**DIABETES UK GRANT - NO COST EXTENSION AND VIREMENT REQUEST**

We recognise that sometime research doesn’t go to plan and timelines might shift for various reasons. If you encounter problems with your grant that may result in a delay a time-only no-cost extension or virement will be considered. Please only complete the relevant section(s) of the form.

**Take note of the following:**

**No-cost extensions**

* We will only accept requests for a one-year extension. These can be requested in the final year of your project. On occasion we will accept a longer-term no-cost request, this usually only applies to long-term infrastructure funding.
* Multiple requests or requests where there is a substantial change to the project aims or where issues have been identified will require review by a sub-set of the Research Committee.

**Virements**

* Any virements which leads to the purchase of additional animals will require review by a sub-set of the Research Committee.
* Depending on the total £ being vired, Diabetes UK has an approval procedure whereby some approvals can be made in-house. Larger virement requests will require review by a sub-set of the Research Committee.

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| --- | --- |
| **Grant reference** |  |
| **Grantholder name** |  |
| **Institution** |  |
| **Grant title** |  |

**NO-COST EXTENSION REQUEST**

|  |  |
| --- | --- |
| **Project start date** |  |
| **Project end date** |  |
| **Revised project end date** |  |
| **Reason for change in end date** | |
| **Will the original aims of the project be met? If no, please provide details** | |
| **If your project recruit’s participants, do you anticipate any issues with meeting targets? If yes, please provide details and a revised plan/timeline** | |

**VIREMENT REQUEST**

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| **Please provide a reason for the virement** |
| **What is the total sum to be vired?** |
| **What will the budget be vired between?** |
| **Will additional animals be purchased? If so, please provide details** |
| **Please confirm that the vired budget will be used to meet the original aims of the proposal** |
| **Will the vired budget have a negative impact on the research team or activities planned? If yes, please provide details and how this will be mitigated for?** |

**SIGNED**

|  |  |
| --- | --- |
| **Grant holder** | |
| Signature |  |
| Full Name |  |
| Position |  |
| Date |  |
|  |  |
| **Diabetes UK** | |
| Signature |  |
| Full Name |  |
| Position |  |
| No cost extension approved | Y/N |
| Virement approve | Y/N |