



Office Research Administration
NO-COST EXTENSION REQUEST FORM

Please complete this form, including signatures by Principal Investigator (PI) and Department Chairperson/Director of administering unit. Send the completed and signed copy to ORA via mail to your Contract Administrator, 3112 Lee Building, email to oraa@umd.edu, or fax to 301-314-9569.

KFS number of parent account Award Balance
 Lead department of parent account
 Sponsor Name (include Prime)

Current award end date Requested extended end date
 This request is for 1st extension of 12 months or fewer 2nd or subsequent extension

Explanations are limited to 300 characters; attach additional pages as needed.

Reason project could not be completed in current time period

Plans for no-cost extension period

Will Key Personnel's effort decrease during no-cost extension period? If yes, please provide explanation

Original Effort % No-cost Extension Effort %

If this is a late request (as defined by the sponsor), please provide reason

Additional Comments

Principal Investigator of parent account email ext.

Department Business Manager email ext.

Signatures

Principal Investigator Date

Department Chair/Director/Unit Head or Designee Date

FOR ORA USE ONLY

Processed by _____ Date _____