



NO-COST EXTENSION REQUEST FORM

(For Federal and Non-federal Awards)

InfoEd#: \_\_\_\_\_

Project#: \_\_\_\_\_

Submit completed forms at least two (2) weeks prior to the sponsor due or current project/budget end date.

PI Name: \_\_\_\_\_ Department: \_\_\_\_\_ Contact: \_\_\_\_\_
Sponsor: \_\_\_\_\_ Grant #: \_\_\_\_\_ Project end date: \_\_\_\_\_
Project Title: \_\_\_\_\_

I. Extension Request

This No-Cost Extension is requested for the length of: \_\_\_\_\_

This is the: \_\_\_\_\_

Subawards (select one): \_\_\_\_\_

II. Extension is necessary to allow (select only one):

\_\_\_\_\_ additional time beyond the project end date to ensure adequate completion of the originally approved project (a continuation proposal will be submitted)

\_\_\_\_\_ continuity of grant support while a competitive continuation application is currently under review

\_\_\_\_\_ an orderly phase-out of a project that will not receive continued support (no additional future funding expected)

III. Certifications and Assurances (check all that apply): If there are any changes to the items below, complete Section IV.

\_\_\_\_\_ No changes in human subjects research

\_\_\_\_\_ No changes in vertebrate animal research

\_\_\_\_\_ No changes in investigators

\_\_\_\_\_ No FCOI or Debarment changes

\_\_\_\_\_ I certify that this extension is not:

- 1. being exercised merely for the purpose of spending out an unobligated balance;
2. prohibited by the terms and conditions of the award;
3. requesting additional funds; and
4. does not involve any change in the approved objectives or scope of the project

IV. Attachments (check each box to indicate any attachment(s) provided with this form):

\_\_\_\_\_ A. A letter to the sponsor (or prime PI if BMC is a subrecipient/subcontract) requesting and justifying the no-cost extension request, along with a detailed budget for the extension period (required for all non-federal awards or 2nd/3rd extensions of federal awards)

\_\_\_\_\_ B. Changes to human subjects and/or vertebrate animal research are proposed - explanation is attached.

\_\_\_\_\_ C. There are changes to the PI's and/or key person's financial conflict of interest (FCOI) and/or federal debarment and/or suspension status - updated completed forms are attached.

\_\_\_\_\_ D. Other documents required by sponsor: \_\_\_\_\_

V. Principal Investigator Assurance: By signing below, I certify that the information submitted within this request is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me personally and/or BMC to criminal, civil or administrative penalties. I agree to accept responsibility for the scientific and financial conduct of the project(s) and to submit all required reports if the request is approved.

PI Name: \_\_\_\_\_ Date \_\_\_\_\_

Dept. Approver: \_\_\_\_\_ Date \_\_\_\_\_