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| **REQUEST FOR NO-COST EXTENSION (NCE)**  It is the Irish Research Council’s policy to facilitate an extension to a grant or eligible direct research costs 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. **Please consult the Council’s policy on no-cost extensions prior to using this form.**  **Who should use this form?**   * Postgraduate and Postdoctoral award holders who wish to request a no-cost extension of the eligible direct research costs portion of their grant. * Principal Investigators award holders who wish to request a no-cost extension of their award, and any budget reallocation associated with the extension.   **Duration of requested extension(s)**  A no-cost extension can be sought for **a total period of up to 12 months** for all awards with a duration of over 12 months. In the case of awards of 12 months or less, no-cost extensions may be granted for a **total period of up to 6 months.** However**, the duration of an NCE will be granted at the Council’s discretion,** on a case-by-case basis. These restrictions do not apply to eligible career breaks, which may be longer. Eligible career breaks include carer’s, maternity, parental and adoptive leave.  **How to use this form**  A request for a no-cost extension 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: **No-Cost extension 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**  **For completion by Award Holder** | | |
| **Change requested** | | |
| No-cost extension  Budget reallocation | | Y/N  Y/N |
| **Details of proposed no-cost extension** | | |
| Current end date of award | |  |
| New proposed end date | |  |
| Total months of no-cost extension requested | |  |
| **Rationale and justification for the no-cost extension being proposed** | | |
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| Is a new ethical approval required if this grant is extended? |  | |
| Please provide details of any changes to ethical approval, or new ethical approval requirements | | |
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| Please indicate if an extension of your current licences/contracts/equipment time is needed to cover the proposed change on this grant. If so, please send a copy to the IRC | | |
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| **Details of impact on personnel (for PI-led awards only)** | | | |
| Please give details of impact of NCE on personnel *(Add rows as necessary)*: | | | |
| <Employee 1> | <Employee 1 Job title> | <Employee 1 Pay point, Whole Time Equivalent (WTE) to the award> | <Describe impact of NCE/CN 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 NCE/CN on employee 2> | |

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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 No-Cost Extensions and Budget Reallocation requests: |

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| **Date of change** | **Approved grant changes** |
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| ***Budget Reallocation(s)*** | | | |
| If you need to reallocate between budget categories (as applicable to your grant) for the period of the extension, please use the table below to 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. As per Council policy, prior approval must be sought from the Council:   * For any reallocation of funds to or from salary and postgraduate registration fee categories. * For budget reallocations between non-salary categories above 10% of the approved direct costs *OR*, for PI-led awards over €200,000, in excess of €20,000 between non-salary categories or between calendar years.   *(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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| **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, balance and totals will be automatically calculated. Amend budget categories as required to match those listed in your IRC Letter of Offer)* |

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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)**