

No Cost grant extension request (up to maximum of 6 months)

This form should be completed and e-mailed back to Bowel Research UK. Please email it to: research@bowelresearchuk.org

This template is for requests for no-cost grant extensions of up to 6 months for Bowel Research UK funded grants. Requests will be considered by the Chair of the Grants Committee, and Finance Director. Incomplete forms will not be considered.

|  |
| --- |
| Date:  |
| Grant reference and start date:  |
| Grant holder(s): Name of researcher if salary or PhD stipend was covered by our grant: |
| title of project: Project start date: Project end date: Extension request start date: Extension request end date: Grant used to date:  |

|  |
| --- |
| **Summary of project (as detailed in original application) (max 500 words)****Reason for no cost extension (500 words)****Details of progress (maximum 500 words)****Additional comments** |

Supporting documents (if any) should be attached to the application.

**Signed:**

**Dated:**

**For office use only**

**Chair of Grants Committee/Director of Research approval : name …………… date: ……..**

**Finance Director approval : name ……………date: …….**