A close up of a logo

Description generated with very high confidence

V. 18-05-20

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| **COVID-19 RELATED COSTED EXTENSION (CE) REQUEST FORM**  **(Principal Investigator)**  As per clause 3.d of the [Guidance for awardees on COVID-19 related impacts on Council funded awards](http://research.ie/assets/uploads/2020/04/Guidance-for-awardees-on-COVID-19-23.4.2020.pdf), all requests will need to provide clear evidence of need for a costed extension on research grounds. Awardees must read the Guidance in full before applying for a costed extension.  Priority consideration will be given to early-career researchers on individual Council awards, with postgraduate researchers whose projects have been severely compromised due to COVID-19 and who are due to complete their qualification in 2020 being the first priority group.  Where a PI-led project has been **severely compromised** due to COVID 19 and the Principal Investigator has explored alternatives, including redesign, and the project cannot be completed within the original duration of the award, the PI may apply for a costed extension.  **Who should use this form?**  **Principal Investigators** whosecurrentawards are **closing in 2020** and who wish to request a costed extension on research grounds and can demonstrate clear evidence of a need for a costed extension.  **How to use this form**  Requests may not include costs for fees for a team member. Please refer to clause 2.5 of the Guidance for awardees on COVID-19 related impacts on Council funded awards.  In the case of projects funded or co-funded by Strategic Funding Partners (SFPs), award holders **must consult** in advance with partners and **agree** the proposed request before submitting this form to the Council.  Requests should be endorsed by a relevant Research Officer and Research Finance Officer in the host institution and by any Strategic Funding Partners and/or Co-PIs. Electronic signatures will be accepted as endorsement for requests.  Please email the completed form to the programme email account associated with your grant, using the **subject line: PI Costed Extension request for <insert Project ID>**. The list of programme emails can be found on the Council’s COVID-19 webpage: <http://research.ie/irc-and-covid19/>  Requests for costed extensions for awards ending in 2020 should be submitted to the Council by close of business **12 June 2020.**  Requests will be considered on a case-by-case basis. |

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| **SECTION 1**  **For completion by Award Holder** | |
| Name |  |
| Email address |  |
| Project ID |  |
| Project title |  |
| Higher education institution/  Research-performing organisation |  |
| Co-PI (if applicable) |  |
| Co-PI’s email address (if applicable) |  |
| Strategic funding partner (if applicable) |  |

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| **SECTION 2**  **For completion by Award Holder** | | |
| **Details of proposed Costed Extension** | | |
| Present end date of award | |  |
| New proposed end date | |  |
| **Rationale and justification** for the extension being proposed.  As per the [Guidance](http://research.ie/assets/uploads/2020/04/Guidance-for-awardees-on-COVID-19-23.4.2020.pdf) issued, this should include a clear demonstration of efforts made to complete the project within the original project duration and budget, including changes to the project’s design and by using the available No-Cost Extension/Cost-Neutral Extension mechanisms. | | |
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| Are there other COVID related extensions approved/under consideration on this award? Yes/No  **If yes, please provide brief details below.** | | |
| A no-cost extension is approved/under consideration for a duration of ( X )months. | A cost-neutral extension for the value of €X is approved/under consideration for a duration of X months. | |

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| **Details of impact on personnel** | | | |
| Please give details of impact of the extension on personnel:  *(Add rows below as necessary)* | | | |
| <Employee 1> | <Employee 1 Job title> | <Employee 1 Pay point, Whole Time Equivalent (WTE) to the award> | <Describe impact of CE on employee 1, i.e. extension of contract by X months, etc.> |
| <Employee 2> | <Employee 2 Job title> | <Employee 2 Pay point, Whole Time Equivalent (WTE) to the award> | <Describe impact of CE on employee 2> |

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| **Current budget** | | | |
| Please provide a current financial statement for your grant/research expenses using the table below. | | | |
| **Budget** | **A**  **Total Grant Amount**  **€** | **B**  **Total Expenditure to date**  **(to end last calendar month)**  **€** | **C**  **Balance Remaining**  **(A - B)**  **€** |
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| **Additional grant amount requested** | |
| Please indicate the additional grant amount requested as well as the budget category concerned and a justification for the request. Please note that **requests cannot include fees.** | |
| **Amount requested** | **Breakdown** |
| € |  |

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| **Proposed budget** |
| Please provide the final proposed budget (taking into account the period of extension if necessary). Add/remove budget headings, rows, columns, etc. to match those in your original contract/offer letter or most recently approved budget (if this is not the first budget change).   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Budget category** | **Year 1**  **€** | **Year 2**  **€** | **Year 3**  **€** | **Year 4**  **€** | **Total**  **€** | | Personnel |  |  |  |  |  | | Travel costs |  |  |  |  |  | | Materials and consumables |  |  |  |  |  | | Publication costs |  |  |  |  |  | | Dissemination & knowledge exchange costs |  |  |  |  |  | | Access to research infrastructures |  |  |  |  |  | | Relocation expenses |  |  |  |  |  | | Overheads |  |  |  |  |  | | Equipment |  |  |  |  |  | | **TOTAL** |  |  |  |  |  | |

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| **SECTION 3**  **Signature of Award Holder** | |
| I hereby certify that all details in this request form are correct. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:    Date: |

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| **SECTION 4**  **For completion by Strategic Funding Partner(s) and/or Co-PI(s) (if applicable)** | |
| I hereby confirm that I support the award holder’s request to suspend/defer the award as outlined above and will continue the partnership to adhere to the payment structure of the award. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |

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| **SECTION 5**  **For completion by the Research Office in Host Institution** | |
| I hereby certify that the Host Institution supports the requested extension, including the proposed budget. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |

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| **SECTION 6**  **For completion by the Research Finance Office in Host Institution** | |
| I hereby certify that the Host Institution supports the requested extension, including the proposed budget. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |