

# **Orthopaedic Trauma AssociationResearch 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:** |  |
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**Note: Please include Grant Financial Report with the Grant Extension Request.**