

## **Sponsored Programs Finance Administration and Compliance**

## **Request for No Cost Extension for BOR Contracts**

If you need assistance completing this form please contact your Post Award Specialist or spfac@louisiana.edu.

<u>Directions</u>: Complete and submit this form to your Post Award Specialist prior to the expiration date of your award. Please note that the Board of Regents requires NCE requests be sent for their approval at least 60 days prior to the termination date of the award.

REQUIRED PR	OJECT INFORMATION					
Principal Investigator:						
Sponsor:						
Grant No:		Fund No:				
Requested End Date:		Current Available Balance:				
Key Personnel Effort Commitments for extension period: (If effort commitments during the extension period will remain the same as the original project period, check the Unchanged box. If effort commitments will be different during the extension period, enter the new as a % for the academic/calendar year and in months for the summer.) Attach additional pages as necessary.						
Nam	e	Unchang	ged Employee Type	Acad/Cal Yr (9 & 12 mo)	Summer (9 mo only)	
				%	mo	
				%	mo	
				%	mo	
EXPLANATION/JUSTIFICATION FOR EXTENSION (Attach additional pages as necessary)						
Note: Please refer to the wok plan included as Attachment A in your contract.  1. Which objectives/goals/deliverables were you able to accomplish?						
<ol> <li>Which objectives/goals/deliverables do you need more time to accomplish? Why?</li> <li>How will you use the additional year to successfully complete all of the objectives of the project?</li> </ol>						
DRINGIDAL INVESTIGATOR'S SIGNATURE AND SERVICE ATION						
PRINCIPAL INVESTIGATOR'S SIGNATURE AND CERTIFICATION						
By submitting this form, I certify that this extension is necessary to achieve the project objective(s) and does not constitute a change in scope to the project.						
PI Signature:			Date:			
SPFAC	Notes:		Approval Date:			
Use Only			PAS	<b>:</b>		

RA: