## NATIONAL MEDICAL RESEARCH COUNCIL

## Grant Variation Form

## *(Without change in total grant amount))*

All information is treated with confidence. The information is furnished to the National Medical Research Council with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

**This form is applicable for CTG, IRG, EDG, NIG, CBRG, CS-IRG, BnB, TCR, STaR, CSA and TA grants**

**Variation(s) with cumulative amount not exceeding 10% of the total grant (direct costs) awarded for the project,** **the Research Director or his/her designated authority can approve the grant variation. Please complete this form and provide a copy to NMRC for our information only.**

**For** **Variation(s) requiring approval from NMRC, the Research Director or his/her designated authority must endorse the grant variation. Please note that NO expenditure is permitted until formal approval has been given by NMRC.**

**Approval from NMRC is required if:**

* **Cumulative amount (inclusive of all previously approved request) exceeds 10% of the total grant (direct costs) awarded for the project.**
* **The request is for something that was not originally approved in the budget regardless of the cumulative variation amount. (Examples include additional manpower, new equipment, additional overseas trips.)**

Kindly ensure that **ALL** sections of this Form are completed. Please use attachment sheets if space provided is insufficient.

|  |  |
| --- | --- |
| **Project Title:** |  |
| **NMRC Grant No:** | NMRC/ | **Expected project completion date:** | DD/MM/YYYY |
| **PI’s Name & Title:** |  | **Department:** |  |
| **Email:** |  | **Host Institution:** |  |

# BUDGET INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EOM** | **Equipment** | **OOE** | **Start up (STaR grant only)** | **Total** |
| Grant approved |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

|  |  |
| --- | --- |
| **a. All previously approved variation: $** |  |
| **b. Current request for variation: $** |  |
| **c. Total variation to-date (a+b): $** | **% of total budget:     %** |

1. **SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **From Category** | **To****Category** | **Amount Transferred ($)** | **Remarks \*\***a) state how proposed changes will affect the project, including targets, deliverables, date of completion, etc.b) if variation involves the change in purchase of equipment or consumable items, state which original equipment/ consumable items to forgo and the items to be purchase in replacement, if any.c) if variation involves the change in manpower, state which budgeted position to forgo and the new position to be hired in replacement, if any.  *(use attachments if necessary)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***[ \*\* IMPORTANT: Please complete this section, otherwise request will be rejected***

1. **REASONS FOR FORGOING ORIGINALLY APPROVED MANPOWER / ITEMS:**
	1. Explain why item is not required or how savings is derived.
2. **REASONS FOR REQUIRING ADDITIONAL OR NEW MANPOWER / ITEMS:**
	1. Explain need for additional manpower or purchase of equipment, facilities, consumables, etc and why this was not catered for in the original budget.
	2. For equipment/facilities requested, indicate if such items are already available in your Department/the Institution, and explain why it is not possible to use existing equipment/facilities. In particular, where the project is due for completion in a year’s (or less) time, justify the need for the items at such a late stage of the project. For additional manpower requested, indicate whether assistants are available in the project or other research projects under the same Principal Investigator, and why the existing assistants cannot be used.
	3. Where new equipment or facilities are proposed, detail other intended uses upon project completion.

**Declaration:**

**I hereby declare that all the information provided by me in this form is accurate and true to the best of my knowledge and that I would be responsible for the consequences of providing false and/or misleading information.**

|  |  |  |
| --- | --- | --- |
| SIGNATURE OF PI |  | DATE |

#

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| NAME, TITLE & SIGNATUREOF Research Director or his/her designated authority |  | DATE |

\* please delete where appropriate