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| **V:\IRC Logo\IRC Logo.jpg**  V. 21-04-2021 |
| **COVID-19 RELATED NO-COST EXTENSION/COST-NEUTRAL AND BUDGET REALLOCATION**  **REQUEST FORM (Principal Investigator)**  As per clause 3.c 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), awardees may need to request a **No-Cost Extension** for their award and/or a **Budget Reallocation** and/or a **Cost-Neutral Extension** due to impacts of COVID-19, including but not limited to: illness, caring duties, redeployment, travel and visa restrictions, and closure of research infrastructures. Awardees should read the Guidance in full before submitting requests to the Council.  **Who should use this form?**  **Principal Investigators** who wish to request:   * A no-cost extension * To reallocate budget for COVID related reasons * To reallocate expenses grant money or personnel costs, to facilitate a cost-neutral extension of the award.   **Duration of requested extension(s)**  As the full duration of an extension may not be known at the time of request, the Council requires that awardees confirm the continuation of the extension with their host institution’s Research Office and the relevant programme team at the Council on a monthly basis. This can be done by email. The duration of any requested cost-neutral extension can be facilitated only by the reallocation of budget expenses.  **How to use 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 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: No-Cost Extension/Cost-Neutral and/or Budget Reallocation 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 must be submitted **at least one month before the project end date** and 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** | |
| **Change requested** | |
| No-cost extension  Cost-neutral extension  Budget reallocation | Y/N  Y/N  Y/N |
| **Details of proposed reallocation** | |
| Proposed budget reallocation amount | € |
| **Details of proposed no-cost extension/cost-neutral extension** | |
| Start date of award |  |
| Present end date of award |  |
| New proposed end date |  |
| Total months of no-cost extension requested |  |
| Total months of cost-neutral extension requested |  |
| Overall duration of extension or combined extensions |  |
| **Rationale and justification**  for the budget reallocation/no-cost extension/cost-neutral extension being proposed | |
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| Revised Timeline (quarter-by quarter) for the remaining duration of the award including the period of the requested NCE/CN. | |
| |  |  |  |  | | --- | --- | --- | --- | | Year | Quarter | Milestone | Outputs | | 2021 | Q1 |  |  | |  | Q2 |  |  | |  | Q3 |  |  | |  | Q4 |  |  | | 2022 | Q1 |  |  | |  | Q2 |  |  | |  | Q3 |  |  | |  | Q4 |  |  | | |
| Contingency plans while government restrictions remain in place.  Please provide an outline of mitigation plans counteracting the impact of COVID related restrictions. | |
| |  |  |  | | --- | --- | --- | | Year | Milestone | Outputs | | 2021 |  |  | | 2022 |  |  | | |

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| **Details of impact on personnel** | | | |
| Please give details of impact of NCE/CN 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> | |
| Are there other COVID related extensions approved/under consideration on this award? Yes/No  If yes, please provide brief details below: | | | | |
| A costed extension is approved/under consideration for a duration of (X) months. | | Value of costed extension: € | | |

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| **Budget details** | | | |
| Please provide a **current** financial statement for your grant/research expenses, using the table below. *(Amend budget categories as required to match those listed in your IRC Offer Letter.)* | | | |
| **Budget Category** | **A**  **Total Grant Amount\***  **€** | **B**  **Total Expenditure to date**  **(to end last calendar month)**  **€** | **C**  **Balance Remaining**  **(A - B)**  **€** |
| Research expenses |  |  |  |
| 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 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** |
| 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 proposed budget/no-cost extension as outlined above. | |
| 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: |