact	Potential for the proposed research to generate meaningful scientific, clinical, societal and/or economic impact, including future translation, implementation and adoption where relevant.
Feasibility, Execution and Resource Appropriateness	Feasibility of successfully delivering the proposed research, including the appropriateness of the proposed scope, execution strategy, resources and project planning.

<u>Evaluation Criteria</u>	<u>Description</u>
Ethics, Equity, Inclusion and Beneficiary Relevance	Consideration of ethical, equity and inclusion principles, and the relevance of the proposed research to intended beneficiaries and diverse populations, where appropriate.

- 11.3 Shortlisted applicants under Tier 3 will be required to present their full proposal at the Grant Award Panel (“GAP”) meeting on **21 January 2027**. Lead PIs must be available to present their Full Proposal on this date. Feedback from the evaluation process at this stage may be shared with shortlisted applicants.
- 11.4 A*STAR bears the sole and exclusive discretion for the selection of reviewers and evaluators and shall not be liable for the release of information concerning proposals to third parties by individuals involved in the review process. Should circumstances arise, A*STAR reserves the right to modify the review process.
- 11.5 Successful applicants will be notified of in-principle approval for the award of the grant by March 2027. Awarded projects should commence on **1 April 2027**.

12 AWARD

- 12.1 A Letter of Award will be sent to Host Institutions of successful Lead PIs.
- 12.2 A*STAR is under no obligation to award any proposal (or part thereof) nor is it obliged to provide any reasons for the same.
- 12.3 A*STAR’s decision is final.
- 12.4 Lead PIs and all parties to the proposal agree that they shall not take legal action against A*STAR, the Review Panel or any members of the Evaluation Panel in relation to their role in evaluating and deliberating proposals.
- 12.5 Subject to restrictions related to research ethics, confidentiality and IP, all data generated from research funded by this Grant Call shall be made available to user communities at the earliest available opportunity. This should be no later than the release through the publication of the study’s main findings, or in line with established best practices in the respective fields.
- 12.6 A copy of the publication should be deposited in the Host Institution’s Open Access repository or any other relevant Open Access repository, in accordance with the Host Institution Open Access policy.

Examples of Research Areas

Note: The examples below are illustrative only and are not intended to prescribe the appropriate funding tier. Applicants should select the funding tier that best reflects the scale, complexity and ambition of the proposed research programme.

Research Areas	Examples
Caregiving relationships, interactions and communication	- Studies that identify behavioural, relational and sociocultural mechanisms through which caregiving interactions shape child development (e.g. praise, criticism, emotion coaching in Asian cultural contexts), including how these interactions transmit or mitigate the effects of various stressors such as socioeconomic pressure, parental mental health difficulties, family conflict or migration related disruption, and embed these mechanisms into culturally adapted interventions. - Development and evaluation of interventions that enhance responsive, developmentally attuned caregiver–child interactions (e.g. serve-and-return, mind-mindedness, emotion coaching) in different settings, testing mechanisms of change and differential impact on child outcomes. - Interventions that improve caregiver–child relationship quality during sensitive periods (e.g. infancy, early childhood), linking changes in interaction quality to downstream regulatory, mental health and, where feasible, biological measures. - Interventions that strengthen caregiver-child relationships and communication across diverse caregiving contexts (e.g. parents, grandparents, domestic helpers, educators) particularly in households or preschools with complex schedules or resource-constrained environments, and evaluate their impact on children's sense of security, socio-emotional adjustment, and learning outcomes.
Caregiver well-being, capacity and caregiving contexts	- Studies that develop and evaluate workplace and organisational strategies to support educators' well-being (e.g. workload, rest and supervisory support) in (pre)schools serving different communities, and test downstream impacts on classroom climate, educator–child interactions and child outcomes over time. - Programmes that strengthen caregiving capability and confidence among diverse caregiver groups (e.g. parents, grandparents, domestic helpers, educators) using tailored behavioural coaching and culturally appropriate materials, implemented and evaluated in e.g. low-resource environments with designs that support causal inference. - Interventions that improve caregiver mental health, stress regulation, sleep and socioemotional well-being, examining how changes in these modifiable mechanisms mediate effects on child developmental and biological outcomes. - Multi-component interventions that support family functioning and caregiving capacity, especially in lower SES or high-stress households (e.g. routines support, relational skills, navigation of services), implemented during early sensitive periods and evaluated for effects on child trajectories.
Multi-caregiver configurations, alignment and stability	- Studies that characterise common caregiving configurations in Singapore (e.g. parental work hours, reliance on grandparents/helpers, infant rooms with many educators) and identify modifiable features (e.g. turnover, shift patterns, communication practices) that influence child outcomes. - Mechanism-driven studies that examine how caregiving stability, perceived security and relational quality across multiple caregivers during sensitive periods (e.g. infancy, transitions into childcare and primary school) influence child developmental and biological trajectories, incorporating where appropriate neurobiological or sociological perspectives. - Trials that implement and evaluate practical models ensuring each child has at least one consistently present, developmentally knowledgeable caregiver in childhood settings serving different communities, and test effects on children's adjustment, identity and sense of belonging over time. - Interventions that strengthen alignment and coordination of caregiving practices across multiple caregivers (e.g. shared routine apps, structured handover tools, communication protocols) in households or centres with constrained time and space, and evaluate causal effects on child sleep, feeding, behaviour and socio-emotional adjustment.
Caregiver-led play and holistic development	- Studies that examine how continuity and alignment of play experiences across home and preschool (e.g. types of play, adult roles, expectations) vary across diverse family and caregiving contexts and influence children's learning, socio-emotional development and identity, and that test interventions to reduce inequities in access to high-quality play. - Design and evaluation of interventions that coach caregivers (parents, grandparents, domestic helpers, educators) in various settings to facilitate high-quality play (e.g. guided play, responsive engagement, following the child's lead) and test mechanisms (e.g. beliefs about play, interaction quality) linking these practices to child outcomes. - Development of culturally and contextually appropriate play structures and resources (e.g. low-cost play kits, prompts for caregivers, digital guidance tools) that are feasible for households with limited space or resources, and evaluation of their impact on developmental outcomes using robust, causal designs. - Interventions that create or repurpose physical and social environments to expand opportunities for outdoor, active and imaginative play in diverse neighbourhoods, and evaluate implementation barriers, facilitators and policy-relevant pathways for scaling successful models.

Grant Approaches, Recommended Scope of Research Proposals and Eligibility Requirements

	Tier 1	Tier 2	Tier 3
Approaches	Research proposals under all tiers should articulate a clear translational pathway to address important gaps in maternal, prenatal and childhood health and development. Proposals may encompass discovery, mechanistic, developmental, translational, implementation and/or intervention research, provided they are aligned with the Grant Call objectives and demonstrate a clear rationale for advancing knowledge and/or informing practice, programmes or policy. Applicants should clearly describe the anticipated translational trajectory, expected outcomes and, where appropriate, the pathway towards deployment or implementation.		
Purpose	Seed innovative research ideas and support the development of young investigators towards research independence.	Support impactful research programmes addressing important translational gaps in maternal, prenatal and childhood health and development.	Support large-scale collaborative research programmes capable of generating evidence that informs practice, programmes and policy.
Recommended Scope of Research Proposals	Research proposals should address a focused and clearly defined research question that can be delivered within the proposed funding and duration. Projects are expected to generate new knowledge, develop or validate research tools or methods, establish proof-of-concept, evaluate early-stage interventions, or generate preliminary evidence to support future translational research. Proposals should demonstrate scientific excellence and innovation while supporting the development of independent investigators.	Research proposals should address important scientific or translational questions through comprehensive research programmes of greater scale, complexity or breadth. Projects may integrate multiple complementary components, including discovery, tool development, mechanistic studies, translational research, proof-of-concept, intervention development or implementation research, where appropriate. Proposals should demonstrate a clear pathway towards deployment, implementation or future scale-up where relevant.	Research proposals should comprise programme-level research of a scale, complexity and anticipated translational impact that commensurate with the requested funding quantum, addressing complex challenges that require coordinated expertise, resources or partnerships beyond those typically supported under Tier 2. Projects will typically involve multidisciplinary and/or multi-institutional collaborations, multiple integrated work packages where appropriate, and meaningful engagement with public sector, healthcare, community or industry partners where relevant. Proposals should demonstrate a clear and credible pathway towards deployment, implementation, scale-up or impact practice and/or policy.
Eligibility Requirements	- Only young investigators (who have completed their PhD or MBBS/MD/BDS within the past 7 or 10 years respectively) may apply. - Young investigators under this tier must work with a mentor for research guidance if they have not received external competitive funding exceeding S\$500,000 (direct cost only) within the past 5 years to conduct their own research project as the PI. - Please note that this Tier is intended for new investigator's <u>independent</u> project, and not to provide additional funding for the mentor's project.	Lead PIs must: - Hold a primary appointment in an eligible local public institution and be salaried by the institution; - Be an independent PI with a demonstrated track record of research, as evidenced by the award of nationally competitive funding (international funding to be considered on a case-by-case basis) and/or have a substantial publication record. Lead PIs should also: - Demonstrate the capability and relevant scientific and/or technical expertise to independently lead and/or coordinate research programmes commensurate with the scope and complexity of the proposed project. - Directly oversee a substantial proportion of the proposed research activities and be responsible for the overall scientific direction and delivery of the project. - Provide strategic leadership and coordination across the programme by integrating the contributions of all research partners and ensuring effective collaboration. For collaborative proposals, each work package should be led by an appropriate qualified Team PI to ensure scientific leadership, accountability and delivery of each component of research.	