**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.