



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 or email to oraa@umd.edu.

KR Award ID	Award Balance
Lead department of parent award	
Sponsor Name (include Prime)	

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