**FORM A – GRANTS FUNDED BY SINGHEALTH AM GENERAL FUND**

**GRANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACP/Joint Institute/SDDC:** |  | | |
| **Host Institution:** |  | | |
| **Project Title:** |  | | |
| **Project Type:**  *(E.g. Education Support, Research Support etc.)* |  | | |
| **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 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. *(Not applicable for ACP/SDDC Academic Support Grant (ASG).)*

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

1. **ACP Academic Support Grant**

|  |  |  |
| --- | --- | --- |
|  | **Type of Variation** | **Approval** |
| 1.1 | Variations **between other operating expenses and capital expenditure.** | Approval from the Duke-NUS Academic Programmes Management Department must be sought.  *Variation form submission is required.* |
| 2.1 | Variations of budget allocations for **budgeted items within each expense category** (e.g. within OOE).  The variation should be **relevant and aligned to the gift purpose and the approved proposal.** The Host Institution is responsible for keeping a record of such variations and should be able to produce them for auditing purposes as required. | Approval is required only from the Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus and ACP / JI / SDDC is to keep Host Institution’s Finance Department informed for proper accounting purposes.  *Variation form submission is not required.* |
| 3.1 | Variations to **change in FTE(s) over the approved headcount** within allocated EOM budget (including temporary contract staff under Host Institution’s payroll). | Approval from Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus only and to inform your Duke-NUS Academic Programmes Management Department’s point-of-contact via email and to provide documentation of Academic Chair approval.  *Variation form submission is not required.* |
| 3.2 | Variations to **revise job designation with/without change in approved headcount** within allocated EOM budget, without change in job scope. |
| 3.3 | Variations to approved staff positions where there is any promotion. |

1. **SDDC Academic Support Grant**

|  |  |  |
| --- | --- | --- |
|  | **Type of Variation** | **Approval** |
| 1.1 | **Any unbudgeted item** not indicated in the approved proposal, with valid justification on the unforeseen circumstance(s) requiring the variation. | Approval from the Duke-NUS Academic Programmes Management Department must be sought.  *Variation form submission is required.* |

1. **ACP Programme Grant / AM Strategic Funding Grant / Other AM Grant**

No amount may be transferred into any expense budget not supported for funding by Review Panel(s) previously.

|  |  |  |
| --- | --- | --- |
|  | **Type of Variation** | **Approval** |
| 1.1 | Variations **between expense categories**: manpower expenses, other operating expenses and capital expenditure. | Approval from the Duke-NUS Academic Programmes Management Department must be sought.  *Variation form submission is required.* |
| 1.2 | **Any unbudgeted item** not indicated in the approved proposal, with valid justification on the unforeseen circumstance(s) requiring the variation. |
| 2.1 | Variations of budget allocations for **budgeted items within each expense category** (e.g. within OOE).  The variation should be **relevant and aligned to the gift purpose and the approved proposal.** The Host Institution is responsible for keeping a record of such variations and should be able to produce them for auditing purposes as required. | Approval is required only from the Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus and ACP / JI / SDDC is to keep Host Institution’s Finance Department informed for proper accounting purposes.  *Variation form submission is not required.* |
| 3.1 | Variations to **change in FTE(s) over the approved headcount** within allocated EOM budget (including temporary contract staff under Host Institution’s payroll). | Approval from Academic Chair / Head of Joint Institute / Head of SDDC / Associate Dean, Campus only and to inform your Duke-NUS Academic Programmes Management Department’s point-of-contact via email and to provide documentation of Academic Chair approval.  *Variation form submission is not required.* |
| 3.2 | Variations to **revise job designation with/without change in approved headcount** within allocated EOM budget, without change in job scope. |

**EXTENSION GUIDELINES**

Extension request(s) and their justification(s) must be submitted to Duke-NUS Academic Programmes Management Department for consideration **at least 3 months** before the award end date.

For grant extension request, please complete the following Sections A, B, C, D and E.

**1. ACP & SDDC Academic Support Grant**

Grant Extensions will not be permitted under any circumstances.

**2. ACP Programme Grant / AM Strategic Funding Grant / Other AM Grant**

Approval must be sought from Duke-NUS Academic Programmes Management Department for any grant extension request.

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

☐ ACP Academic Support Grant ☐ ACP Programme Grant

☐ AM Strategic Funding Grant ☐ SDDC Academic Support Grant

☐ Other AM Grant (please name):

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. 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:**  (For NCRS awardee (previously known as NCSS), kindly include your plan(s) to apply for national/external grant after extension, if this KPI has not been achieved.)  (For ISG awardee, kindly provide progress update against the originally planned milestones.) |  | |

**E. OTHER PERTINENT INFORMATION** *(e.g. For NCRS awardee to indicate the title of NCRS Project)*

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

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

I hereby declare that any variation and 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 /  NCRS Awardee for NCRS Grants  (Name & Signature) |  | Date |
|  |  |  |
|  |  |  |
| **G. ENDORSEMENT** |  |  |
| ACP Academic Chair /  Head of Joint Institute / Head of SDDC /  Associate Dean, Campus  (Name & Signature) |  | Date |
| ***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 Programmes Management Department’s authorised signatory. | | |
|  |  |  |