

**VARIATION TO GRANT DETAILS FORM**

This **Variation to Grant Details Form** must be used to request a change to the original agreed objectives or research plan of your Irish Cancer Society project. Please refer to the Terms and Conditions of your grant to ensure your request complies with these.

* This form can be used to request the following amendments to the details of your grant:

**A**. Change to the original objectives or research plan

**B**. Grant Deferral

**C**. Grant Suspension

**D**. Grant Cancellation

* The completed form must be submitted to the Society for approval **at least one month** before the proposed change takes place.
* Applications will be considered and approved only where appropriate justification has been provided.

**GRANT DETAILS**

|  |  |
| --- | --- |
| Grant code: |  |
| Grant title: |  |
| Principal investigator or fellow or scholar: |  |
| Host institution: |  |
| Start date of grant: |  |
| Duration of grant:  |  |
| Current year of the grant: |  |

***Please complete A, B, C or D in Section 1, and all of Sections 2 and 3.***

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| --- | --- |
| Date of last approved amendment to grant details: |  |

**SECTION 1**

**Details of Amendment to Research Grant:**

**A. Change to the original objectives or research plan**

Please state clearly, in bullet-point format, the proposed changes to objectives for the current reporting period (**max 200 words**).

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**B. Grant Deferral**

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| Current start date: |  |
| Proposed new start date: |  |
| Proposed end date: |  |

**C. Grant Suspension**

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| --- | --- |
| Numbers of months of proposed suspension: |  |
| Proposed suspension date: |  |
| Proposed restart date: |  |
| Proposed new end date: |  |

 **D. Grant Cancellation**

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| Start date of Grant: |  |
| End date of the Grant: |  |
| Proposed cancellation date: |  |

**SECTION 2**

Reason and Justification for the proposed amendment (**max 100 words**).

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**Impact on Research Plan**

Please indicate how the proposed change to the original objectives or research plan will impact on the overall outcome and timelines of the project **(max 100 words).**

Please Note:

* If the requested change to project objectives or research plan requires an amendment to the original agreed budget, please complete a **Budget Reallocation Form**.
* If you wish to request a grant cancellation, a **Final Financial Report** is required. Please contact the research@irishcancer.ie for the template for this Report.

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**SECTION 3**

**SIGNATURE PAGE**

**This page MUST be completed. Requests for approval of Variation to Grant Details will not be accepted without the required signature.**

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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 related 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:

**Irish Cancer Society**

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