

# Fourth Round - Individual Application Form - HEA COVID 19 Costed Extensions Fund

The fourth and final round of the MU HEA COVID 19 Costed Extensions Fund will operate with a deadline of the 13th August 2021.

THIS APPLICATION FORM IS FOR RESEARCH STUDENTS AND STAFF CURRENTLY HOLDING INDIVIDUAL FELLOWSHIPS/AWARDS OR RESEARCH STUDENTS WHO ARE SELF-FUNDED.

Principal Investigators of research projects who wish to apply for the fund should please use the HEA COVID 19 Costed Extensions Fund - RESEARCH PROJECT Form.

The Department of Further and Higher Education, Research, Innovation and Science, through the Higher Education Authority, has provided funding to higher education institutions to cover costed extensions for certain research activities that are at risk because of interruptions caused by the Covid-19 pandemic.

The HEA costed extension budget provides funding for additional payments (salary / stipend) to be made in exceptional cases to research projects that were active on 6th January 2021, and where activity was interrupted due to the COVID-19 crisis.

Research students and contract research staff whose research has been interrupted by the pandemic may apply for an extension of their contract/stipend period under this programme. Research students who are not in receipt of a stipend and whose work has been disrupted may also apply for a once-off exceptional stipend support. Where a researcher has left a research project due to COVID related circumstances a PI may now also apply for funding to recruit a new researcher if there is not sufficient funding to do so from within the award.

New applicants may apply for up to 4 months extension and applicants who already received an extension may apply for an additional 2 months under exceptional circumstances.

Examples of the types of exceptional circumstances are:

1. Where an awardee or an immediate family (e.g. living with the awardee) contracted COVID 19 that resulted in hospitalisation.
2. Where an awardee has had an increase in caring responsibilities during the HEA COVID 19 extension period and/or due to the current ongoing restrictions.

Any awards made under this scheme will be additional to the Covid-19 fees waiver already committed by the University.

For full details of the terms and conditions of these awards please see:

<https://www.maynoothuniversity.ie/research/research-development-office/hea-covid-19-related-research-cost-extensions>  
(<https://www.maynoothuniversity.ie/research/research-development-office/hea-covid-19-related-research-cost-extensions>)

\* Required

\* This form will record your name, please fill your name.

1. Please answer all the questions below to determine eligibility for this call \*

	YES	NO
Do you hold an individual fellowship or are you self funded	<input type="radio"/>	<input type="radio"/>
Can you provide evidence that your research was interrupted due to the COVID 19 pandemic	<input type="radio"/>	<input type="radio"/>
Are you currently a registered student/or do you hold an employment contract at Maynooth	<input type="radio"/>	<input type="radio"/>
Were you a registered student/or did you hold an employment contract at Maynooth before 6th January 2021	<input type="radio"/>	<input type="radio"/>
Can you confirm that you are not fully funded by industry	<input type="radio"/>	<input type="radio"/>

2. Please select which category applies to your application \*

- Postgraduate Student individual Fellowship (e.g. IRC, John Hume, Co Fund etc.)
- Postdoctoral/Research individual Fellowship (e.g. IRC, etc.)
- Self - Funded Postgraduate Student

3. Please select name of funding body \*

- Irish Research Council
  - John and Pat Hume Fellowship
  - Science Foundation Ireland
  - Health Research Board
  - Horizon 2020
  - Enterprise Ireland
  - Environmental Protection Agency
  - Teagasc
  - Marine Institute
  - DAFM
  - Wellcome Trust
  -
- Other

4. Please give the name of the Funding Programme \*

5. Please give the funder's contract reference number/project code \*

6. Please give the Business Unit Number for your funding (BU) \*

The value must be a number

7. If you are a Postgraduate Student please include your student number (please put N/A if you are not a student) \*

8. If you are research staff please include your MU staff number (Please put N/A if you are a student) \*

9. Department \*

10. Primary Supervisor's Name or Mentor's Name for Research Staff \*

11. Please include your supervisor/mentor's contact email address \*

12. Please indicate if you are full-time /part-time \*

Full Time

Part Time (0.5FTE)

Other

13. Please give the original start date of your studies or research contract \*



Format: M/d/yyyy

14. Please give the current end date (prior to the disruption) for your thesis submission (research students) or research contract (research staff). \*



Format: M/d/yyyy

15. Funded PhD students only - please input the end date of your current funding



Format: M/d/yyyy

16. Have you already applied to your funding body for the following? \*

- No cost extension
- No cost extension plus budget reallocation
- No

17. Has your no cost extension been approved? \*

- Yes
- Submitted but not yet approved
- Declined

18. Has your no cost extension plus budget reallocation been approved? \*

- Yes
- Submitted but not yet approved
- Declined

19. Why was your no cost extension declined? \*

## Summary of Requested Budget Extension

\* The duration of costed extensions will be dependent on the level of disruption to the specific project ranging from 1 to 4 months. For example, if the disruption reduced research productivity to 50% over a period of 4 months, a 2 month extension would be appropriate. Where the research staff member or research student is part-time, the full number of months for the extension should be given, but the salary/stipend during the extension will be scaled to reflect the part-time nature of the research. Please complete this section in consultation with your supervisor/mentor. I

If you were already in receipt of a HEA Costed Extension you may apply for a further 2 months under exceptional circumstances as outlined.

20. Have you already been awarded funding from the HEA Costed Extension fund? \*

Yes

No

21. Date of commencement of research interruption \*



Format: M/d/yyyy

22. Date of research resumption \*



Format: M/d/yyyy

23. Number of months stipend/salary required for the researcher to address the disruption caused by COVID\* \*

Please enter a number less than or equal to 6

24. Please indicate your requested start date for this extension \*



Format: M/d/yyyy

25. Please indicate your requested end date for this extension \*



Format: M/d/yyyy

26. Current monthly gross salary (+11.05% PRSI) or Current Monthly stipend € \*

The value must be a number

27. Other costs requested (e.g. laboratory chemicals, access to archives, digital repositories), NB funding will only be provided for consumables in exceptional circumstances. \*

The value must be a number

28. TOTAL BUDGET REQUESTED € \*

The value must be a number

29. Please give a justification for your salary/stipend and consumables (if applicable) outlining why these costs cannot be funded from any other sources. Please consult with your supervisor/mentor regarding other potential sources (e.g. GRA/RIF). \*

30. If funding from other sources has already been diverted to this project please give details of what was funded, how much funds were diverted and from what source. \*

31. If you are funded by a grant/fellowship please explain why this extension cannot be funded through a budget re-allocation? ( max 200 words) \*

32. Is this research funded in part by industry? (Projects fully funded by industry are not eligible for this fund) \*

Yes - part funded

No

33. If your project is part funded by industry please explain how state aid requirements will be addressed (e.g. further industry contribution etc., Please consult with your supervisor/mentor to complete this section) \*

34. Please upload a letter of support from the industry partner outlining their further contribution

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word,Excel,PPT,PDF,Image,Video,Audio



## Research Description

Details of your research project and how it has been disrupted by COVID 19

35. Please give a short description of your research project (max 200 words) \*

36. What specific factors related to the pandemic caused your research to be interrupted (e.g. lab closure, inability to access facilities/sites/subjects, caring responsibilities, illness. If you are already in receipt of funding from this programme and are seeking a further extension please give a detailed justification explaining the exceptional circumstances that have further affected your research. Examples of the types of exceptional circumstances are:

1. Where an awardee or an immediate family (e.g., living with the awardee) contracted COVID 19 that resulted in hospitalisation.
2. Where an awardee has had an increase in caring responsibilities during the HEA COVID 19 extension period and/or due to the current ongoing restrictions.

(max 400 words) \*

37. How did this period of interruption affect your research outcomes and your career development? (Max 400 words) \*

38. Summarise the research outcomes that can be achieved during the period of the contract/stipend extension which cannot be achieved without the extension. This might include specific research deliverables, career development outcomes, etc. (400 words) \*

39. What is at stake if a costed extension is not granted? (200 words) \*

40. Are you now in a position to successfully complete your research if granted a costed extension \*

Yes

No

41. Please explain why your answered No \*

## DECLARATIONS

42. I confirm the accuracy of all information presented here. I also confirm that I am either currently a registered PhD student or a researcher currently employed on a contract at MU. I am requesting this extension to my contract/stipend to allow me to deliver research that was previously planned but whose progress was interrupted by the Covid-19 pandemic. I confirm that the duration of this extension is no longer than required to compensate for the research interruption, and that I will be able to progress the research in a meaningful way over the period in question. I understand that the funding provided to the university for this purpose may not be sufficient to cover all requests, and that the university will prioritise those cases where the evidence of disruption is greatest and where impact can be delivered during the period of the extension. \*

YES

43. Please upload an email/letter from your supervisor/mentor Containing the following confirmation:

I [insert supervisor/mentor's name] confirm the accuracy of all information presented here n behalf of [insert student/researcher's name]. I support this request for a contract/stipend extension as outlined to allow the applicant to deliver research that was previously planned but whose progress was interrupted by the Covid-19 pandemic. I confirm that the duration of this extension is no longer than required to compensate for the research interruption, and that the research can be progressed under my supervision in a meaningful way over the period in question. I understand that the funding provided to the university for this purpose may not be sufficient to cover all requests, and that the university will prioritise those cases where the evidence of disruption is greatest and where impact can be delivered during the period of the extension. \*

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word,Excel,PPT,PDF,Image,Video,Audio

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