

## No-Cost Extension Authorization Request Form

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### PROCEDURE

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When the College agrees to accept the Terms and Conditions of a sponsored project, the Institution assumes significant legal and financial obligations. Therefore, it is imperative that the College foster a culture of fiduciary compliance for all sponsored projects (Policy 1.111).

The Office of Grants and Contracts (OGC) oversees and monitors all sponsored projects awarded to the College and interfaces with the applicable Principal Investigator (PI) (or Project Director [PD]), Vice President for Finance and Administration (VPFA), Budget Office, and Controller's Office to ensure award compliance (Policy 1.111).

A budget is the financial representation of a sponsor approved project. Deviations from a projects approved budget need to adhere and align with the Terms and Conditions of the award. Prior to contacting a sponsoring agency to request a No-Cost Extension the PI / PD should acquire prior approval from the OGC (Policy 1.111).

The OGC will vet/assess the No-Cost Extension request and identify any concerns and/or pose any questions to the PI that the OGC may have regarding the request. The concerns and questions of the OGC will need to be sufficiently addressed before a formal approval to seek a No-Cost Extension is granted to the PI.

**The 'No-Cost Extension Authorization Request Form' should be completed and submitted to the OGC at least five (5) days prior to the anticipated date the No-Cost Extension request will be sent to the sponsor.**

No-Cost Extension requests may require additional approvals from other College entities depending on the project scope, budget, and other requirements. The OGC will try to complete No-Cost Extension request within five (5) business days of receipt.

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## INSTRUCTIONS

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**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

**Please complete each question in the order it appears on this form.** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

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## NO-COST EXTENSION REQUEST

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### BASIC INFORMATION

1. Project Title:
2. Investigator Name:
3. Account Number:
4. OGC Tracking Number:
5. Anticipated Date of No-Cost Extension Request:

### NO-COST EXTENSION JUSTIFICATION

6. Which of the listed justifications best describe why a No-Cost Extension is necessary for this project? **(Please note that your justification for the No-Cost Extension will be shared with the sponsoring agency).**

Additional time is needed, beyond the original end date, to ensure adequate completion of the original Terms & Conditions of the award.

Continuity of sponsor support is required while a continuation application is under review.

The No-Cost Extension is necessary to orderly phase out the project.

Other: Please Explain.

### NO-COST EXTENSION INFORMATION

7. Current Project End Date:
8. Requested Project End Date:
9. For this project, what No-Cost Extension number is this request?

First

Second

Third

Other: Please Identify;

10. Have you contacted the sponsor and requested a No-Cost Extension prior to obtaining a formal approval for a No-Cost Extension from the OGC?

NO

YES: Please explain.

11. Are there any sub-awards associated with this project?

NO

YES. Please Identify sub-awards.

#	Sub-Awardee	Performance Period		Award Amount
		Start Date	End Date	
1				
2				
3				

12. Will there be any change in personnel effort during the No-Cost Extension?

NO

YES. Please Explain.

13. Will the scope of the work change during the No-Cost Extension?

NO

YES. Please Explain.

14. Does the project involve any research protocols (e.g., IRB, IACUC, Bio-Safety)?

NO

YES. Please identify protocols.

#	Type	Protocol Number
1		
2		
3		

**BUDGET REQUIREMENTS**

15. What type of 'Indirect Cost Rate' will be applied to this proposal?

LC State Negotiated Rate:

Waived / Not Allowed (Documentation Required)

Reduced (Documentation Required)

Identify Rate:

Limited to a 'Percentage of Total Direct Costs' (Documentation Required)

Identify Rate:

Limited to a 'Percentage of Total Award / Costs' (Documentation Required)

Identify Rate:

Identify 'Cost Amount Limit':

'Direct Costs' cannot exceed:

'Indirect Costs' cannot exceed:

**BUDGET INFORMATION**

16. Are any of the budget categories on the LCSC account identified for this sponsored project currently over-spent?

NO

YES, please estimate the amount of over-expenditure and explain.

17. Will approval of this No-Cost Extension request result in an over-expenditure of any budget category within the LCSC account identified for this sponsored project?

NO

YES: Please estimate the amount of over-expenditure and explain.

## Budget

Expense Category	Indirect Allowed	Original Budget	Budget Spent	Current Budget
<b>Personnel</b>				
1 Salaries				
2 Fringe & Benefits				
<b>Travel</b>				
1 Domestic				
2 International				
<b>Materials &amp; Supplies (i.e., includes equipment less than \$5000)</b>				
<b>Capital Equipment (i.e., items greater than or equal to \$5000)</b>				
<b>Miscellaneous Expenses</b>				
1 Indirect allowed				
2 Indirect NOT allowed				
<b>Sub-Awards</b>				
Direct				
Indirect				
<b>Student Costs (e.g., tuition, scholarships, stipends, etc.)</b>				
<b>Participant Support Costs</b>				
<b>Direct Costs</b>				
<b>Indirect Costs:</b>				
<b>Subtotals:</b>				

## ATTACHMENTS

Please attach any additional documents that may be needed to complete this budget adjustment request.

**ROUTING & APPROVALS**

**Note:** The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Is someone other than the Principal Investigator or Cardholder preparing this form (e.g., administrative assistant, etc.)?

- NO
- YES

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Signatory/Approver	LC State e-mail	Digital ID Signature	Action	
			Modify	Approve
Administrative Assistant, etc.:				
PI or PD				
PI or PD Supervisor:				

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**GRANTS AND CONTRACTS OFFICE USE ONLY**

Date Received:

Received By:

Unique ID:

Date      Account      Number      ID

**Action**

Approve

Modifications Needed for Approval

Explanation:

Notes:

Action taken by:

File Name: