



## FY 2014-15 NO-COST EXTENSION FORM

Date Submitted (All Forms Must Be Submitted By 10/31/15):

Contract Number & Title:

Principal Investigator:

Affiliation:

Email Address:

Phone:

Original Award Amount:

Amount of Extension (Balance of Account as 9/30/15): \$

Extension Request Through:

(Date, i.e. March 30, 2016 or September 30, 2016)

Amount of Extension Request: \$

**Note:** Before a no-cost extension can be processed a certified Financial Report must be submitted by the Principal Investigator's contracts or finance office, and included with this form. Financial Reports must list, in detail, the expenses incurred during the term of the original award, and any funds remaining.

Justification for No-Cost Extension Request:

Contracts Office Contact – Name, phone and email:

Finance Office Contact – Name, Phone and e-mail:

CRB Contract Officer (Initial): \_\_\_\_\_

\_\_\_\_\_  
Institution Authorization (signature)      Date

\_\_\_\_\_  
CRB President Authorization (signature)      Date