



## Budget Reallocation Form

It is the HRB policy to facilitate minor changes to grant award budget categories of up to 10% without the prior approval of the HRB.

If the reallocation of funds above 10% per annum is necessary, you must complete this budget reallocation form and submit to the HRB for approval.

**Please note that under no circumstances can funds be transferred between indirect and direct cost categories of a grant, or between student fees or salary and related costs and other budget headings.**

### Grant Information

<b>HRB Grant Reference Number</b>	
<b>Project Title</b>	
<b>Principal Investigator or Fellow</b>	
<b>Host Institution</b>	
<b>Start date of grant</b>	

## Budget Details

<b>Current year of the grant</b>	
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**Table 1 - Financial statement**

*(Amend budget headings as required to match those listed in your HRB Grant Letter)*

<b>Budget Heading</b>	<b>A Total Grant Amount*</b>	<b>B Total Actual Expenditure to date (to end last calendar month)</b>	<b>C Balance Remaining (A minus B)</b>
	<b>€</b>	<b>€</b>	<b>€</b>
Salary			
Employer PRSI			
Employer Pension Contribution			
Student Stipend			
Student fees			
Running costs			
Start-up costs			
Equipment			
Travel & Dissemination			
Training costs			
Travel Grant			
Other			
Overheads Contribution			
<b>TOTAL</b>			

\*Total grant amount as in the HRB Grant Letter or as per last budget reallocation request and including any social benefit requests approved by the HRB. If the grant amount is different from that outlined in the original HRB Grant Letter please indicate below the date of HRB approval of all previous Budget Reallocation requests.

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**Table 2 - Proposed budget reallocation:**

**Please state the Budget Heading, Year, and Amount that you wish to transfer funds FROM; and the Budget Heading, Year, and Amount that you wish to transfer funds TO. If more than one reallocation of funds is proposed please add additional lines.**

From			To		
Budget Heading	Year	Amount	Budget Heading	Year	Amount

**Insert additional year or amount column if redistribution is over more than one year**

**Table 3 – Final budget proposed to the HRB for approval  
(Amend budget headings as required to match those listed in your HRB Grant Letter)**

- Please summarise your proposed budget reallocation in the table below. Please also complete the year(s) not affected by this reallocation of funds so that the full budget can be considered for approval.
- If a grant is more than 3 years in duration please copy extra columns and state the year.

Budget Heading	Year 1	Year 2	Year 3
	€	€	€
Salary			
Employer PRSI			
Employer Pension Contribution			
Student Stipend			
Student fees			
Running costs			
Start-up costs			
Equipment			
Travel & Dissemination			
Training costs			
Travel Grant			
Other			
Overheads contributions			
<b>TOTAL</b>			

**Justification for Budget Reallocation:**

State clearly and in detail why you are requesting this reallocation of funds and the reason the funds were not spent as originally proposed.

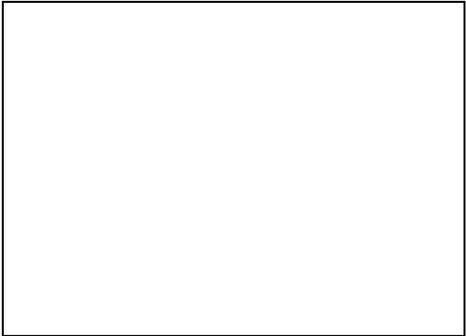
## Signature Page

**This page MUST be completed. Requests for approval of Budget Reallocations will not be accepted without the required signatures.**

### Principal Investigator/Fellow:

Name (including title):
Original signature:  _____
Date:

### Institutional Signatory Authority:

Name of Financial Officer or equivalent:	Institutional Stamp/Date
Position Held:	
Original signature  _____	

Please return the completed form to the HRB at:

**Dr Teresa Maguire  
Head of Population Health Sciences and Health Services Research  
Health Research Board  
73 Lower Baggot Street  
Dublin 2**