AHSC AFP Innovation Fund

FORM G4 - PROJECT CHANGE REQUEST

Year 18 . 2025-26 version G4 18.0

COVID-19 EXTENSIONS ARE ONLY AVAILABLE TO PROJECTS WITH CODES XXX-23-XXX AND EARLIER.

GENERAL INFORMATION

Please note that projects do not need to be fully completed to submit their Final Project Status and Accounting Report. This status and accounting report should be submitted soon after the funds have been spent. If desired, additional project progress can be added at a later date to enhance the potential for additional funding from IFPOC partners. Therefore, extension requests may not be necessary if the funds are able to be spent within the time originally allocated to the project. Please take this into account while determining the amount of time required for your extension request.

IFPOC COMMITTEE FAQS - FOR PROJECT LEADS

Have you previously asked for/been granted an extension for this project? Please specify dates and length of time.

How much funding were you granted for this project, and how much has been spent to date?

With the additional time, how will the workplan or workflow change?

If the approach of the project has shifted as a result of these stoppages, what impact will this have on the original goals for the project?

Did you alert your Governance Organization (GO) administration when you realized the project was not on track and were changes made to the project as a result of the consultation?

Have you sought assistance from the GO, your organization or other colleagues to meet the challenges which delayed your project?

Are there any extenuating circumstances that the Committee should be aware of?

Governance Organization	
F Project Code	
Project Title	
Project Lead(s)	

Original Duration for Project Completion (1 or 2 years)	
1 Year 2 Years	
Original Due Date of Final Project Status and Accounting Report	
Have you applied for and/or been granted an extension prior to this?	
Yes No	
If you answered YES above, please indicate revised due date of Final Project Status and Accounting Report (if applicable)	

This extension is being requested	d due to (please check one):	
Maternity/Parental Leave	Duration of Leave (in months) provided by your Institution:	
	From	to
Medical/Family Medical Leave	Duration of Leave, if known, (in	months) provided by your Institution:
	From	to
Covid-19 Related Delays	Extension Requested (in months	S):
Pivot Change	Extension Request (in months):	 ail that outlines the Pivot change details.
	Requirements of the pivot are in	_
Duration Change	1 year to 2 year Project Change Please attach this G4 to your emchange and the adjusted timeline	ail that outlines the reason for the requested for completion.

For Maternity, Parental, Medical or Family Medical Leave: Please provide a brief summary of your plan to complete the grant - maximum 1000 characters
For COVID-19 Related Extension, PLEASE provide narrative summary of rationale for request, taking into consideration the FAQs listed on page 1 – Please include specifics on how Covid-19 impacted the ability to
complete this project. Include the date the project was stopped, the duration of the stoppage (or an estimate) and the date of restart (if known), how much funding project started with, and how much has been spent, how will extra time be spent, what workflow changes are required, how (if at all) will the goals change, recruitment stats? Also provide the estimated timeline for project completion 1000 characters below and remainder on next page

For COVID-19 Related Extension, PLEASE provide narrative summary of rationale for request, taking into consideration the FAQs listed on page 1 – continued

FOR GOVERNANCE ORGANIZATION MANAGEMENT

Please remind Project Leads that IF **projects do not need to be fully completed in order to submit their Final Project Status and Accounting Report,** and that extension requests may not be necessary if the funds are able to be spent within the time originally allocated to the project.

when did the GO last review the progress of this project?		
Date (month/ye	ear):	
At this time, was	s the delay obvious?	
Yes	No	
If you answered	YES, what recommendation did the GO make at that time? (up to 1000 characters)	
Details:		
Was this extens	sion request reviewed and approved by the GO?	
Yes	No	
Does the GO co	ommit to monitoring the completion of this project for the duration of this extension?	
Yes	No	