## NATIONAL MEDICAL RESEARCH COUNCIL

## Grant Extension Form (B&B)

## *(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*.*

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

|  |  |  |
| --- | --- | --- |
|   | **Basic Co-PI** | **Clinical Co-PI** |
| **Project Title:** |  |
| **NMRC Grant Application ID:** | **NMRC/** |
| **Co-PI’s Name & Title:** |  |   |
| **Email:** |  |   |
| **Department:** |  |   |
| **Host Institution:** |  |   |
| **Expected Project Completion Date:** |  |  |
|  |  |  |  |

# BUDGET INFORMATION (Basic Co-PI):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Manpower** | **Equipment** | **OOE** | **Total** |
| Grant approved |  |  |  |  |
| **Expenditure to date** |  |  |  |  |
| **Balance** |  |  |  |  |

# BUDGET INFORMATION (Cinical Co-PI):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Manpower** | **Equipment** | **OOE** | **Total** |
| Grant approved |  |  |  |  |
| **Expenditure to date** |  |  |  |  |
| **Balance** |  |  |  |  |

1. **Grant Extension Requested:**

*(dd/mm/yy)*

*(dd/mm/yy)*

**From: To:**

**Length of requested extension: months**

**Total approved extension to date: months**

1. **Reasons for Extension:**

Explain why the extension is required (i.e. changes in aims, protocol, etc).

1. **Impact on Key Performance Indicators (KPIs):**

Explain any possible impact on the KPIs for this project.

1. **new CashFlow projection FOR bASIC cO-PI (upon extension approval):**

**Category** **FY20**   **FY20**   **FY20**   **FY20**   **Total**

 (1 Apr   - (1 Apr   - (1 Apr   - (1 Apr   -

 31 Mar   ) 31 Mar   ) 31 Mar   ) 31 Mar   )

*Manpower*                         **0**

*Equipment*                         **0**

*OOE*                         **0**

**Total costs by year 0 0 0 0**

1. **new CashFlow projection FOR CLINICAL cO-PI (upon extension approval):**

**Category** **FY20**   **FY20**   **FY20**   **FY20**   **Total**

 (1 Apr   - (1 Apr   - (1 Apr   - (1 Apr   -

 31 Mar   ) 31 Mar   ) 31 Mar   ) 31 Mar   )

*Manpower*                         **0**

*Equipment*                         **0**

*OOE*                         **0**

**Total costs by year 0 0 0 0**

**Declaration (Basic Co-PI):**

**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 CO-PI** |  | **DATE** |

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE****OF Research Director** **or his/her designated authority** |  | **DATE** |

**Declaration (Clinical Co-PI):**

**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 CO-PI** |  | **DATE** |

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE****OF Research Director (OF BASIC CO-PI)****or his/her designated authority** |  | **DATE** |

\* please delete where appropriate