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| **JPIAMR RESEARCH PROJECT NO-COST EXTENSION REQUEST FORM** |
| *It is JPIAMR policy to facilitate a national funding organisation decision of a no-cost extension to a grant supporting a JPIAMR research project beyond the initial project period (normally 36 months). Conditions must be met which ensure the completion of the JPIAMR project according to the agreed budget, objectives and deliverables. Please note that if approved, the JPIAMR project time frame is considered extended for all consortium partners including mutual responsibilities of reporting to the JPIAMR with, or without individual national grant extensions.*  *Please note:*   * *Applications for no-cost extensions of JPIAMR projects beyond 36 months should be a joint decision by the project consortium following decision rules of the Consortium Agreement. A new joint end date should be agreed upon if the no-cost extension exceeds the former end date of the whole project.* * *Any partner in a consortium may apply for a non-cost extension of JPIAMR project grants to their national funding organisation according to national regulation. Please use this JPIAMR form to support your application. Note that national funders may request additional information necessary to accomplish their review of the request.* * *The coordinator of the consortium confirms that the partner no-cost extension will not cause any significant changes to the agreed scope of work, objectives or deliverables of the JPIAMR project by signing this form below on behalf of the consortium. (Receipt of support from the Coordinator does not in itself guarantee approval of a no-cost extension.)*   *Procedure*   * *The partner should inform themselves of maximum allowed project times pertaining to specific JPIAMR calls by contacting their national contact point.* * *The partner fills in the form and communicates with the coordinator of the consortium. The partner collects the scan of the signed form from the coordinator and submits a national application for a no-cost extension and sends a scanned signed copy of this form to the involved funder. We urge you to request a no-cost-extension in a timely manner, so all necessary steps can be taken in time. Preferably, the request must be received at least two months before the current end date of the project period.* * *The receiving funder updates the Joint Call Secretariat, other funders and the JPIAMR secretariat that an extension request has been submitted.* * *The national funder decides on the no-cost extension request and inform the requesting partner, informs the Consortium Coordinator, Joint Call Secretariat and the JPIAMR secretariat their decision.* * *The Joint Call Secretariat updates other funders* * *The Consortium updates the Consortium Agreement with the new end date.* |

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| **Project acronym:** |  | **Current end date:** | |  | **New requested end date:** | |  |
| **JPIAMR  Call name:** | *Please indicate call name and number as appropriate* | | | **Extension no:** |  | | |
| **Requested extension in full months: \_\_\_\_\_\_\_\_\_\_** | | | | | | | |
|  | *Name* | | *Institution* | | | *Funder’s acronym* | |
| **Project partner:** |  | |  | | |  | |

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| **Part of CONSORTIUM with** | | | | |
|  | *Name* | *Institution* | *Funder’s acronym* | *Starting date* |
| **Coordinator:** |  |  |  |  |
|  | 1. |  |  |  |
|  | 2. |  |  |  |
| **Partners:** | 3. |  |  |  |
|  | 4. |  |  |  |
|  | 5. |  |  |  |
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| (Extend table if necessary) |  |  |  |  |

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| **EXPLANATION/JUSTIFICATION AND IMPACT ON THE PROJECT FOR NO-COST EXTENSION** |
| *Please provide:*   * *brief reason for the extension including the reason(s) the project was not / cannot be completed within the original period of performance including factors that were beyond the control of the project partners* * *brief description how the delay affects the project and work plan of other consortium members* * *ethical considerations (e.g. need for extension of ethical approvals)* * *updated project timeline*   *PLEASE NOTE: This form does not replace any such similar form or process that the national funder may require in order to process this extension request. All requests should follow the national funders procedures for making extension requests in full* |
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| **COORDINATOR’s SIGNATURE** | | |
| On behalf of the *[acronym]* Consortium I confirm that the requested extension for the named partner above is supported by the Consortium and that the project can be completed within the extended project period according to the agreed budget, objectives and deliverables.  I confirm that if the extension is granted, I shall inform the consortium members of its dates. I understand that the *[acronym]* Consortium Agreement has to be updated accordingly. | | |
| ***Typed name*** | ***Signature*** | ***Date*** |
| *After coordinator signature, scan and submit to the National Funder via e-mail.* | | |