|  |
| --- |
| V. 21.04.2021 V:\IRC Logo\IRC Logo.jpg |
| **COVID-19 RELATED NO-COST EXTENSION/COST-NEUTRAL AND BUDGET REALLOCATION REQUEST FORM (Early Career)**  As per clauses 3.a and 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?**  **Postgraduate** and **Postdoctoral** award holders who due to COVID 19 project disruption' wish to request:   * A no-cost extension * To reallocate budget * To reallocate their expenses grant money, stipend or salary costs, to facilitate a cost-neutral extension of the award\*.   \*For non-COVID related budget reallocations scholars should contact their higher education institutions' Research Office. These requests can be processed by the HEI as per the Terms and Conditions of their 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 where relevant 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. 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: 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. |

|  |  |
| --- | --- |
| **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) |  |

|  |  |
| --- | --- |
| **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** | |
| 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 | |
|  | |

|  |  |
| --- | --- |
| **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: |

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

|  |  |
| --- | --- |
| **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: |

|  |  |
| --- | --- |
| **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: |