

**GRANT PERIOD EXTENSION  
WITHOUT ADDITIONAL FUNDS**

Sponsor Name: \_\_\_\_\_

Original Grant Number: \_\_\_\_\_

Number of Months Extension: \_\_\_\_\_

New Budget Period Dates: \_\_\_\_\_ through \_\_\_\_\_ Budget/Fund \_\_\_\_\_

PI Effort during No Cost Period: \_\_\_\_\_% *Salary should be commensurate with effort.*

**NIH GRANTS**

Extension Reason (check one or more):

Additional time beyond the established expiration date is required to assure completion of the original approved project scope or objectives.

Other – Please explain.

***Applicable protocols (i.e. IRB, IACUC, Biohazards) have been extended for the duration of this period.***

**FEDERAL, STATE, NON-PROFIT (INCLUDING INSTITUTIONAL) GRANTS**

Approval/Justification (check one):

Please see attached documentation from the Sponsor approving this extension.

Following is the rationale for the extension request:

Principal Investigator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Institutional Official: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Research Affairs