

Appeal for Additional Medical Grant Funding

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally appeal for additional funding for my ongoing medical research project titled "[Project Title]." While I am grateful for the initial grant provided, unforeseen circumstances have arisen that require additional resources to continue our important work.

Despite implementing cost-effective measures, we have encountered [briefly explain the reason for the appeal, e.g., increased research costs, unexpected results that necessitate further testing]. These challenges have hindered our ability to achieve the project goals and ultimately contribute to [state the potential impact of your research].

I kindly request your consideration for an additional grant of [specify amount] to successfully meet our objectives. I am confident that with this additional support, we can [briefly describe what you aim to achieve with the funding].

Thank you for your continued support and for considering my appeal. I would be happy to discuss this matter further at your convenience and provide any additional information needed.

Sincerely,

[Your Name]

[Your Title/Position if applicable]

[Your Institution/Organization]