MRFF Grant Variation Request Form

This form should be used to request one or more variations to your project and grant agreement under the [*Medical Research Future Fund (MRFF) Grant Variation Policy*](https://www.health.gov.au/resources/publications/medical-research-future-fund-grant-variation-policy) for MRFF grants administered by the Business Grants Hub (BGH).

Please refer to the [*MRFF Grant Variation Policy* and *Appendix B*](https://www.health.gov.au/resources/publications/medical-research-future-fund-grant-variation-policy) for instructions on requesting a variation, including minimum required supporting evidence for each variation type. Please complete the following sections in order:

# Project information

|  |  |
| --- | --- |
| Grant ID |  |
| Grant opportunity name | enter name as it appears in relevant grant opportunity guidelines |
| Administering organisation |  |
| Chief Investigator A / Project Lead |  |
| Project title |  |
| Grant agreement start and end dates |  |  |
| Grant activity start and completion dates |  |  |
| Total MRFF grant amount |  |

# Variation type(s) and justification

In the table below, list the variation type(s) you are requesting and any supporting documents. Add or delete rows in the table as required.

**Supporting documents** (e.g. updated milestone table, project plan or risk management plan, confirmation of approval from organisation or CI, etc.) may be required for some variation types and are outlined in the [*MRFF Grant Variation Policy Appendix B (BGH)*](https://www.health.gov.au/resources/publications/medical-research-future-fund-grant-variation-policy). Indicate the file names for any supporting documents provided and a brief description of the contents in the table below. If you are submitting a Change to expenditure, including overseas expenditure variation request, this must be accompanied by a separate [*MRFF Change to expenditure request form*](https://www.health.gov.au/resources/publications/mrff-medical-research-future-fund-change-to-expenditure-request-form-business-grants-hub-administered-grants).

**Variation(s) being requested:**

|  |  |
| --- | --- |
| **Variation #** | **Variation Type** |
| **1** | Select a variation type |
| **List of supporting documents:**1. *Name of file – Short description of content*
 |
| **2** | Select a variation type |
| **List of supporting documents:** |
| **3** | Select a variation type |
| **List of supporting documents:** |

Provide detail of and justification for each of the variations you are requesting. Justifications should include the information listed as required in the Appendix. Duplicate the table below if you are requesting more than one variation type.

|  |
| --- |
| Variation Type #*insert number from table on page 1* |
| Detail of variation being requested |
|  |
| Project lead justification (5000 characters max) |
|  |
| Requested effective date of variation |
| Select a month | Select a year. |
| RAO comments (2000 characters max) |
|  |

# RAO certification

This request should be reviewed and certified by an administration officer on behalf of the Grantee.

I am authorised by the Grantee to submit this request and certify that:

* the information in this request is accurate, complete and not misleading and that I understand the giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth)
* I am aware of the Grantee’s obligations under its grant agreement
* confirmation(s) are on file from all affected Chief Investigators that they agree to the proposed change
* where applicable, confirmation(s) are on file that the addition of any new Chief Investigator(s) to the team will not result in eligibility issues.

|  |  |
| --- | --- |
| RAO full name: |  |
| Position/Title: |  |
| Phone: |  |
| Email address: |  |
| Date of certification: |  |
| RAO certification comments: |  |

Once complete, this form and any supporting documents should be submitted via email to the program-specific email address found in the grant agreement, Grant Details section F *Party representatives and address for notices*. The Grantee should keep a copy of the submitted variation request form for their record.

**For BGH office use only**

BGM Variation ID:

Date variation request submitted by Grantee:

Date Grantee notified of outcome:

Date variation completed in BGM: