

**NO-COST EXTENSION FORM**

Irish Cancer Society grant holders who require additional time to complete the agreed objectives of the research grant may request a no-cost extension, at no additional cost to the Society. Grant holders seeking a no-cost extension must complete this No-Cost Extension Form and submit to the Society for approval at least 3 months in advance of the formal end date of the grant. Justification for the no-cost extension must be valid and warranted. Applications will be considered and approved only where appropriate justification has been provided.

**GRANT DETAILS**

|  |  |
| --- | --- |
| Grant Code |  |
| Project Title |  |
| Principal Investigator or Fellow or Scholar |  |
| Host Institution |  |
| Start date of grant |  |
| Current year of the grant |  |

|  |  |
| --- | --- |
| Current end date of grant |  |
| Revised end date of grant |  |
| Number of months of proposed extension |  |

**Justification for No-Cost Extension:**

Please state clearly, why you are requesting this no-cost extension and the reason the project has not progressed as originally proposed.

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**Proposed Revised Timeline:**

Please indicate the proposed revised timeline for the objectives of the research grant.

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**SIGNATURE PAGE**

**This page MUST be completed. Requests for approval of No-Cost Extensions will not be accepted without the required signatures.**

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| **Grant Holder (Principal Investigator or Research Fellow)**As the Grant Holder, I agree to submit this variation Form to the Irish Cancer Society for approval. I confirm that the information provided is correct. |
| Name (BLOCK CAPITALS): |  |
| Signature: |  | Date: |  |
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| **Financial Controller or equivalent person authorised to endorse research grant variations for the Research Institution** I have read this variation form and I confirm that all budget and contract-specific issues have been discussed with the grant holder. I confirm that the Research Institution is willing to accept and administer the grant variation, if approved by the Society. |
| Name (BLOCK CAPITALS): |  |
| Position Held: |  |  |  |
| Signature: |  | Date: |  |
|  |  |  |  |

Please return the completed form to:

research@irishcancer.ie

**Irish Cancer Society**

**43/45 Northumberland Road, Dublin 4.**