**NATIONAL MEDICAL RESEARCH COUNCIL**

Budget Virement 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*.*

**INSTRUCTIONS**

**Please ensure that you are familiar with the NMRC Research Grant Terms and Conditions and associated Guidelines on budget virements before submitting a request for budget virement(s). No expenditure is permitted until relevant approvals are obtained.**

**For submission on IGMS:**

* Please use the latest template available onthe NMRC website [here](https://www.nmrc.gov.sg/downloads).
* Create deviation request on IGMS. Consolidate the virements and input the net change in budget for each vote on IGMS.
* Uupload the completed form as an attachment to the submission on IGMS.

**Votes refer to the following budget categories:**

* Expenditure of Manpower (EOM)
* Equipment (EQP)
* Other Operating Expenses (OOE)
* Overseas Travel (OT)
* Research Scholarship (RS) *– not applicable*

**The Director of Research (DOR) or designated approving authority of the Host Institution (HI) can approve virement of funds that are:**

1. Within Vote (i.e. no change to Vote budget)
2. Across Votes and where the cumulative amount vired, including the virements raised in the current request, does not exceed 10% of the total funding awarded.. Please note that virement to OT is not allowed.

For (i), the Entity and/or HI is responsible for ensuring that the necessary endorsements are sought as per the Entity’s and/or HI’s policies; as well as keeping record and producing the variations approved for auditing purposes as required. For (ii), the Entity and/or HI is required to submit/process the virements on IGMS.

**The following virements that do not meet definitions (i) and (ii) are to be submitted to NMRC for review and approval on IGMS:**

1. Across Votes and where the cumulative amount vired, including the virements raised in the current request, exceeds 10% of the total funding awarded. Please note that virement to OT is not allowed.

**Cumulative virements are attributed by the virement of funds across votes.**

**FUNDING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **IGMS Project Number** |  | **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** |  |  |  |  |  |

**\*Total Virements (to-date):**

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

*\*Count only virements that contribute to the cumulative virement.*

1. **VIREMENT DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **From**  **Vote** | **To**  **Vote** | **Amount Transferred ($)** | **Remarks \*\***  a) state how proposed changes will affect the proramme, including targets, deliverables, date of completion, etc.  b) if the virement 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 the virement involves the change in manpower, state which budgeted position to forgo and the new position to be hired in replacement, if any.  *(include 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 are 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 Entity/Host Institution, and explain why it is not possible to use existing equipment/facilities. In particular, where the programme is due for completion in a year’s (or less) time, justify the need for the items at such a late stage of funding. For additional manpower requested, indicate whether assistants are available, and why they cannot be used.
   3. Where new equipment or facilities are proposed, detail other intended uses upon completion of the programme’s funding.
3. **ENDORSEMENT & 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.

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