

Academy of Physical Therapy Education Research Grant Program

No-Cost Extension or Change in Research Plan Request

The Academy of Physical Therapy Education will consider no-cost extensions of funding or changes to the research plan if adequate rationale is provided. Before a decision can be made, please provide a progress report and update on the use of funds using the attached form.

A progress report shall include a brief summary of work completed to date, including a discussion of major problems (if any) encountered, such as reasons for not being able to recruit sufficient subjects for the study; a plan to remedy the problems; an explanation and justification for any deviation from the original plan of action; and an explanation of any proposed changes to the plan.

An update on the planned use of the remaining funds is required. If salary support was provided in the original grant, comment on the need for funds to be used toward salary support during the extension. If you are requesting a change in budget of greater than 20% or the addition of a new line item in the budget please specify why this change is requested including the original budget and the new budget.

The request must state the original grant period dates (included in your Grant Agreement Form), whether any previous no-cost extension has been granted, and the dates of the extension you are requesting.

Once the Grants Subcommittee Chair has reviewed the information you will be notified by email if the extension is approved. If the end date for your award period changes, the final report for your project will be required 60 days from the end of the extension period.

Send the request to the current Academy of Physical Therapy Education Research Committee Chairperson, as noted on the Academy website.

**Academy of Physical Therapy Education Research
Grant Program
No-Cost Extension or Change in Research Plan Request**

Award Number:

Title of Funded Study:

Name of Principle Investigator:

E-mail Address:

Approved Grant Period (Start and end date currently approved):

Request

_____ No Cost Extension requested through _____ (date)

_____ Change in the research plan / budget

Progress Report:

Changes Requested:

Rational for extension or changes:

Budget Changes (only completed if changes of 20% or new line item)

Budgeted Items	Original budget (approved with funding)	Change requested

