**Office of Grants, Research and Sponsored Programs**

**Request for No-Cost Extension**

**for External Grants**

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| **\*DO NOT SEND THIS FORM TO FUNDING AGENCY: FOR UNIVERSITY USE ONLY**  Please send this completed form, budget summary and any other supporting documents to the Office of Grants, Research and Sponsored Programs (GRASP) **at least 100 working days prior to the projects end date.** |

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| --- | --- | --- | --- | --- |
| Project Director: |  | | | |
| E-mail: |  | | Phone Number: | |
| Sponsor of Grant: |  | | | |
| Grant Title: |  | | | |
| Original Award Period: | to | | Requested End Date: | |
| Grant Amount: |  | | | |
| 1. What results or activities, as described in your original grant application, have not been achieved in the expected timeframe? | | | | |
| 1. Have any activities or the desired results changed or do you just need more time to achieve the original results? Describe how the activities or results have changed. | | | | |
| 1. What are your plans to complete the activities and achieve the results? | | | | |
| 1. What is the time frame in which you plan to complete the activities or achieve the results? | | | | |
| 1. How much of the original grant funds have not been spent? Please provide a summary budget which shows how the remaining funds will be used to complete the activities or achieve the results. | | | | |
| **Project Director Name:** | | **Signature:** | | **Date:** |
| **Request Sent to Sponsor on \_\_\_/\_\_\_/\_\_\_.**  **Sponsor Approved:**  **Not Approved:**  **Reason:** | | | | |
| **Director of Grants, Research and Sponsored Programs Signature:** | | | | **Date:** |

Please send completed form to the

Office of Grants, Research and Sponsored Programs, 302 Old Main