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| **BUDGET REALLOCATION REQUEST FORM**  The Irish Research Council provides funding for direct costs as presented and justified in the application form. **Please consult the Council’s policy on budget reallocations prior to using this form.**  **Who should use this form?**  Award holders of grants above €5,000 who are looking to reallocate direct research costs as follows:   * For any budget reallocations between non-salary categories above 10% of the total approved direct costs *OR*, for PI-led awards over €200,000, in excess of €20,000 between non-salary categories, or between calendar years. * In PI-led awards, for any reallocation of funds to or from salary and postgraduate registration fee categories.   **How to use this form**  A request for budget reallocation(s) as described above must be submitted to the Council for approval in advance and with justification using this form.  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 approach 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, and institutional stamps required only if available.  Please email the completed form to the programme email account associated with your grant, using the subject line: **Budget Reallocation request for <insert Project ID>.**  Requests must be submitted at least two months before the project end date. |

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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 (if applicable) |  |
| Supervisor/Mentor’s email address (if applicable) |  |
| Enterprise Mentor (if applicable) |  |
| Enterprise Mentor’s email address (if applicable) |  |
| Strategic funding partner (if applicable) |  |

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| **SECTION 2**  **Details of the Budget Reallocation(s)** *(Add rows as necessary)* | | | |
| **FROM** | | **TO** | |
| **Budget Category** | **Amount** | **Budget Category** | **Amount** |
|  |  |  |  |
|  |  |  |  |
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| ***Justification for Budget Reallocation(s)***  State clearly and in detail why you are requesting this reallocation of funds. | | | |
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| **Budget details** |
| Please provide a **current** financial statement for your grant/research expenses, using the table below. *(Double-click on the table to amend as you would in Excel. Overheads, balance and totals will be automatically calculated. Amend budget categories as required to match those listed in your IRC Letter of Offer.)* |
| \*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 Budget Reallocation requests: |

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| **Date of change** | **Approved grant changes** |
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| **Proposed budget (for PI-led awards only)** |
| Please provide the final proposed budget. *(Double-click on the table to amend as you would in Excel. Overheads and totals will be automatically calculated. Add/remove budget headings, rows, columns, etc. to match those in your original letter of Offer or most recently approved budget [if this is not the first budget change].)* |

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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 no-cost extension/budget reallocation as outlined above. | |
| 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 (where applicable). | |
| 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 (where applicable). | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |

Institutional Stamp/Date **(if available)**