This budget variation form is applicable only for NHIC I2D, I2Start, I2I and Joint MedTech Grant Schemes (for variation within vote and between vote (<10%). Please submit completed form electronically in PDF format to: grant@nhic.cris.sg.

All information is treated with confidence. The information is furnished to the National Health Innovation Centre Singapore with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

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| 1. **PROJECT INFORMATION**

*Kindly ensure that* ***ALL*** *sections of this Form are completed. Please use attachment sheets if space provided is insufficient.* |
| **Project Title:** |       |
| **Grant Scheme:** | Select a Grant Scheme |
| **Application / Grant ID:** |       |
| **Principal Investigator / Admin Oversight’s/Project Lead Name & Title:** |       | **Host Institution** |       |
| **Expected Completion Date: (DD MMM YYYY)** |       | **IEO** (Applicable for NRF Central Gap Fund only**:** |       |

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| 1. **BUDGET VARIATION REQUESTED**

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| --- | --- |
| *NB:* | 1. *For NHIC Grant Schemes: Budget Variation request and its justification should be submitted to NHIC at least 3 months before the grant completion date.*
 |
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 |
| [ ]  1st Variation [ ]  2nd Variation [ ]  3rd Variation [ ]        Variation |

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| 1. **BUDGET INFORMATION**
 |
|  | **EOM** | **Equipment** | **OOE** | **Overseas Travel** | **Total** |
| **Grant approved** | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
| **Expenditure to date** | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
| **Balance** | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |

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| 1. **CUMULATIVE BUDGET INFORMATION**

*NB: Applicable for Joint MedTech projects only: all intervote variations approved within the same grant will contribute to the total cumulative percentage.* | **Inter-Vote** | **Within Vote***NB: This column can be left blank if not required* |
| 1. **All previously approved variation**
 | **$**  |  **$**  |
| **b. Current request for variation** |  **$**  |  **$**  |
| **c. Total variation to-date** (a+b) |  **$**  |  **$**  |
| **d. % of total budget** [( c ÷ Total Grant approved) x 100] | **%** |  |

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| 1. **SUMMARY OF BUDGET VARIATION REQUEST**
 |
| **No** | **From** **Category****Eg: EQPT****(line item)** | **To****Category****Eg: OOE****(line item)** | **Amount Transferred ($)** | **Remarks \*\***a) State how proposed changes will affect the project, including  targets, deliverables, date of completion research scopes, etc.b) If variation involves the change in purchase of equipment or  consumable items, state which original equipment/consumable  items are to be omitted and the items to be purchased in  replacement, if any.c) If variation involves the change in manpower, state which  budgeted position is to be omitted and the new position to be hired in  replacement, if any *(use attachments if necessary).* |
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 ***\*\* IMPORTANT: Please complete this section, otherwise request will be rejected***

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| 1. **REASONS FOR FORGOING ORIGINALLY APPROVED MANPOWER / ITEMS**
 |
| 1. Explain why item is not required or how savings are derived.
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| 1. **REASONS FOR REQUIRING ADDITIONAL OR NEW MANPOWER / ITEMS**
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| 1. Provide a strong justification for additional or new manpower or purchase of equipment, services, consumables, etc. and explain why this was not catered for in the original budget. 2. Where new equipment is proposed, detail other intended uses upon project completion. |

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| **Declaration:****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.** #For NHIC Grant Schemes: Please refer to Annex 1 for approving guideline.  |
|  |  |  |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR / PROJECT LEAD** |  | **DATE** |
|  |  |
| **Approved/Endorsed\* by: (To be completed by Host Institution)** |
|  |  |  |
| NAME, TITLE & SIGNATURE OF Research Director or his/her designated authority\* |  | **DATE** |
|  |  |

**For NHIC/IEO use only**

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| **Supported by:** |
| □ The information provided is adequate support for the budget variation request. |
|  |  |  |
| NAME & SIGNATURE OF NHIC CASE manager |  | **DATE** |

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| **Rejected/Approved\* by:** |
|  |  |  |
| NAME & SIGNATURE OF NHIC EXECUTIVE DIRECTOR OR HIS/HER DESIGNATED AUTHORITY\* |  | **DATE** |

 \*Please delete where appropriate

**Annex 1 – Approving Guidelines**

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| **Budget Variation within vote****(no change in the total approved budget for each category)** | **Host Institution/IEO** | **Grantor** | **Remarks** |
| 1. **EOM**
2. Change of manpower (no change to the approved EOM budget)

*e.g. increase/decrease of headcount, change in designation, scheme of projected hire and time commitment to the grant*

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| *From Category* | *To Category* | *Amount Transferred $* |
| *EOM**(1 FTE Research Coordinator)* | *EOM**(0.5 FTE Research Coordinator)* | *NA* |
| *EOM**(2 biostatisticians)* | *EOM**(1 biostatistician)* | *NA* |
| *EOM**(Research Fellow)* | *EOM**(Research Engineer)* | *$30,000* |

 | Approve | Notify | 1. Does not count towards the 10% cumulative variation rule on direct costs.
 |
| 1. **EQPT & OOE**
2. Virement of budget between existing line items within the same vote
3. Addition of new line items and kept within the approved vote budget e.g. additional equipment, or additional OOE items;
4. Change in equipment or OOE quantity and kept within the approved vote budget.
 | Approve | Notify  |
| **Budget Variation between/across vote** | **Host Institution/IEO** | **Grantor** | **Remarks** |
| 1. **EOM, EQPT & OOE**
2. If cumulative virement is ≥ 10% of the original total project direct cost values
 | Endorse | Approve | 1. Counts towards the 10% cumulative variation rule on direct costs
 |
| 1. If cumulative virement is <10% of the original total project direct cost values
2. Addition of new line items and kept within the approved vote budget e.g. additional equipment, or additional OOE items;
 | Approve | Notify |
| 1. **Overseas Travel**
2. Virement into the Overseas Travel is not permitted
 | NA | NA |

 **Note:** Download the following forms from NHIC website and email completed form to NHIC for approval.

1. **NHIC-GEN-FORM-11:** For changes of PI, Co-I and Collaborators
2. **NHIC-GEN-FORM-27**: For changes to Grant Termination, Research Scope and Equipment Relocation