

No-Cost Extension Request Form

 1st Extension Period

 2nd Extension Period

 *3rd (and Final) Extension Period

PI Name: _____

Unit/Dept #: _____ Source #: _____ Sponsor Award #: _____

Project Title: _____

Current Expiration Date: _____ Requested Expiration Date: _____

Anticipated Ending Account Balance (at current expiration date): _____

Other relevant information:

Department Administrator: _____ Phone#: _____

Compliance: All compliance issues (IACUC, IRB, IBC) must be resolved for this proposed, no-cost extension time period. Contact the appropriate committee for extension approvals.

Assurance(s):	YES	NO	Protocol Number(s)	Most Recent Approval Date for Each Protocol
IRB/Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>		
IACUC/Animals	<input type="checkbox"/>	<input type="checkbox"/>		
IBC: Biohazards	<input type="checkbox"/>	<input type="checkbox"/>		
IBC: rDNA	<input type="checkbox"/>	<input type="checkbox"/>		
IBC: Select Agents	<input type="checkbox"/>	<input type="checkbox"/>		
Radioisotopes	<input type="checkbox"/>	<input type="checkbox"/>		

PI signature

Date

Department Administrator signature

Date

(The fact that funds remain at the expiration or near the expiration of the grant is not, in itself, sufficient justification for a NCE.)

NIH eSNAP Only – First Extension Period (a NCE of up to 12 months): Submit request to OSP-MED 15 days before current expiration date. OSP-MED must update through the eRA Commons at least 10 days prior to the expiration date of the award.

Attach a memo with the following information.

- Justification for no-cost extension
- Plan for use of remaining funds (*in the extension time period*)

Please use one of the following methods to submit your completed no-cost extension request form:

- Email as an attachment to your Research Administration team member, or
- Fax to the Office of Sponsored Programs - MED: 617-638-4686

All other requests: Submit request to OSP-MED 60 days before the expiration date. A **letter of justification** from the PI to the Program Officer, co-signed by the PI and the Vice President of Sponsored Programs is required, which includes the following:

- Scientific rationale for the extension
- Explanation of why project could not be finished on time
- Funds remaining
- Plan for use of remaining funds (*in the extension time period*)
- Detailed budget on how funds will be expended, including level of effort for key personnel
- Any additional agency-specific requirements

Please send or bring this completed no-cost extension form and the PI-signed letter of justification to OSP-MED.

***A 3rd no-cost extension may be allowable if permissible by the sponsoring agency.**

OSP-MED Signature:

Date: