# ONE HEALTH AMR RESEARCH PROGRAMME

# Grant Extension 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*.*

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

Please submit all completed forms to the OHARP Secretariat at oh\_amr\_research@ncid.sg .

Request for no-cost grant extension should be made to NCID **before the last 6 months** of the original end of the Term for projects of more than one (1) year duration.

A one-off project extension should not be more than a total of 6 months. An extension beyond 6 months will require compelling justification.

Grant extensions will be reviewed on a case by case basis by NCID.

# 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 EXTENSION REQUESTED:

**From: To:**

*(dd/mm/yy)*

*(dd/mm/yy)*

**Length of requested extension: months**

**Total approved extension to date: months**

# REASONS FOR EXTENSION:

1. Summarise the current progress of the project in terms of the approved aims and objectives (e.g. which aims completed, which aims in progress and at what stage). If there were delays in the project, please include in summary.

|  |
| --- |
|  |

1. Explain why the project could not be completed with the remaining duration (e.g. changes in aims, protocol).

|  |
| --- |
|  |

1. Explain clearly how the extended duration will allow project’s completion.

|  |
| --- |
|  |

# IMPACT ON RESEARCH OUTCOMES AND KEY PERFORMANCE INDICATORS (KPIs):

Explain any potential positive impact on the research outcomes (e.g. clinical/scientific impact) and KPIs for this project with the extension granted.

|  |
| --- |
|  |

# NEW CASHFLOW PROJECTION (upon extension approval):

***Project Start-date to Current End-date***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category / FY** |  **FY202\_**  | **FY202\_** | **FY202\_** | **FY202\_** | **TOTAL** |
| **1H** **(May - Sep)** | **2H** **(Oct - Mar)** | **1H** **(Apr - Sep)** | **2H** **(Oct - Mar)** | **1H** **(Apr - Sep)** | **2H** **(Oct - Mar)** | **1H** **(Apr - May)** |
| **EOM** |  |  |  |  |  |  |  |   |
| **EQPT** |  |  |  |  |  |  |  |   |
| **OOE** |  |  |  |  |  |  |  |   |
| **TOTAL** |  |  |  |  |  |  |  |   |

***Current End-date to Requested End-date***

|  |  |  |
| --- | --- | --- |
| **Category / FY** |  **FY202\_**  | **TOTAL** |
| **1H** **(May - Sep)** | **2H** **(Oct - Mar)** |
| **EOM** |  |  |   |
| **EQPT** |  |  |   |
| **OOE** |  |  |   |
| **TOTAL** |  |  |   |

# UPDATED PROJECT MILESTONES (upon extension approval):

Please fill in the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual/updated duration. (Please remove the examples in the table below and add more rows where applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestones** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** |
| Milestone 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Milestone 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Milestone 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Milestone 4 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**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** |