**NATIONAL MEDICAL RESEARCH COUNCIL**

**Grant Extension Form for Research Enablers and Infrastructure Initiatives**

*(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 Guidelines for the Management of NMRC Funding Programmes before submitting a request for grant extension for the Project.**

**No expenditure beyond the approved funding period is permitted until the relevant approvals are obtained.**

**Submission Instructions**

* Please complete this form.
* For Projects managed on IGMS (**IGMS Projects**): Please submit the request for grant extension via IGMS. Please create deviation request and upload the completed form as an attachment.
* For Projects that are not managed on IGMS (**non-IGMS Projects**)**:** Please submit the completed form to the NMRC programme manager in-charge.

**For IGMS Projects**

IGMS Project refers to the Main Project and Sub-project as follows:

|  |  |
| --- | --- |
| **IGMS Project ID** | **Description** |
| **MOH-<ID no.>-00** | **Main Project** |
| **MOH-<ID no.>-01** | **Sub-project 1** |

*Notes:*

1. *Depending on the Project, the funding may have multiple budget components organised into separate sub-projects.*
2. *Project extension is requested through the Main Project and will automatically apply to the sub-projects upon approval.*

**1. FUNDING DETAILS**

* Please provide the funding details of the Project in Section A.

For IGMS Projects

* Selected Projects (e.g. Projects with stage-gated funding that are awarded separately) may have more than one IGMS Project. For such Projects, please provide the funding details of the IGMS Project that is putting up the grant extension request in Section A, and the funding details of, as well as whether the grant extension request is applicable to the other IGMS Projects in Section B.
* Please skip Section B if this section is not applicable to the Project.

For non-IGMS Projects

* Please skip Section B and proceed to Section C on total extensions (to-date).

**Section A**

|  |  |
| --- | --- |
| **NMRC Project ID** |  |
| **Project Title** |  |
| **Host Institution**  |  |
| **Funding Period (Duration)** | DDMMYYYY – DDMMYYYY (no. of yrs) |
| **Awarded Amount**  |  |
| **IGMS-PI (title, name designation, email)** |  |
| **IGMS-HI** |  |

**Section B (if applicable)**

Please provide the details that are different from Section A.

|  |  |  |
| --- | --- | --- |
| **NMRC Project ID** |  |  |
| **Project Title** |  |  |
| **Host Institution**  |  |  |
| **Funding Period (Duration)** | DDMMYYYY – DDMMYYYY (no. of yrs) | DDMMYYYY – DDMMYYYY (no. of yrs) |
| **Awarded Amount**  |  |  |
| **IGMS-PI (title, name designation, email)** |  |  |
| **IGMS-HI** |  |  |
| **Is this extension request applicable to the other IGMS Project(s)?** | Please select one of the following:

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

**Note:** The same duration of extension requested under the IGMS Project in Section A will apply to this IGMS Project.  | Please select one of the following:

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

**Note:** The same duration of extension requested under the IGMS Project in Section A will apply to this IGMS Project.  |

**Section C**

**Extension requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total approved extension to date (in months):** |  |  |  |
| **From:**  |  | **To:**  |  |
| **Length of requested extension (in months):**  |  |  |  |

**2. Reasons for Extension**

1. Summarise the current progress of the Project in terms of meeting its approved aims and objectives, including delays due to the administration and/or implementation of the Project if any.
2. Explain why the Project could not be completed with the remaining duration
3. Explain clearly how the extended duration will allow the Project 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.
4. **Impact on proJECT OUTCOMES AND KEY PERFORMANCE INDICATORS (KPIs)/Tracking indicators (TIs)**

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

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

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| ***Current 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 |

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

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

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.

|  |  |
| --- | --- |
|  |  |
| **Endorsement by designated authorised representative of the Host Institution** **(if different from IGMS-PI[[1]](#footnote-1))****Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Endorsement/Approval by HI-DOR or designated Endorsing/Approving Authority (if different from IGMS-HI-DOR[[2]](#footnote-2))****Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. *Where the designated authorised representative of the Host Institution is not the IGMS-PI, please complete this field for offline record. Leave blank if the designated authorised representative is the IGMS-PI, as his/her endorsement will be captured electronically on IGMS.* [↑](#footnote-ref-1)
2. *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 project, 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-2)