## NATIONAL MEDICAL RESEARCH COUNCIL

## Grant Extension 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 RIE2015 CS-IRG, CBRG, CNIG, BNIG, HSRG, HSRNIG, CTG, TCR, STaR, CSA, TA, Seed Funding, CS Seed Funding.**

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

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

# BUDGET INFORMATION:

*(For TCR, please provide the budget information of the entire programme as well as each theme.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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:**
2. Summarise the current progress of the project in terms of the approved aims and objectives (e.g. which aims completed, which aims in progress and at what stage). If there were delays in the project, please include in summary.
3. Explain why the project could not be completed with the remaining duration (e.g. changes in aims, protocol).
4. Explain clearly how the extended duration will allow project’s completion.
5. **Impact on RESEARCH OUTCOMES AND KEY PERFORMANCE INDICATORS (KPIs):**

Explain any potential positive impact on the research outcomes (e.g. clinical/scientific impact) and KPIs for this project with the extension granted.

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

*(For TCR, please provide the cashflow projection of the entire programme as well as each theme.)*

***Project Start-date to Current End-date***

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

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

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

*Manpower*

*Equipment*

*OOE*

**Total costs by year**                

***Current End-date to Requested End-date***

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

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

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

*Manpower*                  

*Equipment*                  

*OOE*

**Total costs by year**                

1. **UPDATED PROJECT MILESTONES (upon extension approval):**

*(For TCR, please provide the updated project milestones of the themes concerned.)*

Please fill in the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual/updated duration. (Please remove the examples in the table below and add more rows where applicable).

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | FY20XX | | | | FY20XY | | | | FY20XZ | | | |
|  | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Milestone 1 | X | X | X |  |  |  |  |  |  |  |  |  |
| Milestone 2 |  |  |  | X | X |  |  |  |  |  |  |  |
| Milestone 3 |  |  |  |  |  | X | X | X | X | X |  |  |
| Milestone 4 |  |  |  |  |  |  |  |  |  |  | X | X |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 (LEAD) PI** |  | **DATE** |

**Endorsed by:**

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