# ONE HEALTH AMR RESEARCH PROGRAMME

# Grant Variation Request Form

*(Without change in total grant amount)*

All information is treated with confidence. The information is furnished to the National Centre for Infectious Diseases with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

Variation(s) with cumulative amount not exceeding 10% of the total grant awarded for the project, the Research Director or his/her designated authority can approve the grant variation. The HI is responsible for keeping a record of such variations approved and should be able to produce them for auditing purposes as required. Please complete this form and provide a copy to NCID for our information only.

For Variation(s) requiring approval from NCID, the Research Director or his/her designated authority must endorse the grant variation. Please note that NO expenditure is permitted until formal approval has been given by NCID.

Approval from NCID is required if:

* For virement of funds between votes, the cumulative amount (inclusive of all previously approved request) **exceeds 10%** of the total grant (direct costs) awarded for the project.
* The request is for something that was not originally approved in the budget regardless of the cumulative variation amount. (Examples include additional manpower, new equipment and additional overseas trips.)
* For expenditure within the EOM/EQPT/OOE vote that exceeds the approved vote budget
* Transfer of funds across the partnering institutions
* Change in Lead Principal Investigator or Host Institution
* Change in scope, nature, direction or purpose of the Research

You may refer to the Guidelines for the Management of NCID Funding Programmes - OHARP and OHARP Terms & Conditions for more details on the scope of governance on the approval of variation.

Please be reminded that funds should not be used for any indirect costs.

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

Please submit completed form in PDF format with the mandatory supporting documents if applicable to the OHARP Secretariat at [oh\_amr\_research@ncid.sg](mailto:oh_amr_research@ncid.sg)

Requests for virement should be made to NCID **before the last 6 months** of the original end of the Term for projects of more than 1 year duration.

# PROJECT DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title:** |  | | |
| **OHARP Grant No.:** | OHARP-00X | **Grant Period:** | DD/MM/YYYY - DD/MM/YYYY |
| **PI’s Name & Title:** |  | **Department:** |  |
| **Email:** |  | **Host Institution:** |  |

# BUDGET INFORMATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EOM ($)** | **Equipment($)** | **OOE ($)** | **Total ($)** |
| Approved Amount |  |  |  |  |
| **Expenditure to date** |  |  |  |  |
| **Balance** |  |  |  |  |

# TOTAL VARIATION (To-Date):

|  |  |
| --- | --- |
| **a. All previously approved variation: $** |  |
| **b. Current request for variation: $** |  |
| **c. Total variation to-date (a+b): $** | **% of total budget:     %** |

# SUMMARY OF VARIATION REQUEST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **From Category** | **To**  **Category** | **Transfer Amount ($)** | **Remarks \*\***  a) state how proposed changes will affect the project, including targets, deliverables, date of completion, etc.  b) if variation involves the change in purchase of equipment or consumable items, state which original equipment/ consumable items to forgo and the items to be purchase in replacement, if any.  c) if variation involves the change in manpower, state which budgeted position to forgo and the new position to be hired in replacement, if any.  d) If variation involves the transfer of funds to another institution, state what has been forgone and what need to be purchased or replaced, if any.  ***(use attachments if necessary)*** |
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|  |  |  |  |  |
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***\*\* IMPORTANT: Please complete this section, otherwise request will be rejected***

# REASONS FOR FORGOING ORIGINALLY APPROVED MANPOWER / ITEMS:

1. Explain why item is not required or how savings is derived.

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# REASONS FOR REQUIRING ADDITIONAL OR NEW MANPOWER / ITEMS:

1. Explain why additional manpower or purchase of equipment, facilities, consumables, etc. are required and why this/these was/were not catered for in the original budget.

For the hiring of manpower, PIs shall use reasonable efforts to employ research staff who are Singapore Citizens or Singapore Permanent Residents unless the required expertise is not available. Please complete the nationality waiver form where applicable.

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1. For equipment/facilities requested, indicate if such items are already available in your Department/the Institution, and explain why it is not possible to use existing equipment/facilities. In particular, where the project is due for completion in a year’s (or less) time, justify the need for the items at such a late stage of the project. For additional manpower requested, indicate whether assistants are available in the project or other research projects under the same Principal Investigator, and why the existing assistants cannot be used.

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1. Where new equipment or facilities are proposed, detail other intended uses upon project completion.

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# CHANGE OF PI/CO-I/COLLABORATOR

|  |  |
| --- | --- |
| **Details of New PI/Co-I/collaborator(s)\*** (please delete where appropriate) | |
| **Name & Title** |  |
| **Department** |  |
| **Institution** |  |
| **Please elaborate on the role & involvement of the nominee in the existing project, and the need for the proposed change:** | |
| **If the current PI is leaving (insert Host Institution), please indicate PI’s last day of work and future involvement in this project (if any):** | |
| **Please attach the current CV of the nominee(s)** | |

\*For new external collaborators, possible establishment of an MOU or RCA may be required.

# OTHER PROPOSED CHANGES (IF ANY)

|  |
| --- |
| **Proposed change(s)** |
|  |
| **Please provide details reasons/justifications** |
|  |
| **If there is a change of work scope/direction, please provide revised project implementation schedule.** |
|  |

**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 PI |  | DATE |

Note: For inter-institutional variation, please ensure that signatories are obtained from all the institutions involved. Add section on “Approved/Endorsed\* by” accordingly.

**Approved/ Endorsed\* by:**

**We hereby endorse that the statement and the accompanying supporting documents are correct and according to the terms and conditions of the grant, and that they have been verified to their original source documents.**

|  |  |  |
| --- | --- | --- |
| NAME, TITLE & SIGNATUREOF Research Directoror his/her designated authority |  | DATE |

\*please delete where appropriate