**FORM A – GRANTS FUNDED BY AMII**

**GRANT INFORMATION**

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

**VARIATION GUIDELINES**

Prior approvals must be obtained for variations to extend grant duration or to increase expenditure in EOM\*, OOE and CAPEX beyond the respective sub budget, but not exceeding the approved total grant budget.

Approval from AMII must be sought for the following:

* Variations between expense categories: manpower expenses, other operating expenses and capital expenditure.
* Any unbudgeted item not indicated in the approved proposal, with valid justification on the unforeseen circumstance(s) requiring the variation.

For grant variation request, without an increase in the overall approved budget, please complete the following Sections A, B, C and E.

**EXTENSION GUIDELINES**

Extension request(s) and their justification(s) must be submitted to the AMII Co-Chairs for consideration **at least 3 months** before the award end date.

For grant extension request, please complete Sections A, B, C, Dand E.

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

☐ AMII Adoption Grant ☐ AMII Innovation Seed Grant

☐ AMII Test-bedding & Adoption Grant

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

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

**C**. **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. Current 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. **If variation involves a 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 |  |  |  |  |

**D. DETAILS FOR GRANT EXTENSION**

|  |  |  |
| --- | --- | --- |
| **Project End Date** *(As per Letter of Award)***:** | DD/MM/YY | |
| **Current 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:** |  | |

**E. OTHER PERTINENT INFORMATION**

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**F. DECLARATION BY REQUESTOR / PRINCIPAL INVESTIGATOR**

I hereby declare that any 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 (Name & Signature) |  | Date |
|  | | |
|  |  |  |

**H. Approval**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Academic Medicine Innovation Institute  Co-Chairs (Name & Signature) |  | Date |

***For Official Use Only***