This grant extension form is applicable only for NHIC I2D, I2Start, I2I and Joint MedTech Grant Schemes. Please submit completed form electronically in PDF format to: [grant@nhic.cris.sg](mailto: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 /Project Lead’s Name** |  | | |
| **Expected Completion Date (DD MMM YYYY):** |  | **Host Institution:** |  |

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| 1. **BUDGET INFORMATION:** | | | | | |
|  | **Manpower** | **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. **GRANT EXTENSION REQUESTED**  |  |  | | --- | --- | | *NB.* | 1. *For NHIC Grant Schemes: Grant Extension request and its justification must be submitted to NHIC at least 3 months before the grant completion date. Applicable for Joint MedTech projects only: Once a Grant Extension request is approved, the approved extension will be applied to all projects in the same grant.* | |  |  | |
| **1st Extension**  **2nd Extension** **Extension** |
|  |
| From:       To: |
|  |
| **Length of requested extension: Select from the drop-down list months** *(maximum 6 months)* |
|  |
| **Total approved extension to date: Select from the drop-down list months** |

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| 1. **REASONS FOR EXTENSION:**   *Explain why the extension is required (i.e. changes in aims, protocol, etc).* |
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| 1. **UPDATED PROJECT MILESTONES (upon extension approval):**   *Please fill in the table with the* ***approved*** *milestones as stated in the* ***original*** *grant application.  Use shading to indicate the original target duration, and crosses to indicate the actual/updated duration. (Please add more rows where applicable).* | | | | | | | | | | | | | | | | | | |
| Project Milestones/Deliverable | 1 year | | | | | | | | | | | | Extension (if applicable) | | | | | |
| M  1 | M  2 | M  3 | M  4 | M  5 | M  6 | M  7 | M  8 | M  9 | M  10 | M  11 | M  12 | M  13 | M  14 | M  15 | M  16 | M  17 | M  18 |
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| 1. **IMPACT ON KEY PERFORMANCE INDICATORS (KPIs)**   *Explain any possible impact on the KPIs for this project.* |
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| 1. **NEW CASHFLOW PROJECTION (Upon extension approval)** | |
| **Category** | **FY20** |
|  | **(Period of Extension****-****)** |
|  |  |
| *Manpower* |  |
|  |  |
| *Equipment* |  |
|  |  |
| *OOE* |  |
|  |  |
| *Overseas Travel* |  |
|  |  |
| **Total costs by year** |  |

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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.** | | |
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| **SIGNATURE OF PRINCIPAL INVESTIGATOR / PROJECT LEAD** |  | **DATE** |
|  | |  |
| **Endorsed by: (To be completed by Host Institution)** | | |
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| NAME, TITLE & SIGNATURE OF \*Research Director or his/her designated authority |  | **DATE** |
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| **For NHIC Use only** | | |
| **Supported by:** | | |
| □ The information provided is adequate support for the grant extension request. | | |
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| **NAME & SIGNATURE OF NHIC CASE MANAGER** |  | **DATE** |
|  | | |
| **Rejected/Approved\* by:** | | |
|  |  |  |
| NAME & SIGNATURE OF NHIC EXECUTIVE Director OR \*HIS/HER DESIGNATED AUTHORITY |  | **DATE** |

\*Please delete where appropriate