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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** |  |