

## Handover Progress Report

### Instructions for completion of the form:

- Please complete all the sections (Extra lines can be added if necessary)
- The form is currently in PDF format. After completion, it should be submitted to the Grants Director: Capacity and Strategic Platforms Grants at the NRF. Scanned copies can be emailed to the NRF on condition they are signed. Original signed forms should be sent by mail.
- **NB!** It is important that the existing and proposed grant holders update their CVs on the NRF Online system.

### 1. Personal information

Details of the existing grant holder	
Surname, Initials, Title	
ID Number	
Employing institution	
Details of the proposed grant holder	
Surname, Initials, Title	
ID Number	
Employing institution	

### 2. Grant information

Details of the existing grant			
NRF Funding Programme	<b>Post-PhD Track</b>	<b>NRF-Rating Track</b>	
Application Reference Number			
UID			
Descriptive Title			
No. of years project has been funded			
No. of years remaining for project to be completed			
End date of grant			

### 3. Proposed change of grant holder

Reasons for handover of Research Project	
Transfer date	

### 4. Narrative progress report

**NB!** This progress report does not replace the Annual Progress Report (APR) that must still be completed as per the conditions of grant.

Please provide a complete and detailed narrative status report on the research project's progress by answering the following questions.

4.1 What has been achieved to date in relation to the project's stated objectives?  
(Recommended space < 1 A4 page)

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4.2 What is outstanding or is still pending in terms of the research project's work plan?  
(Recommended space < 1 A4 page)

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4.3 What problems have been encountered, if any, and what corrective measures are recommended to address these in future? (Recommended space < 1 A4 page)

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**5. Motivation for proposed grant holder**

5.1 Who has been nominated with similar expertise and qualifications to take over the project? Please submit a detailed CV of the nominee and track record of students successfully supervised to date. Furthermore please motivate why the proposed grant holder is most suitable to take over the project

(Recommended space < 1 A4 page)

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**6. Student supervision status**

6.1 How many postgraduate students are still participating in the project? NB: Please provide more information on these students by completing the attached spreadsheet (Annexure A)	
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6.2 How are the students, mentioned above, likely to be affected by the proposed changes and what measures are being taken to ensure that their supervision is not disrupted?

(Recommended space < 1 A4 page)

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**7. Financial report and assets**

7.1 Please provide an interim financial report (status update)

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7.2 Please list all assets acquired through the use of this grant, if any. Indicate what will happen to each after the proposed change.

Description of asset	Current status of asset
1.	
2.	
3.	
4.	

**8. Additional information**

8.1 What risks, if any, should the new grant holder be alerted to?  
(Recommended space < 1/2 A4 page)

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8.2 Is there any other relevant information you deem important for the NRF to note? If yes, please include it below  
(Recommended space < 1/2 A4 page)

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**Declarations**

**1. Current Grant holder**

I (name and Surname) \_\_\_\_\_ declare that the information provided above is, to the best of my knowledge, a true and accurate reflection of the past and current facts concerning the project for which I had a been the grant holder and principal investigator from

\_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Proposed Grant holder**

I (name and Surname) \_\_\_\_\_ declare that I am willing to take over the grant described above and all its associated responsibilities.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Endorsements:**

**1. Supervisor/Principal Investigator (PI) and/or Head of Department**

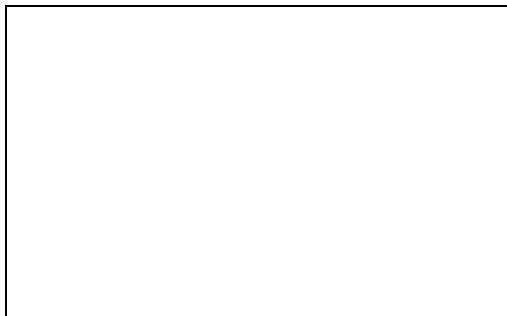
I (name and Surname) \_\_\_\_\_ as Supervisor and/or Head of the Department supports the grant transfer of the research project \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Research Director/Designated Authority and/or Equivalent**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Capacity** \_\_\_\_\_



**Official Stamp**

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**NRF Administrative Purposes Only**

NRF Reviewing Officer Name:

NRF Reviewing Officer Position:

Recommendation:

**Annexure A: Students currently supervised within the research project**

Surname	Student number	Student ID	Level of study e.g., MSc	Date of first registration for current degree	Expected completion date	Supervisor and co-supervisor
Where applicable, please provide reasons where students take longer than normal time to graduate:						
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