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

**Request for No-Cost Extension**

**For Internal Grants**

Project Directors may request a no-cost extension of grants awarded by Slippery Rock University. This request is subject to prior approval by the Office of Grants, Research and Sponsored Programs (GRASP). Please complete the form below and submit it at least 30 days before the grant award period is over.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Director: |  | | | |
| E-mail: |  | | Phone Number: | |
| Name of Grant: |  | | | |
| Grant Title: |  | | | |
| Original Award Period: | to | | Requested End Date: | |
| Cost Center Number: |  | | | |
| 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:** |
| **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**