



**RESEARCH FINANCIAL & COMPLIANCE SERVICES**  
**INITIAL NO-COST EXTENSION REQUEST FORM**

*(ADDITIONAL REQUESTS BEYOND THE FIRST NO-COST EXTENSION REQUIRE PRIOR APPROVAL BY THE SPONSOR; PLEASE CONTACT RESEARCH FINANCIAL SERVICES FOR THESE REQUESTS.)*

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**AWARD INFORMATION**

AWARD TITLE \_\_\_\_\_ NAME OF SPONSOR \_\_\_\_\_

FUND NUMBER \_\_\_\_\_ PRINCIPAL INVESTIGATOR \_\_\_\_\_

SPONSOR REF AWARD NUMBER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

CURRENT END DATE \_\_\_\_\_ REQUESTED END DATE \_\_\_\_\_

REQUESTED TIME PERIOD OF EXTENSION: \_\_\_ 1 MONTH \_\_\_ 3 MONTHS \_\_\_ 6 MONTHS \_\_\_ 1 YEAR

JUSTIFICATION FOR NO-COST EXTENSION REQUEST:

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**SUBAWARDS/SUBRECIPIENTS**

*(If additional subprojects require extension, please attach additional sheet)*

Does this award have subawards? \_\_\_ Yes \_\_\_ No

Does the no-cost extension apply to the subawards? \_\_\_ Yes \_\_\_ No

SUBRECIPIENT NAME

SUBRECIPIENT REFERENCE NUMBER

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**CERTIFICATIONS/APPROVALS**

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR                      DATE                      DEPARTMENT ADMINISTRATOR                      DATE

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RESEARCH FINANCIAL SERVICES                      DATE                      RESEARCH COMPLIANCE OFFICER                      DATE  
DIRECTOR