**NATIONAL MEDICAL RESEARCH COUNCIL**

**Grant Extension Form for Enablers and Infrastructure Grants**

*(Without change in total funding 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*.*

Kindly ensure that **ALL** sections of this Form are completed. Attach supplementary information as Annexes if any.

**FUNDING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **IGMS Project Number** | NMRC/ | **Programme Title** |  |
| **Funding Period (Duration)** | DDMMYYYY – DDMMYYYY (XX yrs) | **Approved Amount (SGD)** |  |
| **Entity Head[[1]](#footnote-1) (title, name designation, email)** |  | **Entity/Host Institution** |  |
| **IGMS-PI (title, name designation, email)** |  | **IGMS-HI** |  |

**BUDGET INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EOM**  **(SGD)** | **EQP**  **(SGD)** | **OOE**  **(SGD)** | **OT**  **(SGD)** | **Total**  **(SGD)** |
| Approved Amount*(including approved virements)* |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

**Extension DETAILS**

1. **extension requested:**

*(dd/mm/yyyy)*

*(dd/mm/yyyy)*

**From: To:**

**Length of requested extension: months**

**Total approved extension to date: months**

1. **Reasons for Extension:**
2. Summarise the current progress of the programme in terms of meeting its approved aims and objectives, including delays due to the administration and/or implementation of the programme if any.
3. Explain why the programme could not be completed with the remaining duration
4. Explain clearly how the extended duration will allow the programme to complete what it sets out to do (both original and new if any) and achieve any short-/long-term goals set. Include achievements to-date and plans for the extended duration.
5. **Impact on programme OUTCOMES AND KEY PERFORMANCE INDICATORS (KPIs)/Tracking indicators (TIs):**

Explain any potential positive impact on the programme outcomes (e.g. clinical/scientific/policy impact) and KPIs/TIs with the extension granted.

1. **new CashFlow projection (upon extension approval):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Start-date to Current End-date***   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | FY/  Category | FY20 | FY20 | FY20 | FY20 | FY20 | Total | |  | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) |  | | EOM |  |  |  |  |  |  | | EQP |  |  |  |  |  |  | | OOE |  |  |  |  |  |  | | OT |  |  |  |  |  |  | | **Total costs by year** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |   ***Current End-date to Requested End-date***   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | FY/  Category | FY20 | FY20 | FY20 | FY20 | FY20 | Total | |  | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) | (1 Apr    - 31 Mar   ) |  | | EOM |  |  |  |  |  |  | | EQP |  |  |  |  |  |  | | OOE |  |  |  |  |  |  | | OT |  |  |  |  |  |  | | **Total costs by year** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | |

1. **UPDATED MILESTONES (where applicable):**

Where applicable, please update the original milestones approved in the programme.

1. **ENDORSEMENTS & SIGNATORIES NOT CAPTURED ON IGMS:**

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.

|  |  |
| --- | --- |
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| **Endorsement by Entity Head or designated authorised representative (if different from IGMS-PI[[2]](#footnote-2))**  **Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Endorsement by HI-DOR or designated Endorsing Authority (if different from IGMS-HI-DOR[[3]](#footnote-3))**  **Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. *As per the Letter of Award.*  [↑](#footnote-ref-1)
2. *The Entity Head can delegate the authority to endorse post-award-related submissions to a designated authorised representative. Where the Entity Head/designated authorised representative is not the IGMS-PI, please complete this field for offline record. Leave blank if the Entity Head/designated authorised representative is the IGMS-PI, as his/her endorsement will be captured electronically on IGMS.*  [↑](#footnote-ref-2)
3. *Where the IGMS-HI-DOR is not the HI-DOR/designated authorised representative, please complete this field for offline record. Possible scenarios include: IGMS-HI is different from the HI of the funding programme, or IGMS-HI-DOR is not correct/designated IGMS-HI-DOR. Leave blank if IGMS-HI-DOR is the correct/designated HI-DOR, as his/her endorsement will be captured electronically on IGMS.*  [↑](#footnote-ref-3)