**FORM B – GRANTS FUNDED BY AM/ACP-DESIGNATED FUNDS**

**GRANT INFORMATION**

|  |  |
| --- | --- |
| **ACP/Joint Institute/SDDC:** |  |
| **Host Institution:** |  |
| **Project Title:** |  |
| **Project Funding:** |  |
| **Project No.:** |  |
| **Requestor Details***(Principal Investigator or Requestor, whichever is applicable)* |  |
| **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**

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

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

1. **Variation of Academic Medicine Philanthropic Funds – AM/ACP Research/Education/Clinical Innovation/Project Grants**

|  |  |  |
| --- | --- | --- |
|  | **Type of Variation** | **Approval** |
| 1.1 | Variations of budget allocations for **budgeted items between expense categories** without an increase in the total approved budget, subject to a cumulative amount **exceeding the cumulative 20% limit** of the total funding awarded.  | Approval from Duke-NUS Academic Programmes Management Department must be sought.*Variation form submission is required.* |
| 1.2 | Variations for the purpose of paying any Requestor or Principal Investigator’s salary. |
| 1.3 | Any **unbudgeted item(s)** not indicated in the approved proposal. |
| 2.1 | Variations of budget allocations **for budgeted items** **between expense categories** without an increase in the total approved budget, subject to a **cumulative amount not exceeding 20%** of the total funding awarded.  | 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. Please update Duke-NUS Academic Programmes Management Department via the yearly financial schedules for documentation**.***Variation form submission is not required.* |
| 3.1 | Variations of budget allocations for **budgeted items** **within each expense category** (e.g. within OOE)regardless of cumulative % limit.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.* |
| 4.1 | Variations to **change in FTE(s) over the approved headcount** within allocated EOM budget (including temporary contract staff under Host Institution’s payroll). | Approval 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. Please update 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.*  |
| 4.2 | Variations to **revise job designation with/without change in approved headcount** within allocated EOM budget, without change in job scope. |

**EXTENSION GUIDELINES**

Such request 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, D and E.

1. **Extension of Academic Medicine Philanthropic Funds – AM/ACP Grants**

1.1 Grant Extensions will only be permitted under exceptional circumstances. The Requestor or Principal Investigator will be required to provide strong justification by writing to the Duke-NUS Academic Programmes Management Department. All grant extensions must be expressly approved in writing by the Duke-NUS Academic Programmes Management Department.

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

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

**B. 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 (%)** | **0** |
| **b. All previously approved variation (S$)***(Inclusive of variations done under 2.1. Variations done under 3.1 do not need to be included.)*  |  | **% against total approved budget [b/(A)]:     %** |
| **c. Current request for variation (S$)***(Inclusive of variations between expense categories and any unbudgeted items)* |  | **% against total approved budget [c/(A)]:     %** |
| **d. Cumulative variation to-date [b+c] (S$)** |  | **% against total approved budget [d/(A)]:     %** |

**C. SUMMARY OF VARIATION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **From Category / Item** | **To****Category / Item** | **Amount****(S$)** | **Remarks to state:**1. **If variation involves the 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 |  |  |  |  |
| 3 |  |  |  |  |

1. **DETAILS FOR GRANT EXTENSION**

|  |  |
| --- | --- |
| **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 |
| **New Project End Date:** | DD/MM/YY |
| **Duration of Extension:** |  | **Month(s)** |
| **Justification / Reason(s) for Extension:** |  |

1. **OTHER PERTINENT INFORMATION** *(Please specify if any)*

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| **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(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. |

**SingHealth and Duke-NUS Joint Office of Academic Medicine**

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