

Muscular Dystrophy Canada REQUEST FOR NO COST EXTENSION FORM

To apply for additional time to use Muscular Dystrophy Canada's financial contribution towards the completion of your grant, please complete this form before the predetermined end of grant date and send to:

Dr. Homira Osman
Research and Knowledge Translation Specialist
Muscular Dystrophy Canada
40 Eglinton Avenue East Suite 500, Toronto, Ontario M4P 3A2
Or alternatively Homira.Osman@muscle.ca

Name of Principal Investigator(s):

Project Title:

Institution:

Grant start date and originally proposed end date:

Newly proposed end date:

Please attach to this form

1. A brief 1-page description (single space) answering the following questions as applicable:

- a. Summary of accomplishments and progress to date.
- b. Describe reason for requesting an extension. Any challenges and the impact they had on the project thus far
- c. How have these challenges been resolved? Or are there circumstances that may impact the completion of the work?
- d. Addition information or comments that pertain to this request (optional)

2. A general financial statement of the expenses to date.