

## No Cost Extension Request Form

*\*NOTE: A no cost extension extends the project period beyond the original project end date. "No cost" suggests that there is no additional funding. Please note that a no cost extension **SHOULD NOT** be requested or approved solely for the purpose of spending down residual funds. Use this form if there is a scientific need to extend the project beyond the original end date.*

**INSTRUCTIONS:** Complete the fields below, include attachment, if needed, and click the Submit button to send to Grants & Contracts Accounting (GCA), copying OPAM for UOB verification. Once the UOB is verified, this request will be routed to OSP for execution.

PRINCIPAL INVESTIGATOR/PROJECT INFORMATION:					
Principal Investigator (PI):				Business Officer:	
Cayuse Project No.:				Index-Fund No.:	
Project Title:					
Sponsor:				Sponsor Award ID:	
Prime Sponsor:				Prime Sponsor Award ID:	
<b>NO COST EXTENSION INFORMATION: Request Type:</b> Initial <input type="checkbox"/> Second <input type="checkbox"/> Third or More <input type="checkbox"/>					
Use this section of the form to enter the required information to request the no cost extension.					
<b>DATES:</b>		<b>Original Project Dates:</b>		<b>Project Dates with NCE:</b>	
<b>Justification</b> <i>(Describe why the project was not completed by the original end date):</i>					
<b>NCE Justification</b> <i>(Describe plans to complete the work during the NCE including changes in SOW, if any):</i>					
<b>Budget Justification:</b> <i>(Describe how the remaining funds will be spent in NCE):</i>					
<b>Rebudget for NCE:</b>		<b>YES</b> <input type="checkbox"/>		<b>PI Signature:</b>	
		<b>NO</b> <input type="checkbox"/> <i>(Use the internal budget spreadsheet and attach the NCE budget to this request.)</i>			
<b>Unobligated Balance (UOB):</b>		\$		<b>UOB Verified by GCA:</b>	
		As of Date:		<b>Signature (GCA):</b>	
OPAM and OSP USE ONLY:					
Request Received by OPAM:	Date:	Analysis Completed by OPAM:	Date:	Recommendations:	
	Initial:		Initial:	Action:	
Received by OSP:	Date:	OSP Submit to Sponsor:	Date:	Decision:	PI Notified:
	Initial:		Initial:	Date:	NCE FE: