

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 2019-20 Innovation Funding. | |
| Yes | |

PROJECT TO BE REPLACED #1

Project from Year 12 you would like to replace and by which contingency project from Year 12

| | |
|------------------------------------|---------------------|
| 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 including spaces

| Which contingency project from Year 12 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 12 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 12 you would like to replace and by which contingency project from Year 12

| | | |
|------------------------------------|------------------|---------|
| 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 including spaces

| | |
|---|--|
| Which contingency project from Year 12 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 12 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 |