

GENERAL INFORMATION

Date (dd/mm/yy)	
Name of AFP Governance Organization Chair	Title
Name of AFP Governance Organization	Name of Institution
Declaration of AFP Governance Organization Chair	
I _____	do hereby declare that
_____	_____
_____	_____
have reviewed and approved the following Submissions for 2017-18 Innovation Funding.	
Yes	

PROJECT TO BE REPLACED #1

Project from Year 9 you would like to replace and by which contingency project from Year 9

Project Code	
Project Title	
Project Lead	
Total amount originally funded for	Project duration
\$	1 Year 2 Years

What are the reasons for the project's lack of progress? – maximum 3000 characters

Which contingency project from Year 9 would you like to replace this with?	
Project Code	
Project Title	
Project Lead	
TOTAL Innovation Funds originally requested by Governance Organization for this project for ALL YEARS (as per Year 9 G1)	
\$	

Form D must accompany any request for substitutions.

Have you uploaded Form D from the Project Lead of this “contingency” project that indicates they are able to initiate the project immediately and within the existing budget available from the project being replaced?	
Yes	No

PROJECT TO BE REPLACED #2

Project from Year 9 you would like to replace and by which contingency project from Year 9

Project Code		
Project Title		
Project Lead		
Total amount originally funded for	Project Duration	
\$	1 Year	2 Years

What are the reasons for the project's lack of progress? – maximum 3000 characters

Which contingency project from Year 9 would you like to replace this with?	
Project Code	
Project Title	
Project Lead	
TOTAL Innovation Funds originally requested by Governance Organization for this project for ALL YEARS (as per Year 10 G1)	
\$	

Form D must accompany any request for substitutions.

Have you uploaded Form D from the Project Lead of this “contingency” project that indicates they are able to initiate the project immediately and within the existing budget available from the project being replaced?	
Yes	No