FLORIDA ATLANTIC UNIVERSITY
Division of Research

Division of Research
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Office of Sponsored Programs
No Cost Extension (NCE) Request Form

In addition to this form, submit a current copy of the Grant Inception to Date Report to the Award Administrator assigned to your unit.

PI/Project Director: AWD#:

Sponsor: NOV/SP#:

1. What is the current project end date?

2. What is the new project end date being requested?
   (Limited to no more than 12 months for internal requests)
3. Have all final/interim reports been submitted to the sponsor? ☐ Yes ☐ No

4. Why were the grant activities not completed during the sponsor-approved project period?

5. What is the current budget balance?

   - *Budget balance should match the Grant Inception to Date Report.*
   - *Note: If no funds are available in the project, but work still needs to be completed, a cost sharing form for a minimum of 1% of the PI's effort is required.*

6. How will the remaining funds be utilized during the extension period?

7. Will there be a change in the scope of the project? ☐ Yes ☐ No
   If yes, sponsor approval is required.

8. Will the PI/Co-PI and other senior/key personnel maintain the same effort level throughout the no-cost extension period? ☐ Yes ☐ No

   8a. If the effort level is reduced, please justify and indicate the reduced effort level.
   Note: Effort and salary must be available to perform the work during the extension period).

All compliance approvals must be up-to-date before no-cost extensions will be processed in Workday. (IRB, IACUC, EHS, IBC, SFI, FCOI, RECR, if applicable)

If you have any questions regarding the request for a no-cost extension, please direct them to the Award Administrator assigned to your unit.