|  |
| --- |
| **Project Variation APPLICATION** |
| **NAME OF APPLICANT**:  |
| Phone: |
| Email: |
| **NAME OF RESEARCH ORGANISATION:**  |

|  |
| --- |
| **Project Details** |
| **Project ID and Title** |
| **CURRENT STATUS OF PROJECT:** |
| **EXTENSION REQUEST:** |
| **REASON(S) FOR EXTENSION REQUEST:** |

**Extension Budget**

Please complete only if additional budget is required to complete the project. Please note that a request for additional funding does not necessarily mean support will be granted.

|  |  |
| --- | --- |
| Expenditure Item | **Cost** |
|  | $0 |
|  | $0 |

|  |
| --- |
| APRIL CEO/Chief Scientist Assessment |
| I RECOMMEND that the extension be/not be granted |
|   |
| *\*Signature Name*   |
|  |
|   |
| *Date:*   |
|  |
| (\* *Must be signed by the APRIL Executive Officer)* |

\*\* Please note that the granting of Extension requests is not guaranteed, and all applications may be put forward to the Research & Development Committee for a recommendation. Each case will be granted on its merits and benefit to APRIL’s Program and Priorities.