

# **Orthopaedic Trauma Association Research Grant**

**Grant Extension Request**

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| **Principle Investigator:** | |  | **Co-PI Investigator:** | |  |
| **OTA Grant Number:** | |  | **Amount Funded:** | | **$** |
| **Institution Name:** | |  | | | |
| **Grant Type:** | | **Full Grant \_\_\_\_ Yes \_\_\_\_ No** | | **Resident Grant \_\_\_\_Yes \_\_\_No** | |
| **Grant Cycle:** |  | | | | |
| **Grant Title:** |  | | | | |

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| **Please provide a narrative as to the progress of the research report.** |
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| **Describe any problems or delays encountered during this reporting period and your plans or solutions to resolve them. Explain the impact on the project timeline.** | |
| **Are you applying for no cost extension?** | **Yes\_\_\_\_\_ No\_\_\_\_\_\_** |
| **Extension Date Requested:** |  |
|  | |

**Note: Please include Grant Financial Report with the Grant Extension Request.**