

## Request for No Cost Extension

Office of Research & Sponsored Programs

Principal Investigator/Project Director \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_

Project Title: \_\_\_\_\_

Requested Revised Project End Date: \_\_\_\_\_ Banner Index Number \_\_\_\_\_

Check **one box** in each section:

Award Mechanism	<input type="checkbox"/> Fixed Price <input type="checkbox"/> Cost Reimbursable
Status of project deliverables	<input type="checkbox"/> Deliverables have been/will be met and submitted to Sponsor on time <input type="checkbox"/> Deliverables in progress
Reason for Request	<input type="checkbox"/> Need additional time to meet required deliverables including the final report <input type="checkbox"/> Need end date of Banner Index extended to record charges for allowable project-related expenditures that have not yet been posted to financial ledgers <input type="checkbox"/> Other: Explain in the box below
If Reason for Request is "Other" on the above line, explain the reason here:	
Provide the technical reason that the project will not be completed by the current project end date:	
Subcontracts	<input type="checkbox"/> None <input type="checkbox"/> Yes, but extension <b>is not</b> to be granted to subcontractor(s) <input type="checkbox"/> Yes and extension <b>is</b> to be granted to subcontractor(s). Provide subcontractor name(s) and indicate new end date(s) for subcontractor(s).
Personnel	Should the PI / Other Faculty receive payment during the no cost extension? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide name, effort, duration for each faculty member)

Principal Investigator/Project Director Signature \_\_\_\_\_

### FOR ORSP USE ONLY

Internal Extension Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Sent to Post-Award on _____ (date)
Agency Prior Approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Contacted _____ (name) on _____ (date) Agency approval received on _____ (date)
Awarded under Expanded Authorities <input type="checkbox"/> Yes <input type="checkbox"/> No	Expanded Authority Notice sent on _____ (date)
ORSP Mod to Contract Required <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Invoicing Schedule checked <input type="checkbox"/> Deliverable dates / SOW checked <input type="checkbox"/> Modification sent to agency on _____ (date)