This budget variation form is applicable only for NHIC I2Adopt Grant Scheme. Please submit completed form electronically in PDF format to: [grant@nhic.cris.sg](mailto:grant@nhic.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*.* Site PI will be notified of any budget variation(s).

|  |  |
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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:** |  |
| **NHIC Reference:** | NHIC-I2A- |
| **Requesting Site(s):** |  |
| **Site A Institution**  **Principal Investigator /Project Lead Name:** |  |
| **Site B Institution**  **Principal Investigator /Project Lead Name:** |  |
| **Site C Institution**  **Principal Investigator /Project Lead Name: *(if applicable)*** |  |

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| 1. **BUDGET VARIATION REQUESTED**  |  |  | | --- | --- | | *NB:* | *Budget Variation request and its justification should be submitted to NHIC at least 3 months before the grant completion date.* | |  |  | |
| Please tick **one** appropriate box  Within Institution  Across Institution |
| 1st Variation  2nd Variation  3rd Variation        Variation |

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| 1. **BUDGET INFORMATION**  |  |  | | --- | --- | | *NB:* | *Budget information only for relevant site(s) is required* | | | | |
| Site A Budget | **CAPEX** | **OPEX** | **Total** |
| **Grant approved** | $0.00 | $0.00 | $ 0.00 |
| **Expenditure to date** | $0.00 | $0.00 | $ 0.00 |
| **Balance** | $0.00 | $0.00 | $ 0.00 |

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| Site B Budget | **CAPEX** | **OPEX** | **Total** |
| **Grant approved** | $0.00 | $0.00 | $ 0.00 |
| **Expenditure to date** | $0.00 | $0.00 | $ 0.00 |
| **Balance** | $0.00 | $0.00 | $ 0.00 |

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| Site C Budget *(if applicable)* | **CAPEX** | **OPEX** | **Total** |
| **Grant approved** | $0.00 | $0.00 | $ 0.00 |
| **Expenditure to date** | $0.00 | $0.00 | $ 0.00 |
| **Balance** | $0.00 | $0.00 | $ 0.00 |

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| **4. SUMMARY OF BUDGET VARIATION REQUEST** | | | | | | |
| **No** | **From Site [X]**  **Institution** | **From**  **Category**  *E.g.:*  *CAPEX*  *(line item****)*** | **To Site**  **[X]**  **Institution** | **To**  **Category**  *E.g.:*  *OPEX*  *(line item****)*** | **Amount Transferred ($)** | **Remarks/ Justification\*\***   1. 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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| **5. HISTORY OF PROJECT VARIATIONS (IF ANY)** | | |
| *Please provide information on* ***all*** *variations approved/rejected for the project. A ‘Nil’ response is necessary.* | | |
| **Variation**  *(For virements, to indicate the votes that were affected. E.g. $200K from OPEX to CAPEX)* | **Status & Date (Approved / Rejected)** | **Justification** |
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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. | | |
| **Site A** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title & Signature of Research Director or Equivalent\*  Date |
| **Site B** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title & Signature of Research Director or Equivalent\*  Date |
| **Site C *(if applicable*)** | |
| **Signature of Principal Investigator/ Project Lead**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name  Date | **Approved/ Endorsed\* by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title & Signature of Research Director or Equivalent\*  Date |

\*Please delete where appropriate

**For NHIC use only**

(For Budget Variation Across Category)

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| **Reviewed by:** | | |
| □ The information provided is adequate support for the budget variation request.  □ Future Systems & Innovation Division (FSID) approval has been sought and received. | | |
|  |  |  |
| NAME & SIGNATURE OF NHIC CASE manager |  | **DATE** |

**Acknowledged by:**

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|  |  |  |
| 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 Category** | **Institution** | **NHIC** |
| If   1. Virement of budget between existing line items within the same category 2. Addition of new line items and kept within the approved category budget e.g. additional equipment, or additional CAPEX items; 3. Change in OPEX quantity and kept within the approved category budget. | Approve | Notify |
| **Budget Variation Across Category** | **Institution** | **NHIC** |
| Generally, not allowable unless strong justification is provided | Endorse | Approve |
| Virement is not permitted for the below list of items:  •Furniture, stationery, printer  •Portable storage device  •Refreshments/catering  •Overseas trips  •Utilities  •Transport fees  •And any other items deemed inappropriate by MOH | NA | NA |