## MINISTRY OF HEALTH

## TCMRG Grant Extension Form

## *(Without change in total grant amount)*

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

**This form is applicable for TCMRG**

Kindly ensure that **ALL** sections of this Form are completed. Please use attachment sheets if space provided is insufficient.

|  |  |
| --- | --- |
| **Project Title:** |  |
| **TCMCRG App No:** |  | **Expected project completion date:** | DD/MM/YYYY |
| **PI’s Name & Title:** |  | **Department:** |  |
| **Email:** |  | **Host Institution:** |  |

# BUDGET INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Manpower (EOM)** | **OOE** | **Total** |
| Grant approved |  |  |  |
| **Expenditure to date** |  |  |  |
| **Balance** |  |  |  |

1. **Grant Extension Requested:**

*(dd/mm/yy)*

*(dd/mm/yy)*

**From: To:**

**Length of requested extension: months**

**Total approved extension to date: months**

1. **Reasons for Extension:**

Explain why the extension is required (i.e. changes in aims, protocol, etc). Please note that requests for extension are subjected to approval by Ministry of Health.

1. **Impact on Key Performance Indicators (KPIs):**

Explain any possible impact on the KPIs for this project.

1. **new CashFlow projection (upon extension approval):**

**Category** **FY20**   **FY20**   **FY20**   **FY20**   **Total**

 (1 Apr   - (1 Apr   - (1 Apr   - (1 Apr   -

 31 Mar   ) 31 Mar   ) 31 Mar   ) 31 Mar   )

*Manpower (EOM)*                         **0**

*Other Operating*

*Expenses (OOE)*                         **0**

*Indirect Research*

*Costs (IRC)\*\**                         **0**

**Total costs by year 0 0 0 0**

\*\* Actual disbursement for Indirect Research Cost (IRC) is calculated based on actual claims submitted to MOH. The cash flow projection provides an estimate of the IRC and should not be more than 10% of the total sum of the other 2 categories (Manpower and Other Operating Expenses) less exceptional items in the FY.

**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.**

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF PI** |  | **DATE** |

**Approved/ Endorsed\* by:**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE****OF Research Director** **or his/her designated authority** |  | **DATE** |

\* please delete where appropriate