**NATIONAL MEDICAL RESEARCH COUNCIL**

**Grant Extension Form**

*(Without change in Funding)*

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 contains **3** sections. Please complete **all** sections. Indicate ‘NA” where not applicable.

# REASONS FOR EXTENSION

1. Summarise the current progress of the CG programme in terms of the approved aims and objectives (e.g. which aims are completed, which aims are in progress and at what stage).
2. Explain why the CG programme could not be completed within the remaining duration (e.g. delays/challenges that affected project progress).
3. Explain how the extended duration will allow CG programme completion. Please include the plans for the extended duration.
4. What is the potential positive impact on the research outcomes (clinical/scientific impact, research indicators)?

# BUDGET INFORMATION

1. Budget Summary

|  |  |
| --- | --- |
| **Budget information as at (DD MMM YYYY):** |  |

**Category 1/ Category 3 CG programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Main Votes** | **RPC** | **FC** | **Admin** | **SBC** | **Total** |
| **Approved Budget\*** |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

**Category 2 CG programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Main Votes** | **RPC** | **FC** | **Admin** | **SBC** | **Total** |
| ***Name of Institution 1/Lead Entity:*** | | | | | |
| **Approved Budget\*** |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |
| ***Name of Institution 2/Partnering Entity:*** | | | | | |
| **Approved Budget\*** |  |  |  |  |  |
| **Expenditure to date** |  |  |  |  |  |
| **Balance** |  |  |  |  |  |

*Add more rows as needed.*

*\* inclusive of approved variations*

*RPC- Research Personnel Core; FC- Facility Core; Admin- Administrative Core; SBC- Seed Funding/Bridging Grant Core*

1. Explain how the remaining funds will support the plans for the extended period described in (1c).

*Note: On a case-by-case basis, NMRC Office may separately request for cashflow projections of the balance amount for each vote.*

# ENDORSEMENT & SIGNATORIES NOT CAPTURED ON IGMS

*Please complete this section if the required signatories will not be 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.

**Entity 1**

|  |  |
| --- | --- |
|  |  |
| Endorsement/Approval by Entity Head or designated Endorsing/Approving Authority (if different from IGMS-PI or HI-DOR[[1]](#footnote-2))  Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Endorsement by HI-DOR (if different from IGMS-HI-DOR[[2]](#footnote-3))  Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Entity 2**

*<for Cat-2 CG programmes that are moving funds between Entities, duplicate/insert the above signatory fields or indicate ‘NA’ here if this section is not applicable>*

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