**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.

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

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

|  |  |  |
| --- | --- | --- |
|  | **Votes** | **Total** |
|  | **SHC** | **OOE** | **OT** |
| **Approved Budget\*** |  |  |  |  |
| **Expenditure** |  |  |  |  |
| **Balance** |  |  |  |  |

*\* inclusive of approved variations*

*SHC – Supplemental Human Capital; OOE- Other Operating Expenses; OT- Overseas Travel*

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.*
2. **UPDATED PROJECT MILESTONES:**

Please update the milestones approved in the original grant application in the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Research Milestone** | **Approved Start Date**(MMM YYYY) | **Approved End Date**(MMM YYYY) | **Revised Start Date**(MMM YYYY) | **Revised End Date**(MMM YYYY) | **Status**(Achieved, In-Progress, Not Started) | **Reasons for Delay**(if any) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| NAME, TITLE & SIGNATUREOF Research SUPERVISOR |  | DATE |