**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)* | Click here to enter a date. | **Project End Date:** *(As per Letter of Award)* | Click here to enter a date. |
| **Project Extended End Date:***(As per latest approved grant extension, if applicable)* | Click here to enter a date. |

**VARIATION GUIDELINES**

Prior approvals must be obtained for variations to extend grant duration or to increase expenditure beyond the respective sub-vote budget, but not exceeding the approved total grant budget.

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, D and E.

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

☐ AMII Adoption Grant

☐ AMII Innovation Seed Grant

☐ AMII Test-bedding & Adoption Grant

☐ Others, please specify: Click or tap here to enter text.

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** |  |  |  |  |
| **Request – Within-Vote Variation** |  |  |  |  |
| **Request – Cross-Vote / New Item Variation (B)** |  |  |  |  |
| **Revised Budget after Variation [(A) +/- (B)]** |  |  |  |  |

|  |  |
| --- | --- |
| **a. Current Utilization Rate – Total Expenditure against total approved budget (%)** |  |
| **b. All previously approved variation (S$)***(exclude Within-Vote variation)* |  |
| **c. Current request for Cross-Vote / New Item variation (S$)** *(exclude Within-Vote variation)* |  |
| **d. Cumulative variation to-date [b+c] (S$)***(includes New Items and/or Cross-Vote variations)* |  |
| **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)***:** | Click here to enter a date. |
| **Project Extended End Date** *(As per latest approved grant extension, if applicable):* | Click here to enter a date. |
| **New Project End Date:** | Click here to enter a date. |
| **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.

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter a date. |
| Requestor / Principal Investigator(Name & Signature) |  | Date |
|  |  |  |
|  |  |  |
| **G. ENDORSEMENT** |  | Click here to enter a date. |
| ACP Academic Chair (Name & Signature) |  | Date |
|  |
|   |  |  |

**H. Approval**

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter a date. |
| Academic Medicine Innovation InstituteCo-Chairs (Name & Signature) |  | Date |

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