



Canadian Institutes of  
Health Research

Instituts de recherche en  
santé du Canada

Natural Sciences and Engineering  
Research Council of Canada

Conseil de recherches en sciences  
naturelles et en génie du Canada

Social Sciences and Humanities  
Research Council of Canada

Conseil de recherches en  
sciences humaines du Canada

## GRANT AMENDMENT FORM

The form is applicable to all CIHR, NSERC and SSHRC grants that are paid by an institution and administered in accordance with the Tri-Agency Financial Administration Guide.

**INSTRUCTIONS:** To be completed and submitted by the relevant institutional representative; Research Grant Officer, Business or Financial Officers and/ or the grantee, as applicable.

Complete the necessary fields in accordance to the amendment being requested. One form may be submitted for multiple amendments.

### Grantee Information

Family Name:

First Name:

Email:

Institution Paid/Administering Institution:

Agency Application/or Grant Reference number:

Agency:

### Institutional Representative completing the form

Family Name:

First Name:

Email:

Position title:

## GRANT AMENDMENT TYPE

### Continuing Eligibility:

(Change of status and /or position)

#### CIHR only

Attach a letter from the institution indicating the eligibility has changed including the effective date the ineligibility to hold the grant.

#### NSERC/SSHRC Only

At any time during the tenure of the grant, the institution must immediately inform the Agency of the change of status and/or position by providing the title of the original and new positions; the effective date of the change; and a confirmation that the primary position / or affiliation will remain in Canada. (This information can be provided in the comment section below).

#### NSERC only (in addition to the requirement above)

If the grantee's appointment changes from full-time to part-time status or if the grantee holding a term position changes during the course of the grant:

Attach an updated budget of proposed expenditures for all remaining installments.

Attach the [Ongoing Eligibility](#) form.

### Change of Participants:

#### Principal Investigator, Project or Scientific Director and / or Co-Applicant:

Contact the appropriate Program Officer by consulting the related Funding Opportunity or Program description to add or remove a participant.

#### CIHR only

Attach the [Replacement, Addition, Removal and/or Promotion of Principal Applicants and Co-Applicants from or on Existing Grants](#) form.

Attach required CCV.

#### Collaborator:

##### SSHRC only

Add Name:

Remove Name:

Attach the [Collaborator Addition](#) form.

### Extension Period for Use of Funds Beyond a Grant Period:

Extension period Start Date:

Extension period End Date:

Provide a justification for the extension in the comment section below.

### Deferral of Installment:

Fiscal year to be deferred :

Length of deferral:

### Termination of a Grant:

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

#### CIHR only (in addition to the requirement above)

Attach a letter from the institution confirming the reason for the termination including a justification for the transit period, a description of the matters to be resolved, time and funds required to do so and what arrangements will be made for the students and postdoctoral fellows or the project.

**NSERC/SSHRC only (in addition to the requirement above)**

Date of termination:

Reason:

Attach the [Outstanding Commitments](#) (Form 303).

Attach any outstanding employment contracts and / or agreements for research personnel.

**Relocation of a Grantee to an Eligible Canadian Institution:**Attach an up to date the [Grants in Aid of Research Statement of Account](#) (Form 300)**CIHR only (in addition to the requirement above)**Attach the [Relocation of a Grantee to an Eligible Canadian Institution](#) form.Attach an updated [CCV](#) (Page One - validated for CIHR) with the grantee's address at the new institution paid.**NSERC/SSHRC only (in addition to the requirement above)**

Date of departure from the institution:

Name of new institution:

Attach a letter from the new institution president or authorized official giving the date of appointment and academic status.

Attach the [Outstanding Commitments](#) (form 303)**and NSERC only (in addition to the requirements above)**Attach the [Ongoing Eligibility](#) form.**Maternity, Parental, Medical, Family Medical Leave for Grantees:**

When an extended leave of absence has been taken, the grantee may request an extension of the term of the current grant up to two years.

Requested Leave Start Date:

End Date:

Leave Type:

Attach a letter confirming the institution granted the leave.

**and NSERC/SSHRC only (in addition to the requirement above)**

Letter must include the institution's endorsement of the time being requested.

Provide justification in the comment section below explaining the need for additional time.

**NSERC only (in addition to the requirements above)**In the event the grantee requested an additional installment or meets the criteria listed in the [Primary caregiver](#) policy:

Provide budget justification in the comment section below explaining the need for an additional installment.

Attach a letter from the institution confirming their endorsement of the amount requested.

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

**Paid Maternity and Parental Leave for Students and Postdoctoral Fellows:**  
**(Only the agency-funded portion can be claimed up to six months)**

Name of Student or Postdoctoral Fellow:  
Leave Start Date: Leave End Date:  
Total amount being claimed from Agency:

**CIHR only (in addition to the requirement above)**

Include a signed letter from Grantee, Student or Postdoctoral Fellow and Institution confirming above details.

**Sabbatical or Research Leave:**  
**(To be completed if leave exceeds 1 year)**

Type of Leave Taken:  
Original Leave Start Date: Leave End Date:

**CIHR only (in addition to the requirement above)**

Include a letter from Grantee and Institution confirming above details.

**Comments**

[Empty box for comments]

Please attach all required supporting documentation.