No-Cost Extension Request Form

Please use Subaward Extension Request form for subaward (or, “sub-in”) where funds are received from another institution for performing a portion of their sponsored project.

For awards under Expanded Authorities: Complete this form and send it to SPA 30 days prior to the project end date with the appropriate signatures.

For awards NOT under Expanded Authorities: Complete this form and send it to SPA 45 days prior to the project end date with the appropriate signatures. Also required is a letter on OHSU letterhead requesting the extension addressed to the sponsor and signed by the Principal Investigator. The request must specify the proposed ending date, a justification for the extension, and a signature line for the Director of Sponsored Projects Administration (Institutional Authority).

OGA Project # __{1}_________________________ OGA Award # __{2}_________________________
Project Period __{3} / ___ / ___ to ___ / ___ / ___ Award Period __{4} / ___ / _____ to ___ / ___ / ___

Proposed Project & Award End Date: __{5}__ / ___ / ___

Pl Name __{6}_________________________ Dept Contact Name __{7}_________________________
Agency Name __{8}________________________________________________________________________
Agency Contact __{9}_________________________ Contact telephone (___) _____ - ________
Agency Award No. __{10}____________________

Reasons for extension (only complete for awards under Expanded Authorities):   
☐ Additional time beyond the established expiration date is required to assure adequate completion of the originally approved project.
☐ Continuity of NIH grant support is required while a competing continuation application is under review.
☐ The extension is necessary to permit an orderly phase-out of a project that will not receive continued support.

Certifications and Approvals:

This expenditure/action is necessary for the conduct of this project: This request has been reviewed for administrative propriety: This request has been reviewed for consistency with policies and procedures:

Print Name - Unit Head

Principal Investigator Date Signature - Unit Head (Dean/Director/ Department Chair/Division Head) Director/Designee, SPA Date

Completed by: ___________________ Date: ____/____/______
Copy sent to preaward

For SPA Internal Office Use Only
Select fields to be updated in OGA
☐ Alias End Date
☐ Project End Date
☐ Award End Date
☐ Task End Date
☐ Close Date
☐ Account Title
☐ Report Due Dates

Send Completed Form to Sponsored Projects Administration, Mail Code AD-220

Rev: 1-1-08
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Instructions for No-Cost Extension Request

**Purpose:** This form is used to allow spending after a project end date with appropriate authority.

1. **OGA Project #.** The *Oracle Grants Accounting number assigned by SPA to the project for the current year or budget period.*

2. **OGA Award #.** The *Oracle Grants Accounting number assigned to the award by Sponsored Projects Administration for the duration of the project.*

3. **OGA Project Period.** The OGA project period, which may also be the sponsor’s budget period. *This should not include extension date—proposed end date should be listed in item 6.*

4. **Award Period.** The sponsor’s award period.

5. **Proposed Project & Award End Date.** *This is the date that the PI now expects the project and award to be actually completed.* Typically, requests for extensions are made in one-year increments. Please remember that although a project under expanded authorities merely requires notification of an extension, projects not under expanded authorities involve a more formal request for extension including a separate letter from the PI to the sponsor. Check the original Notice of Award to verify whether or not this particular project is under expanded authorities.

6. **PI Name.** The Principal Investigator named on the award from the sponsor.

7. **Contact Name.** The department fiscal manager or unit administrator who provides direct administrative support for the project.

8. **Agency Name.** The sponsoring organization. *With a sub-award (or, “sub-in”) where funds are received from another institution for performing a portion of their sponsored project, both that institution and their sponsoring agency should be listed.*

9. **Agency Contact.** The individual person at the sponsoring agency who has oversight of the award. Typically this is the grants specialist.

10. **Agency Award No.** The number that the sponsor has assigned to the award to be used in communications with that sponsor.

11. **Reasons for Extension.** *A reason for the extension must be selected.* Mark only one box.