

**National Office**

250 Dundas Street West

Suite 500

Toronto, Ontario M5T 2Z5

Telephone: 416-922-6065

Toll Free: 1-866-922-6065

mssociety.ca

|  |  |
| --- | --- |
| **No-Cost Extension (NCE) Request** | **RESEARCH GRANTS** |

|  |  |
| --- | --- |
| **Principal Investigator** |  |
| **Institution** |  |
| **Project Title** |  |
| **Grant ID** |  |
| **Research Program (e.g. Discovery Grant, Catalyst Grant, Pilot Grant, Operating Grant, Collaborative Team Grant)** |  |
| **Original end date of project:**  (date format yyyy-mm-dd) |  |
| **Requesting a no-cost extension for:**  (check ONLY ONE) | 6-months  12-months |
| **Proposed end date of project:**  (date format yyyy-mm-dd) |  |
| **Have you previously been granted a no-cost extension?** | NO  YES |

**INSTRUCTIONS:**

Please use this form to provide your request for a No-Cost Extension (NCE). The MS Society of Canada requires a description of progress to-date, updated financial report, a rationale and justification for needing an NCE, and a plan for how the project will be completed. Please note that NCEs will only be granted for projects where sufficient progress has been made, there is a justification for the extension, and a detailed plan with mitigation strategies to complete the final set of activities is provided.

If you have any questions or concerns, please contact [msresearchgrants@mssociety.ca](mailto:msresearchgrants@mssociety.ca).

1. **PROGRESS TO-DATE: (max 1 page)**

Please outline the main aims of the project and provide an update on the status, progress and key results of each aim.

1. **RATIONALE AND JUSTIFICATION FOR THE NO-COST EXTENSION REQUEST (max 0.5 page)**

Please provide a rationale and justification for the NCE – identify any barriers and challenges that prevented the completion of the project as planned.

1. **DETAILED PLAN (max 2 page)**

* Please identify key activities that will be completed as part of the NCE.
* Identify mitigation strategies that will be employed to overcome any barriers and challenges.
* Given current results and progress to-date, please highlight any anticipated outputs and outcomes that will be gained from additional time provided by the the NCE.
* Provide an amended timeline of activities.
* Provide a budget breakdown for remaining funds (table below).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET BREAKDOWN FOR REMAINING FUNDS** | | | | | |
| **Budget Category** | | | | | Amount Spent ($) |
|  |  |  |  |  |  |
| Research Staff (list name and title at institution) | | | |  |  |
| Research Assistants | |  |  |  |  |
| Technicians |  |  |  |  |  |
| Other (please specify) | |  |  |  |  |
|  |  | Research Staff Subtotal | | | $ - |
|  |  |  |  |  |  |
| Materials, Supplies and Services | | |  |  |  |
| Animals |  |  |  |  |  |
| Expendables |  |  |  |  |  |
| Services |  |  |  |  |  |
|  | Material, Supply and Services Subtotal | | | | $ - |
|  |  |  |  |  |  |
| Travel (with purpose of trip) | |  |  |  |  |
|  |  |  | Travel Subtotal | | $ - |
|  |  |  |  |  |  |
| Equipment |  |  |  |  |  |
|  |  |  | Equipment Subtotal | | $ - |
|  |  |  | **Total** | | $ - |

1. **CERTIFICATION FOR USE OF HUMAN SUBJECTS AND/OR ANIMALS**

If the research grant involves the use of human participants or animal subjects, please check this box if this project has an up-to-date research ethics approval.

Yes, it is up to date.

It is not needed for this project.

1. **FINANCIAL REPORT**

Please provide a financial report for the latest reporting period. A template can be found [here.](https://mssociety.ca/information-for-researchers/reporting-templates)