

V. 09-06-20

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| **COVID-19 RELATED COSTED EXTENSION (CE) REQUEST FORM****(Early Career)**Requests for costed extensions (CEs) will be considered by the Council on a case-by-case basis. All such requests will need to provide clear evidence of need on research grounds.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.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.**Who should use this form?****Postgraduate** and **Postdoctoral** award holders 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. 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. As applicable, the form should also be endorsed by Supervisors/ Mentors/Enterprise Partners/Strategic Funding Partners. 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: 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 **19** **June2020**.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 |  |
| Supervisor/Mentor |  |
| Supervisor/Mentor’s email address |  |
| Enterprise mentor (if applicable) |  |
| Enterprise mentor’s email address (if applicable) |  |
| Strategic funding partner (if applicable) |  |

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| **Section 2****For completion by Award Holder** |

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| **Details of proposed Costed Extension** |
| Present end date of award |  |
| New proposed end date |  |
| **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** | **Duration of extension requested** | **Breakdown**e.g. 3 months stipend @ €1333.33 per month plus expenses @ €2250 pro rata |
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| **Proposed budget** |
| Please provide the newly proposed budget 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****Value of costed extension****€** | **D****New total value****(A + C)****€** | **E****Balance****(D - B)****€** |
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| **Rationale and justification** for the costed 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/or by using the available No-Cost Extension/Cost-Neutral Extension mechanisms. |
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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 Academic Supervisor/Mentor, Employment/Enterprise Mentor (if applicable) and Strategic Partner(s) (if applicable)** |
| I hereby confirm that I support the award holder’s request to extend the award as outlined above and that the Enterprise Partner 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:  |