**Request for No-Cost Extension (NCE)**

Sponsors expect Principal Investigators (PI) to complete projects by the stipulated grant award end date, occasionally additional time is needed. A no-cost extension (NCE) gives the PI time to complete the objectives of the project without additional funds being provided by the sponsor. A no-cost extension must be approved in advance of the original date of project termination, to allow adequate time for sponsor notification under the terms and conditions of the award.

PI's must obtain approval for a no-cost extension from the Office of Sponsored Research and Programs (OSRP). To request approval for a no-cost extension, please complete all fields of this form and forward to OSRP at least 30 days prior to grant award termination date. A no-cost extension may not be exercised merely for the purpose of using any unobligated balance.

|  |  |
| --- | --- |
| **Date:**  |  |
| **Principal Investigator’s Name:** |  |
| **Co-Investigator Name(s):** |  |
| **Unit (Department/Center):** |  |
| **RAMSeS Proposal Number:** |  |
| **Proposal Title:** |  |
| **PROJECT INFORMATION****Sponsoring Agency:** |  |
| **Sponsor Award Number:**  |  |
| **Award Period of Performance/Budget Period:** |  |
| **Total Amount of Grant Award:**  |  |
| **Current End Date:** |  |
| **Unobligated Award Balance:** |  |
| ***(Unobligated Award Balance must be confirmed by Contracts and Grants Accounting*)** |  |
| **Banner Fund Account Number:** |  |
| **EXTENSION REQUEST SPECIFICS****Requested No-Cost Extension Period****(Number of Months):** |  |
| **New Requested End Date:** |  |
|  |  |
| **Rationale/Justification for Extending the Project:**  |  |
|  |
|  |
|  |
| **Request for No-Cost Extension (Cont’d)** |
| **Spending Plan for Unobligated Balance:** |  |

|  |  |
| --- | --- |
| **Are human subjects Involved?** : | **Yes** [ ]  **No** [ ]  |
| Protocol #: |  |
| If Yes, please contact the IRB Compliance Officer (x1569) to ensure all protocols are current. |
| **Is any intellectual property (IP) involved?** :**Yes** [ ]  **No** [ ]  |
| If Yes, please contact the Office of Sponsored Research and Programs to work with acquiring license. |
| **Is there a conflict of interest? :** | **Yes** [ ]  **No**[ ]  |
| Do you or co-PIs anticipate having a significant financial interest regarding this project during the extension period of this award? If Yes, please contact the OSRP Compliance Officer (x1569). |
| **Will there be a change in effort of Key Personnel during NCE period?: Yes** [ ]  **No** [ ]  |
| If Yes, please contact Contracts and Grants Accounting (x1570). For any change greater than 25% reduction in total effort for any key personnel, please specify their proposed new level of effort. |

**CERTIFICATIONS**

This request is proper in relation to and consistent with the approved project objective(s).

|  |  |
| --- | --- |
| Principal Investigator: |  |
|  | Signature Date |
| Department Chair: |  |
|  | Signature Date |
| College/School Dean: |  |
|   | Signature Date |
|  |  |
|  |  |

The purpose of this form is to ensure compliance with federal, state, and local regulations on sponsored program activity. Upon receipt of a NCE request, OSRP will review the terms of the grant and coordinate requesting approval of the NCE with the sponsor. Submission of a NCE request is not a guarantee that the request can be processed.Please contact the Office of Sponsored Research and Programs to confirm extension of your project.

|  |  |
| --- | --- |
| cc:  | Director of Sponsored Research and Programs |
|  | Director of Contracts and Grants |
|  | Provost and Vice Chancellor for Academic Affairs |
|  | Deans of all Departments |
|  | All Co-Investigators |
|  | Vice Chancellors (If Applicable) |