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|  | |  | **No-cost extension request form** |
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| Requests for extensions will only be considered on a no-cost basis. All requests must be submitted in writing (using the below form) a minimum of 30 days in advance of the extension. | | | |
| No-cost extensions may be granted at the discretion of the MDUK Research Team. Where there are concerns about the progress of the project, MDUK’s Medical Research Committee may be required to review the grant. | | | |
| **Grant details** | | | |
| **Principal Investigator** |  | | |
| **Institute** |  | | |
| **Project Title** |  | | |
| **Grant Reference Number** |  | | |
| **Date of request** |  | | |
|  |  | | |
| **Extension details** | | | |
| **Current project end date** |  | | |
| **Length of extension requested** |  | | |
| **Proposed new end date** |  | | |
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| **Reason for no-cost extension** | | | |
| **Briefly justify the reasons for requesting a no-cost extension for this project.** | | | |
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| **Milestones and objectives** | | | |
| **Before granting a no-cost extension we need to understand how the work is progressing. Please give a brief account of the milestones and objectives that have been met to date, as laid out in the original grant application.** | | | |
| **Please give details of the challenges/delays you have faced throughout the project and how these have prevented you from completing the project milestones within original grant timeframe.** | | | |
| **Please state the objectives for the proposed no-cost extension.** | | | |
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| **Budget** | | | |
| **Please provide a breakdown of the distribution of costs (e.g. salary and consumables) for the no-cost extension. It is important that all costs relate to the original purposes of the grant for which the funds were awarded. We cannot fund new work that is outside the scope of the award.**  Where applicable, please comment on the following:   * What is the remaining budget and how do you propose it is used? * Who will be carrying out the work during the extension and how will their time be funded? * Are any additional funds required to complete the project and where will these come from? | | | |
|  | | | |
| **Timelines** | | | |
| Please provide a revised timeline (Gantt chart) for the no-cost extension. | | | |
| *When completed, please email your report to* [*researchgrants@musculardystrophyuk.org*](mailto:researchgrants@musculardystrophyuk.org)*. If you have any questions, please contact us at the same email address.* | | | |
| **For MDUK staff use only** | | | |
| No-cost extension request: Approved  Rejected  Signature:     Date: | | | |
| Any additional comments: | | | |
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