



Sponsored Programs Finance Administration and Compliance

UNIVERSITY
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LOUISIANA
L a f a y e t t e

Request for No Cost Extension

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

Directions: Complete and submit this form to your Post Award Specialist prior to the expiration date of your award. Please note that some Sponsors require prior approval 30-90 days prior to expiration.

REQUIRED PROJECT 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.				
Name	Unchanged	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: This section is not required if this is a NSF award and you are submitting the request through Research.gov
1. Why was the project not finished on time?
2. What work will be conducted during the extension period?
3. What are your plans for the remaining funds in the extension time period?

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 Use Only	Notes:	Approval Date:
		PAS:
		RA: