

## Grant Amendment Form

### Information and instructions

This form is applicable to all CIHR, NSERC and SSHRC grants that are paid by an institution and administered in accordance with the [Tri-agency Guide on Financial Administration](#) (TAGFA).

This form is to be completed and submitted by the relevant institutional representative: research grants officer, business or financial officers, as applicable.

Complete section 1 and the necessary fields in section 2 in accordance with the amendment being requested and attach all required supporting documentation. **Incomplete forms will be returned to the sender for resubmission.**

One form may be submitted for multiple amendments to the same grant.

Submit the completed form and required attachment(s) by email to:

**NSERC** and **SSHRC** at [grantsadministration@nserc-crsng.gc.ca](mailto:grantsadministration@nserc-crsng.gc.ca)

**CIHR** at [support-soutien@cihr-irsc.gc.ca](mailto:support-soutien@cihr-irsc.gc.ca)

### SECTION 1 – GRANT RECIPIENT AND INSTITUTIONAL REPRESENTATIVE INFORMATION

GRANT RECIPIENT INFORMATION		
Family name	Given name	
Email address	Telephone number	
Administering institution	Agency	Agency application or grant reference number
INSTITUTIONAL REPRESENTATIVE INFORMATION		
Family name	Given name	Telephone number
Position title	Email address	

**SECTION 2 – AMENDMENT(S) REQUESTED**

When submitting the grant amendment form you must include all additional forms identified under the specific amendment section.

**A – DEFERRAL OF GRANT INSTALMENTS / ANNUAL COMMITMENT PAYMENTS** (see [TAGFA part 3](#))

Fiscal year of instalment to be deferred	Length of deferral

**CIHR only - Deferral of annual commitment payments** (future commitments are not automatically shifted unless requested)

Provide justification in the comments section below clearly outlining the reason(s) for the deferral.  
(Note: Justification is not required when submitting a deferral request following the residual balance annual exercise).

**B – EXTENSION PERIOD FOR THE AUTHORITY TO USE GRANT FUNDS** (see [TAGFA part 3](#) & [part 5](#))

**Note:** The new extension period end date should include the automatic extension year, if applicable.

Reason for extension	Extension period start date	Extension period end date

**Type of extension requested (choose 1 of 2)**

**Type 1 - Extension in time only** (as stipulated in part 3 of the TAGFA)

Provide justification in the comments section below clearly outlining the reason(s) for the extension in time.

**Type 2 (NSERC only) - Extension in time with funding supplement** (as stipulated in part 5 of the TAGFA)

Funding supplement value to cover incremental costs (not to exceed current level funding):

Provide justification in the comments section below clearly outlining the reason(s) for the extension in time with a funding supplement.

Provide an up-to-date [Grants in Aid of Research Statement of Account](#) (Form 300).

Provide an up-to-date [Grants in Aid of Research Statement of Account for the College and Community Innovation \(CCI\) program](#) (Form 301).

**C – PAID MATERNITY AND PARENTAL LEAVE FOR STUDENTS AND POSTDOCTORAL RESEARCHERS** (see [TAGFA part 5](#))

Please note that only the agency-funded portion can be claimed up to twelve months.

Family name of student or postdoctoral researcher	Given name of student or postdoctoral researcher

CIHR only - Please provide student or postdoctoral PIN

Paid leave start date	Paid leave end date	Agency-funded annual salary/stipend amount	Total amount being claimed from the agency (up to 12 months)

**D – CONTINUING ELIGIBILITY** (see [TAGFA part 6](#))

Original position title	New position title
Effective date of change	Will your primary position or affiliation remain in Canada? Additional information can be provided in the comments section below.
<p><b>NSERC only</b> (in addition to the requirement above):</p> <p><b>If the grantee's appointment changes from full-time to part-time status, or if the grantee holding a term position changes during the tenure of the grant:</b></p> <p>Attach an updated budget of proposed expenditures for all remaining installments.</p> <p>Conduct the NSERC <a href="#">individual eligibility self-assessment</a></p>	

**E – CHANGE OF PRIMARY ADMINISTERING INSTITUTION** (see [TAGFA part 6](#))

Attach an up-to-date [Grants in Aid of Research Statement of Account](#) (Form 300).

Attach an up-to-date [Grants in Aid of Research Statement of Account for the College and Community Innovation \(CCI\) program](#) (Form 301).

Attach a completed [Outstanding Commitments](#) form (Form 303). If no outstanding commitments exist, the form must still be completed and submitted with appropriate signatures from both the current and new administering institution.

**NSERC only** – In addition to the requirements above, Conduct the NSERC [individual eligibility self-assessment](#).

**CIHR only** – In addition to the requirements above, please include a letter from the new institution confirming that the position meets the eligibility criteria outlined in the funding opportunity. Attach a CCV or a [Tri-agency CV](#).

**F – CHANGES TO INDIVIDUALS ON THE GRANT TEAM** (see [TAGFA part 6](#))

Attach a completed [Addition, Removal and/or Revision of Individuals on the Grant and/or Prize Team](#) form.

Provide an explanation in the comments section below of the person(s)' role on the grant team.

If required by the funding opportunity, attach a CV and/or any other relevant forms.

**G – TERMINATION OF A GRANT** (see [TAGFA part 6](#))

Effective Termination Date	Reason of termination
<p>Attach a completed <a href="#">Grants in Aid of Research Statement of Account</a> (Form 300).</p> <p>Attach a completed <a href="#">Outstanding Commitments</a> form (Form 303).</p> <p>Attach a completed <a href="#">Grants in Aid of Research Statement of Account for the College and Community Innovation (CCI) Program</a> (Form 301)</p>	

**COMMENTS**

Please provide as much detail as possible to support the transactions being requested.

Empty text area for providing details to support transactions.