

# Request for Budget Reallocation (BR)

# and/or

# No-Cost Extension (NCE) Form

It is the Irish Research Council’s (The Council) policy to facilitate an extension to a grant where it is satisfied that such action will ensure the completion of the funded project according to the agreed budget, objectives and deliverables for that project. A request, with justification, for a Budget Reallocation and/or No-cost extension to an award must be submitted in advance to the Council for approval.

A No-cost extension can be sought for a period of up to twelve months (this restriction does not apply to maternity, adoptive or parental leave which may be longer).

Requests for budget reallocations and/or no-cost extensions will not be considered within two or three months (respectively) of the end date of the project.

## Type of Request

Please tick relevant box:

|  |  |
| --- | --- |
| **Budget Reallocation:** | [ ]  |
| **No Cost Extension:** | [ ]  |
| **Both** | [ ]  |

## Grant Information

|  |  |
| --- | --- |
| Project ID  |  |
| Principal Investigator |  |
| Project title |  |
| Host Institution |  |
| Start date of grant |  |
| End date of grant |  |

## No Cost Extension Details

Please complete this section to propose a new end date of the grant (insert N/A if not applicable).

|  |  |
| --- | --- |
| Current end date |  |
| New proposed end date |  |
| Number of months of proposed extension |  |

**Justification for No-Cost Extension**

Please explain in detail and properly justify the reason for requesting an extension of your grant.

This should include:

* Why the delay occurred?
* How the extension will remedy the delay?
* Details of personnel impacted by the delay.
* Details of any personnel who will continue working during the extension period.
* If salary or student stipend is required during the extension period, provide a detailed salary breakdown (Person’s name, Job title, Pay point, Whole Time Equivalent (WTE) to the award) of each individual.
* Detail how you will spend remaining monies during the extension period (this should match your proposed budget in Table 3).

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## Budget Details (complete for both BR and NCE requests)

1. **Financial Statement (MANDATORY)**

|  |  |
| --- | --- |
| **Current year of the grant** |  |

Please provide a current financial statement for your grant.

**Table 1 - Financial statement (current/up to date of request)**

*(Amend budget categories as required to match those listed in your IRC Grant Letter)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **A****Total Grant Amount\*****€** | **B****Total Expenditure to date (to end last calendar month)****€** | **C****Balance Remaining** **(A minus B)****€** |
| Personnel |  |  |  |
| Travel Costs |  |  |  |
| Materials and consumables |  |  |  |
| Publication Costs |  |  |  |
| Dissemination & Knowledge Exchange Costs |  |  |  |
| Access to Research Infrastructures |  |  |  |
| Relocation expenses |  |  |  |
| Overheads |  |  |  |
| Equipment |  |  |  |
| **TOTAL** |  |  |  |

\*Total grant amount as in the IRC offer Letter or as per last Letter of Variation. If the grant amount in a category is different from that outlined in the original IRC Offer Letter, please indicate below the date of IRC approval of all previous requests.

**Table 2 – Previous changes to grant**

|  |  |
| --- | --- |
| **Date of Change** | **Approved Grant change (BR, NCE, Social Benefit etc.)** |
|  |  |
|  |  |

1. **Budget Reallocation (only complete for BRs)**

Complete if you NEED to reallocate between budget categories (as applicable to your grant) for the period of the extension. Requests for budget reallocations will not be considered within two months of the end date of the project. Prior approval must be sought from the Council for budget reallocations as the Council will not retrospectively approve budget reallocations.

**Table 3 - Proposed budget reallocation:**

State the Budget Category and Amount that you wish to transfer funds FROM; and the Budget Category and Amount that you wish to transfer funds TO.

If more reallocation of funds are proposed, please add additional lines.

|  |  |
| --- | --- |
| **From**  | **To** |
| **Budget Category** | **Amount** | **Budget Category** | **Amount** |
|   |  |   |  |
|   |  |   |  |
|  |  |  |  |
|  |  |  |  |

**Justification for Budget Reallocation:**

State clearly and in detail why you are requesting this reallocation of funds.

This should include:

* Why you want to reallocate the funds?
* The reason the funds were not spent as originally proposed?
* Why re-allocating these funds will not negatively impact the successful delivery of this award?
* If relevant, please detail if any personnel are impacted by this budget re-allocation.
* If salary or student stipend is being modified or requested, please provide a detailed salary breakdown (Person’s name, Job title, Pay point, Whole Time Equivalent (WTE) to the award) of each individual.

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1. **Table 4 – Final budget proposed to the IRC for approval (complete for BRs and NCEs)**

***(Amend budget headings as required to match those listed in your IRC Grant Letter)***

* Please provide the final proposed budget (taking into account the period of extension below if necessary).
* If you are requesting budget reallocations these should be incorporated. Any budget surplus will automatically carry forward to the period of extension.
* **Add/remove budget headings, rows, columns etc. to match those in your original contract/letter or most recent budget (if this is not the first budget change).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Year 1****€** | **Year 2****€** | **Year 3****€** | **Year 4****€** | **Year 5****€** |
| Personnel |  |  |  |  |  |
| Travel Costs |  |  |  |  |  |
| Materials and consumables |  |  |  |  |  |
| Publication Costs |  |  |  |  |  |
| Dissemination & Knowledge Exchange Costs |  |  |  |  |  |
| Access to Research Infrastructures |  |  |  |  |  |
| Relocation expenses |  |  |  |  |  |
| Overheads |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| **TOTAL**  |  |  |  |  |  |

1. **Details of any changes to licences/contracts/equipment time (for deferred or suspended grants) (Mandatory)**

If an extension of your current licences/contracts/equipment time or a new application is needed to cover the proposed change on this grant, please send a copy to the IRC or complete the declaration form attached to this form.

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**Signature Page (Must be completed)**

**This page MUST be completed. Requests will not be accepted without required signatures.**

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| **Principal Investigator** |
| I certify that all details in this request form are correct |
| Name (including title):      Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |

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| --- |
| **Authorised Signatory at Research Office (or equivalent) in Host Institution** |
| I certify that the Host Institution supports the requested amendment including the proposed budget (where applicable). |
| Name of Officer authorised to sign research contracts onbehalf of the Host Institution:      Institutional Stamp/DatePosition Held:      Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |

**Please email the completed form as a PDF to** laureate@research.ie