

Orthopaedic Section of the APTA Grant Program No-Cost Extension Form

Date:

Name of Investigators:

Name of Grant:

Award Period: _____ to _____

(Initial award date is the date that the award was made to your institution)

Current Year of Award completed: 1st, 2nd, no-cost extension year (3rd)

Carryover Amount: \$_____ (Amount not spent by end of award)

Justification:

- ❖ Reason Funds Remain:

- ❖ How funds will be used in current year:

If you are making a request for a no-cost extension, please also complete an annual progress report form as well.

Please return form via e-mail, fax or mail to:

Tara Fredrickson, Executive Associate
Orthopaedic Section, APTA, Inc.
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LaCrosse, WI 54601-7202