

No Cost Extension Request

Date: _____	
Principal Investigator: _____	Telephone No.: _____
Department: _____	Dept. Contact: _____
Grant Title: _____	Banner No.: _____
Sponsor: _____	Proposal No (if known): _____
Requested End Date: _____	Current End Date: _____
Expected budget remaining at end of current period: \$ _____	
This is the (choose one): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> other extension request for this project.	

Justification for No Cost Extension and planned spending for remaining budget, including progress to date and scientific/ programmatic reason for the extension. (The fact that excess, unspent funds are anticipated is not a sufficient justification for an extension.)

- Yes No Will the level of effort for the PI/Key Personnel change more than 25%?
- Yes No Will IRB (Human Subjects) work be conducted during the extension period?
- Yes No Will IACUC (Animal Care) work be conducted during the extension project?

Subaward(s)?

- Not Applicable Subawards are excluded from extension.
- The following subaward(s) is/are to receive an extension.

Principal Investigator Assurance: I certify that the information submitted within this request is true, complete and accurate to the best of my knowledge. 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.

Please SUBMIT for processing to email to grants_contracts@unc.edu. GCA will contact you if we have any questions.