**FORM C – ONLY FOR ACP ACADEMIC SUPPORT GRANT**

**Grant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACP:** |  | | |
| **Host Institution:** |  | | |
| **Project Title:** |  | | |
| **Project No.:** |  | | |
| **Requestor Details**  *(Principal Investigator or Requestor, whichever is applicable)* | **Name:**  **Contact No.:** | | |
| **Start Date:**  *(As per Letter of Award)* | 01/04/YY | **End Date:**  *(As per Letter of Award)* | 30/09/YY |

**IMPORTANT NOTES**

Whilst the Academic Support Grant is for the Financial Period from 1 Apr this year to 31 Mar next year, the ACPs would have 18 months (up to 30 Sep next year) to fully utilise the Other Operating Expenses (OOE) and Capital Expenditure (CAPEX) budgets.

Please work with your Institution Finance to fill up this form to update Duke-NUS Academic Medicine Department on how the ACP intends to fully utilise the balance(s) of the budget(s).

**A. BUDGET INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Approved Budget *(As per Letter of Award/ Variation as of DD/MM/YY)* | **Expenditure as of 31/03/YY** | **Balance**  **as of 01/04/YY** | **Revised Budget after Variation** | **Remarks to state:**   1. **To which category/item, if any.** 2. **Justification/ reason(s) for the variation.** |
| **Faculty Development (S$)** |  |  |  |  |  |
| **Academic Events**  **(S$)** |  |  |  |  |  |
| **Gift Development & Stewardship (S$)** |  |  |  |  |  |
| **Other Expenses (S$)** |  |  |  |  |  |
| **Capital Equipment**  **(S$)** |  |  |  |  |  |
| **Total**  **(S$)** |  |  |  |  |  |

|  |  |
| --- | --- |
| **a. Utilization Rate – Total Expenditure**  **% against total approved budget as of 31/03/YY** | **%** |
| **b. Current request for variation (S$)** |  |
| **c. % variation [b] against total OOE and CAPEX budgets** | **%** |

**B. DECLARATION BY ACP ACADEMIC CHAIR**

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.

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|  |  |  |
| ACP Academic Chair  (Name & Signature) |  | Date |

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| --- |
| ***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 Medicine Department’s authorised signatory. |