# ONE HEALTH AMR RESEARCH PROGRAMME

# Grant Early Termination Form

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*.*

Kindly ensure that **ALL** sections of this Form are completed. This request must be received no less than 30 days before the intended early termination date. 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)

# 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** |  |  |  |  |

# GRANT EARLY TERMINATION REQUESTED:

*(dd/mm/yy)*

**Original Completion Date:**

*(dd/mm/yy)*

**Early Termination Date:**

**Length of requested early termination: months**

# REASONS FOR EARLY TERMINATION:

1. Please provide the reason for terminating this project earlier than the original completion date. Use additional pages if necessary

|  |
| --- |
|  |

1. Please indicate the milestones/deliverables have been met thus far.

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|  |

**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** |

**Endorsed by:**

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