This 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).

PI must inform NHIC on any changes to the project objectives, outcome, milestones and timeline.

Request for grant extension should be made to NHIC before the last 6 months of the original end of the term.

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:** |  |
| **NHIC Ref:** | NHIC-I2A- |
| **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. **AMENDMENT REQUESTED** |
| 1st Amendment  2nd Amendment        Amendment |
| Grant Termination  Grant Start Date:       Grant End Date:       Proposed Termination Date:  Grant Extension  Current Grant End Date:       Proposed Extension End Date:    Change in Project Scope (Milestone, deliverables, outcomes, KPI) |

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| 1. **REASON AND JUSTIFICATION FOR THE PROPOSED AMENDMENT (Mandatory)**  |  |  | | --- | --- | | *NB:* | *Please submit the Budget Variation form if the requested change to scope requires an amendment to the budget* | |  |  | |
| *Please provide detailed justifications for requested amendment before the grant completion date.*   * *Please provide a detailed description of change in scope/direction for the project (milestone, deliverables, outcomes, KPI) and contrast this with the original application and the last approved change (if any).* * *In providing details of the revision, please contrast the project milestones and deliverables proposed with the original approved version in the Letter of Award.*   + *Indicate how the proposed change to milestones will impact overall outcome and provide updated timeline of the project. Use shading to indicate the original target duration, and crosses to indicate the actual/updated duration.* |

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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 | **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 | **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 | **Endorsed by: (To be completed by Institution)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name, Title & Signature of Research Director or Equivalent\*  Date |

*\*Please delete where appropriate*

**For NHIC use only**

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| **Reviewed by:**  □ Minor Amendment □ Major Amendment | | |
| □ The information provided is adequate support for the grant amendment request.  □ Future Systems & Innovation Division (FSID) approval has been sought and received.  *(For major amendments only)* | | |
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| NAME & SIGNATURE OF NHIC CASE manager |  | **DATE** |

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

\*Please delete where appropriate