

Wake Forest University Health Sciences Request for No-Cost Extension

Please scroll to the bottom of the page and press submit after you have signed to ensure proper routing of the form. Add supporting justification as necessary.

Is this the first extension request for this grant? YES NO

Project #: GTS #: Sponsor:

Funding Agency Award Number:

Project Period Begin Date: Project Period End Date:

1. Reason/Justification for this request:

2. Length of extension requested:

3. Scope of work to be completed during extension period ****All terms and conditions of the original award remain in full force and effect during the extension period. The grantee may be required to notify the sponsor in writing if the **PI or Key Personnel** specifically named in the NGA will reduce time devoted to the project during the extension period by 25 percent or more from the level that was approved at the time of award.****

4. Amount of (including direct and F&A) and reason for unobligated balance.

5. (Complete only if you checked NO above) Plan for use of funds during extension period. Attach a detailed budget and budget justification.

PI's Name and Signature: _____ Date: _____

Department Chair/Bus. Mgr. Signature: _____ Date: _____

Printed Name: _____

Sponsored Programs Signature: _____ Date: _____