

No-Cost Extension Request Form

Principal Investigator: _____ PD/PT#: _____
 Fiscal Administrator: _____
 Sponsor: _____
 Award Number: _____
 Current End Date: _____ Requested End Date: _____
 Funds Remaining: Direct Costs: _____ F&A _____

- Reason for Request: Additional time beyond the established expiration date is required to ensure adequate completion of the originally approved project.
- Continuity of support is required while a competing continuation application is under review.
- The extension is necessary to permit an orderly phase-out of a project that will not receive continued support.

Justification: _____

Is this the first no-cost extension request? Yes No If No, a letter from the PI to the Sponsor requesting and justifying the No-Cost Extension should be attached to this form for review and countersignature by OSP. Your letter must include the award number and new requested end date for the grant.

Is this award under expanded authorities? Yes No If No, a letter from the PI to the Sponsor requesting and justifying the No-Cost Extension should be attached to this form for review and countersignature by OSP. Your letter must include the award number and the new requested end date for the grant.

PI effort must be provided during no-cost extension period. If funds are not available under the award to pay full committed effort, cost-share must be provided or a sponsor-approved reduction must be obtained. A minimum of 1% PI effort MUST be committed during no-cost extensions.

Personnel Percent Effort Report:

Name	Current % Effort	Effort During NCE	Greater Than 25% Reduction*	Key Personnel Listed on Notice of Award*	Prior Approval Request Attached
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No

*If answer is yes in both columns, prior approval request for reduction of effort must be attached