Institutional Prior Approval System
NO-COST EXTENSION APPROVAL FORM

Please TYPE or PRINT the following information:

<table>
<thead>
<tr>
<th>Principal Investigator/Project Director</th>
<th>% Effort on Current Project Year</th>
</tr>
</thead>
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<tr>
<th>Title of Project</th>
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<tr>
<th>Sponsor/Agency</th>
<th>Sponsor's Award Reference Number</th>
<th>AND</th>
<th>Tufts Account #</th>
</tr>
</thead>
</table>

No Cost Extension Request number (i.e. 1\textsuperscript{st}, 2\textsuperscript{nd}, etc) ________________

Estimated balance of funds as of current expiration date: ______________ Direct _____________ Indirect _____________ Total

Anticipated reduction of PI effort during the No-Cost Extension? __ Yes __ No
If "Yes", level of PI effort during the No-Cost Extension period ______________

Does the subcontract(s) on this award need to also be extended? __ Yes __ No __ N/A

List the subcontracts to be extended:
____________________________________________________________________________________

Is there a change in the Scope of Work? __Yes __ No

Please provide the justification for the No-Cost Extension in the box below:
"Note that 'unspent funds remain at the end of the expiration of the grant' is an insufficient justification.
**Only request # of months necessary to complete the project; up to the maximum of 12 months.

<table>
<thead>
<tr>
<th>Current Expiration Date:</th>
<th>Requested Expiration Date:</th>
</tr>
</thead>
</table>

Signature:

Principal Investigator/Project Director

Date

Department Administrator / Prepared By

Date

Office of Research Administration use only

Date NCE received: ______________ Reviewed by (initials): ______________

Agency approval needed: _____Yes _____No
If "Yes", Date request sent to Agency: __________

Dates of status follow up through final approval: __________________________________________________________________________