



# IWK Grants Extension Request

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ROMEIO #:

Project Title:

Principal Applicant:

Supervisor:

Program Type:

Current End Date:

New End Date requested:

*Justification (please provide the reason(s) for this extension request. If the project is experiencing delays or challenges, please state how these will be addressed)*

Please submit the form to [Priya.Damodaran@iwk.nshealth.ca](mailto:Priya.Damodaran@iwk.nshealth.ca).

*NOTE: This request form is for IWK Programs and Awards only. For external awards contact the applicable funder.*

***For RIA use only***

Approved

Not Approved

Comments (if any):

Administrator: