

## No-Cost Extension Request

Grant Number: [Award Number/Program Title (solicitation)]

Recipient Name: (Recipient Name)

Congressional Earmark: (Yes or No)

Grant Manager: (Name)

Project Period: (Start and End Dates)

Award Amount: (Amount)

Time period requested for no-cost extension: [Length and Date (ex. One Year, 9/30/2010)]

Previous no-cost extensions: (List any previous extension and length of extensions.)

Status of project activities to date: (Provide a brief description of activities completed and those to be completed.)

Deliverables expected:

Funds remaining in the grant: [Amount as of today's date (ex. \$40,000 as of 06/30/2009)]

Justification for the no-cost extension:

[Justification]

Attachments:

Revised Budget

Revised Timeline