



**Institutional Prior Approval System  
NO-COST EXTENSION APPROVAL FORM**

**Please TYPE or PRINT the following information:**

Principal Investigator/Project Director	% Effort on Current Project Year		
Title of Project			
Sponsor/Agency	Sponsor's Award Reference Number	-AND-	Tufts Account #

No Cost Extension Request number	1st	2nd	3rd	
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.*

	Current Expiration Date:
	Requested Expiration Date:

**Signature:**

Principal Investigator/Project Director	Local Research Administrator / Prepared By
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OVPR Pre-Award Office 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: _____	