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Modification Request Form

# Section A – Details of the Request

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| **Project Acronym** |  | |
| **Project Title** |  | |
| **Current Lead Admin**  **Institution in Ireland** |  | |
| **Current Lead Investigator in Lead Admin Institution in Ireland** |  | |
| **Project primary contact (if different from above)** |  | |
| **Please indicate all changes sought (input an ‘X’ where relevant)** | Minor Modifications (select one or more where relevant) | |
|  | Addition and/or removal of staff member(s) |
|  | Addition and/or removal of a partner (institution and/or third party) |
|  | Changes to implementation plans (delays and/or slight amendments in timelines for the delivery of work packages) |
|  | Minor re-allocation: Changes to approved budget involving movement of funding within the allowed 10% between budget categories |
|  | Absence/Extended leave of a Lead Investigator for ≥ 2 months – temporary replacement sought |
| Major Modifications (select one or more where relevant) | |
|  | Change of Lead Admin Institution |
|  | Change of project objectives (impacting/changing overall project design) |
|  | Replacement of the Lead investigator in the Lead Admin Institution in Ireland or Lead Partner Institution in Northern Ireland |
|  | Significant change(s) to implementation plans/work packages and deliverables. |
|  | Major re-allocation: Budget changes above the allowed 10% between budget categories |
| Other (i.e., students, other costs, etc…)  [Please State:] | |
| **Overview of the request** |  | |
| **Details of project personnel involved**  **(If applicable)** | *Please provide the name(s) and role(s) of personnel leaving/joining the project and their associated institutions.*   * *Leaving personnel:* * *Joining personnel:*   *Identify the role that is impacted as stated in the Team Composition.* | |
| **Details of institution/s involved**  **(If applicable)** | *Please provide the details of the lead institution affected (Ireland/NI) and if relevant any newly proposed partner/institution.* | |
| **Justification of modification** | *Please provide details justifying the proposed changes including but not limited to the following:*   * *Suitability of new personnel for the role being filled* * *Suitability of any new partner/institution* * *Details of any other changes*   *Please be as specific as possible and include work-packages affected.* | |

# Section B – Budget Reallocation

***N.B.:*** *The HEA will allow for up to 10% of the budget to be moved between categories provided budget caps within categories are observed. If the requested changes are within this 10% cap, please update the previously approved budget to include the changes and submit it to the North-South Research Funding Programme team (research@hea.ie).*

*Requests for budget changes greater than 10% must be adequately justified and endorsed by the VP of Research in the Lead Admin Institution in Ireland as well as in the Lead Institution in Northern Ireland, before a new budget version can be considered by the HEA on a case-by-case basis.* *Any approvals of budget changes greater than 10% will be exceptional.*

*Note that audits of all projects will be carried out once a project is finalised, the final report is submitted and analysed.*

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| **%** | **Between or Within Budget Categories** | **Approval Levels** |
| **≤10%** | Movement within Category | HEA does not have to be informed prior to the movement being made, however, an updated budget must be versioned and submitted for filing. |
| **≤10%** | Movement between Categories | HEA must be informed to ensure caps are observed and an updated budget must be versioned and submitted for filing. |
| **>10%** | Movement within Category | HEA requires justification and will provide approval on case-by-case basis, an updated budget must be versioned and submitted for consideration. |
| **>10%** | Movement between Categories | HEA requires justification and will provide approval on case-by-case basis, an updated budget must be versioned and submitted for consideration. |

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| **Will this modification affect the previously approved budget?** | | Yes  No | | |
| *If you marked ‘yes’, is the modification above or below 10% of the budget?* | | *<10%*  *>10%* | | |
| ***Log Budget Reallocations (> or < 10%) in the table below***  *(Add rows as necessary)* | | | | |
| ***Total Approved Budget Amount*** | | | ***€*** | |
| ***From*** | | | ***To*** | |
| ***Budget Category & Row*** | ***Amount*** | | ***Budget Category & Row*** | ***Amount*** |
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| ***Justification for Budget Reallocation(s)*** | | | | |
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# Section C – Endorsement of the Request

N.B.: **For minor modification requests**, only the signatures of the Lead Investigator Ireland, Lea Investigator Northern Ireland and the VP for Research Ireland is required.

**For major modification requests** the additional signature of the VP for Research in the Lead Institution (HEI) in Northern Ireland will also be required.

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| **Confirmation of consortium agreement to the Minor or Major request** | ***Signature*** *of the lead investigator in the lead admin institution in* ***Ireland*** *confirming project team agreement with the requested change/s.* |
| ***Printed Name:*** |
| ***Date:*** Click or tap to enter a date. |
| **Confirmation of consortium agreement to the Minor or Major request** | *Signature of the lead investigator in the lead institution in* ***Northern Ireland*** *confirming project team agreement with the requested change/s.* |
| ***Printed Name:*** |
| ***Date:*** Click or tap to enter a date. |
| **Approval of request for Minor or Major modification by current lead admin institution in Ireland** | ***Signature of VP for Research (Ireland) or their nominee:*** |
| ***Printed Name:*** |
| ***Role:*** |
| ***Date:***Click or tap to enter a date. |
| **Approval of request for Major modification by Lead Institution (HEI) in Northern Ireland** | ***Signature*** *of VP for Research (Northern Ireland) or their nominee:* |
| ***Printed Name:*** |
| ***Role:*** |
| ***Date:*** Click or tap to enter a date. |

# Section D – HEA Decision (for NSRP Team use only)

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| **Date of Request Received** | Click or tap to enter a date. |
| **Approval/Rejection** | Request Approved  Request Rejected |
| **Date of Decision** | Click or tap to enter a date. |
| **Project Documentation to be amended** | Modified Budget with proposed changes  Amendment of Letter of Offer (Appendix 1: Award Acceptance Form)  Consortium Collaboration/Research Agreement  Updated Project Gantt Chart  N/A |
| **Reviewed & Approved/Rejected by** | Printed Name: |
| Role: |
| Signature: |
| **Notes/Comments** |  |