**DETAILS OF ACADEMIC SUPPORT GRANT**

|  |  |
| --- | --- |
| **Name of ACP**  |  |
| **Grant Ref. No. (per letter of award)** |  |
| **Requestor Details** | **Name:****Designation:** |
| **Financial Year** | **FY** |

Application has to be received by your Duke-NUS Academic Programmes Management Department’s point-of-contact **at least 3 months** prior to the Study Trip with the details/ supporting documents for Overview of programme for the trip, airfare quotation from SingHealth Travel Management Company, etc attached.

ACP should use this form for **variation to** **increase the approved Faculty Development Budget** for subsequent Study Trip.

ACP is to submit study trip plan as part of its annual workplan & budget during ACP Core Funding Grant Call for Group Director (Office of Academic Medicine), SingHealth / Vice Dean (Office of Academic Medicine), Duke-NUS’ overview.

ACP is required to **report the Study Trip’s Outcomes** in the **Academic Support Grant Final Report**.

Where appropriate, the ACP will be required to **share the learning points** from the trip **with the wider academic medicine community** within SingHealth Duke-NUS Academic Medical Centre, such as:

(i) present during **Academic Medicine Administrators’ (AMA) Meeting** by administrators and

(ii) **Academic Council (AC) Meeting** by ACP Chair or Designate.

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

1. **TYPE OF REQUEST** *(Please select accordingly)*

[ ]  Approval for Study Trip (ACP has informed JOAM about this study trip through ACP Core Funding Grant Call)

[ ]  Approval for Study Trip (ACP has not informed JOAM about this study trip through ACP Core Funding Grant Call. Kindly provide justification on the decision to conduct ad-hoc study trip below.)

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

1. **OBJECTIVES & DELIVERABLES OF TRIP**

(Include tangible outcomes e.g. how it will benefit the ACP)

1. **DURATION OF TRIP**

From [Date] to [Date]

1. **PLACE(S) OF VISIT**
2. **PARTICIPANTS & OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Name of Participant(s)** | **Designation(s)** | **Objective(s)** | **Flight Class** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Please attach list if there are more than 4 participants.

1. **GRANT VARIATION REQUIRED TO INCREASE APPROVED FACULTY DEVELOPMENT BUDGET**

 [ ]  Yes (please complete the following) [ ]  No (please proceed to section G)

**TYPE OF REQUEST**

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

**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 (%)** |  |
| **b. All previously approved variation (S$)** |  |
| **c. Current request for variation (S$)** |  |
| **d. Cumulative variation to-date [b+c] (S$)** |  |
| **e. % against total approved budget [d/(A)] (%)**  |  |

**SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **From Category/ Item** | **To****Category/ Item** | **Amount****(S$)** | **Remarks to state:**1. **Justification/reason(s) for the variation.**
 |
| 1. |  |  |  |  |
| 2 |  |  |  |  |

1. **EXPENDITURE TO BE INCURRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Cost/pax/day (S$)** | **No. of days** | **No. of pax** | **Total Cost in Foreign Currency (indicate Foreign Currency)** | **Total Cost (S$)** |
| Airfare |  |  |  |  |  |
| Subsistence Allowance  |  |  |  |  |  |
| Others *(please provide itemised list)* |  |  |  |  |  |
| **Total**  |  |  |  |  |  |

1. **BUDGET AVAILABLITY**

|  |  |
| --- | --- |
| a. Approved Budget for Faculty Development / Study Trip (S$)*(As per Letter of Award/ latest approved Variation as of DD/MM/YY)* |  |
| **b. Current Request for Variation (S$)** |  |
| **c. Cumulative Total Quantum [a+b] (S$)** |  |
|  |  |
| **d. Current Request for Study Trip Approval (S$)** |  |
| **e. All Previously Approved Study Trip Quantum (S$)** |  |
| **f. Cumulative Quantum [d+e] (S$)** |  | **g. % against total approved budget [f/c]:**  |

1. **SUPPORTED BY**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE OF ACADEMIC CHAIR** |  | **DATE** |

***For Official Use Only***

Reviewed via Duke-NUS eWorkflow System. Please refer to **Document eApproval – Audit Trail Report** for the outcome of your request. Do note that Signee is Duke-NUS Academic Programmes Management Department’s authorised signatory.