**FORM B – GRANTS FUNDED BY AM/ACP-DESIGNATED FUNDS**

**GRANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACP/Joint Institute/SDDC:** |  | | |
| **Host Institution:** |  | | |
| **Project Title:** |  | | |
| **Project Funding:** |  | | |
| **Project No.:** |  | | |
| **Requestor Details**  *(Principal Investigator or Requestor, whichever is applicable)* |  | | |
| **Project Start Date:**  *(As per Letter of Award)* | DD/MM/YY | **Project End Date:**  *(As per Letter of Award)* | DD/MM/YY |
| **Project End Date:**  *(As per latest approved grant extension, if applicable)* | DD/MM/YY |

**VARIATION GUIDELINES**

No expenditure is permitted prior to obtaining the relevant approvals as indicated.

For grant variation request, please complete the following Sections A, B, C and E.

1. **Variation of Academic Medicine Philanthropic Funds – AM/ACP Research/Education/Clinical Innovation/Project Grants**

|  |  |  |
| --- | --- | --- |
|  | **Type of Variation** | **Approval** |
| 1.1 | Variations of budget allocations for **budgeted items between expense categories** without an increase in the total approved budget, subject to a cumulative amount **exceeding the cumulative 20% limit** of the total funding awarded. | Approval from Duke-NUS Academic Programmes Management Department must be sought.  *Variation form submission is required.* |
| 1.2 | Variations for the purpose of paying any Requestor or Principal Investigator’s salary. |
| 1.3 | Any **unbudgeted item(s)** not indicated in the approved proposal. |
| 2.1 | Variations of budget allocations **for budgeted items** **between expense categories** without an increase in the total approved budget, subject to a **cumulative amount not exceeding 20%** of the total funding awarded. | Approval is required only from the Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus and ACP / JI / SDDC is to keep Host Institution’s Finance Department informed for proper accounting purposes. Please update Duke-NUS Academic Programmes Management Department via the yearly financial schedules for documentation**.**  *Variation form submission is not required.* |
| 3.1 | Variations of budget allocations for **budgeted items** **within each expense category** (e.g. within OOE)regardless of cumulative % limit.  The variation should be **relevant and aligned to the gift purpose and the approved proposal**. The Host Institution is responsible for keeping a record of such variations and should be able to produce them for auditing purposes as required. | Approval is required only from the Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus and ACP / JI / SDDC is to keep Host Institution’s Finance Department informed for proper accounting purposes.  *Variation form submission is not required.* |
| 4.1 | Variations to **change in FTE(s) over the approved headcount** within allocated EOM budget (including temporary contract staff under Host Institution’s payroll). | Approval is required only from the Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus and ACP / JI / SDDC is to keep Host Institution’s Finance Department informed for proper accounting purposes. Please update your Duke-NUS Academic Programmes Management Department’s point-of-contact via email and to provide documentation of Academic Chair approval.  *Variation form submission is not required.* |
| 4.2 | Variations to **revise job designation with/without change in approved headcount** within allocated EOM budget, without change in job scope. |

**EXTENSION GUIDELINES**

Such request and their justification(s) must be submitted to Duke-NUS Academic Programmes Management Department for consideration **at least 3 months** before the award end date.

For grant extension request, please complete the following Sections A, B, D and E.

1. **Extension of Academic Medicine Philanthropic Funds – AM/ACP Grants**

1.1 Grant Extensions will only be permitted under exceptional circumstances. The Requestor or Principal Investigator will be required to provide strong justification by writing to the Duke-NUS Academic Programmes Management Department. All grant extensions must be expressly approved in writing by the Duke-NUS Academic Programmes Management Department.

1. **TYPE OF REQUEST** *(Please select accordingly, multiple selections are possible.)*

☐ Grant Variation (No. \_\_\_\_\_) ☐ Grant Extension (No. \_\_\_\_\_)

**B. BUDGET INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Manpower (S$)** | **Other Operating Expenses (S$)** | **Capital Equipment (S$)** | **Total (S$)** |
| Approved Budget (A) *(As per Letter of Award / latest approved Variation as of DD/MM/YY)* |  |  |  |  |
| **Expenditure as of DD/MM/YY** |  |  |  |  |
| **Balance as of DD/MM/YY** |  |  |  |  |
| Current Variation (B) |  |  |  | - |
| Revised Budget after Variation [(A) +/- (B)] |  |  |  |  |

|  |  |
| --- | --- |
| **a. Utilization rate – Total Expenditure against total approved budget (%)** | **0** |
| **b. All previously approved variation (S$)**  *(Inclusive of variations done under 2.1. Variations done under 3.1 do not need to be included.)* |  | **% against total approved budget [b/(A)]:     %** |
| **c. Current request for variation (S$)**  *(Inclusive of variations between expense categories and any unbudgeted items)* |  | **% against total approved budget [c/(A)]:     %** |
| **d. Cumulative variation to-date [b+c] (S$)** |  | **% against total approved budget [d/(A)]:     %** |

**C. SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **From Category / Item** | **To**  **Category / Item** | **Amount**  **(S$)** | **Remarks to state:**   1. **If variation involves the change in manpower, state which budgeted position to forgo and the new position to be hired in replacement, if any.** 2. **Justification / reason(s) for the variation.** |
| 1. |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1. **DETAILS FOR GRANT EXTENSION**

|  |  |  |
| --- | --- | --- |
| **Project End Date:**  *(As per Letter of Award)* | DD/MM/YY | |
| **Project End Date:**  *(As per latest approved grant extension, if applicable)* | DD/MM/YY | |
| **New Project End Date:** | DD/MM/YY | |
| **Duration of Extension:** |  | **Month(s)** |
| **Justification / Reason(s) for Extension:** |  | |

1. **OTHER PERTINENT INFORMATION** *(Please specify if any)*

|  |
| --- |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F. DECLARATION BY REQUESTOR / PRINCIPAL INVESTIGATOR**  I hereby declare that any variation and extension will not alter the performance indicators of the programme.  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.   |  |  |  | | --- | --- | --- | |  |  |  | | Requestor / Principal Investigator  (Name & Signature) |  | Date | |  |  |  | |  |  |  | | **G. ENDORSEMENT** |  |  | | ACP Academic Chair /  Head of Joint Institute / Head of SDDC /  Associate Dean, Campus  (Name & Signature) |  | Date |   ***For Official Use Only***  Reviewed via Duke-NUS eWorkflow System. Please refer to **Document eApproval – Audit Trail Report** for the outcome of your variation and/or extension request. Do note that Signee is Duke-NUS Academic Programmes Management Department’s authorised signatory. |

**SingHealth and Duke-NUS Joint Office of Academic Medicine**

Correspondence Address: 8 College Road, Duke-NUS Graduate Medical School, Singapore 169857  
Website: www.academic-medicine.edu.sg

**SingHealth and Duke-NUS Joint Office of Academic Medicine**

Correspondence Address: 8 College Road, Duke-NUS Graduate Medical School, Singapore 169857  
Website: www.academic-medicine.edu.sg

**SingHealth and Duke-NUS Joint Office of Academic Medicine**

Correspondence Address: 8 College Road, Duke-NUS Graduate Medical School, Singapore 169857  
Website: www.academic-medicine.edu.sg