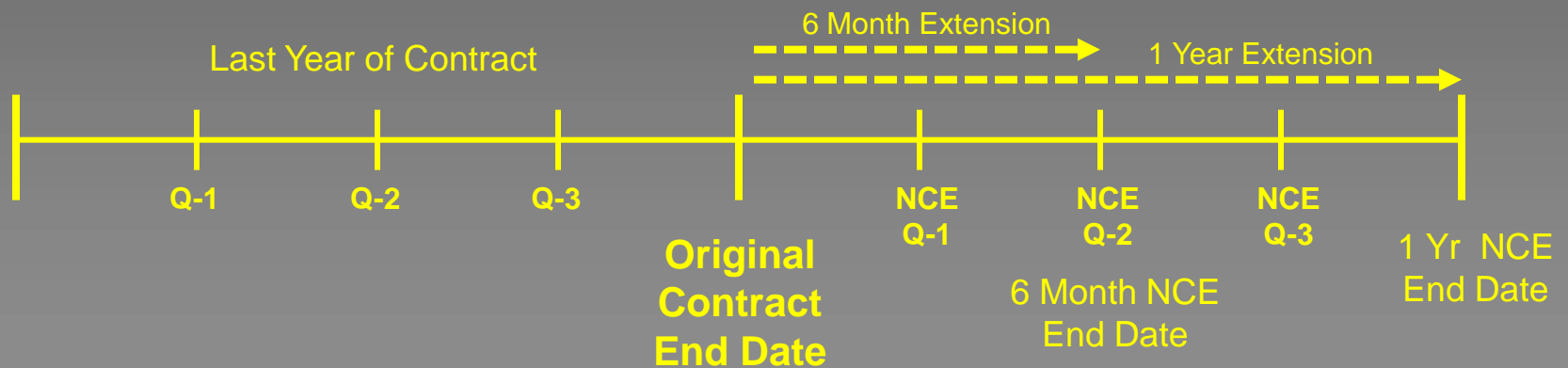


NYS Dept. of Health
Extramural Grants Administration

No Cost Time Extension Request

No-Cost Time Extension Request

- Use to allow more time to complete research project
- Funds remain in current budget lines
- Start process at least 6 months prior to end of contract
 - Requires DOH , AG, OSC approval
 - Progress Report required for approval
- Periodic and Final Progress Report still required
- New Appendix-X required-will be sent to institution for signature



No Cost Time Extension Request Example

| | | | | |
|------------------------|------------------------|-----------------------|--------------------------|-----------------------------|
| Contract Number: _____ | | Period Ending: _____ | | |
| | BUDGET CATEGORY | CURRENT BUDGET | EST. EXPENDITURES | EST. REMAINING FUNDS |

| OTHER THAN PERSONAL SERVICE (OTPS): | | | | |
|--|---|---------------------|---------------------|---------------------|
| 4 | SUPPLIES | | | |
| | LAB SUPPLIES | \$ 10,000.00 | \$ 8,000.00 | \$ 2,000.00 |
| | OFFICE SUPPLIES | \$ 500.00 | \$ 300.00 | \$ 200.00 |
| | SUBTOTAL SUPPLIES | \$ 10,500.00 | \$ 8,300.00 | \$ 2,200.00 |
| 5 | EQUIPMENT | \$ - | \$ - | \$ - |
| 6 | TRAVEL | \$ 500.00 | \$ 200.00 | \$ 300.00 |
| 7 | CONSULTANT COSTS | \$ - | \$ - | \$ - |
| 8 | OTHER EXPENSES | | | |
| | TRAINEE HEALTH INSURANCE | \$ - | \$ - | \$ - |
| | HUMAN SUBJECTS | \$ - | \$ - | \$ - |
| | ANIMALS & CARE | \$ 15,000.00 | \$ 12,000.00 | \$ 3,000.00 |
| | CORE FACILITIES | \$ - | \$ - | \$ - |
| | PUBLICATIONS | \$ - | \$ - | \$ - |
| | COMMUNICATIONS | \$ - | \$ - | \$ - |
| | MEETING REGISTRATION | \$ - | \$ - | \$ - |
| | TUITION AND FEES | \$ - | \$ - | \$ - |
| | MISC OTHER EXPENSES | \$ - | \$ - | \$ - |
| | SUBTOTAL OTHER EXPENSES | \$ 15,000.00 | \$ 12,000.00 | \$ 3,000.00 |
| 9 | SUBTOTAL OTPS | \$ 26,000.00 | \$ 20,500.00 | \$ 5,500.00 |
| 10 | TOTAL PS AND OTPS (lines 3 + 9) | \$ 38,000.00 | \$ 30,100.00 | \$ 7,900.00 |
| 11 | TOTAL SUBCONTRACT PS AND OTPS | \$ - | \$ - | \$ - |
| 12 | TOTAL DIRECT COSTS (lines 10 + 11) | \$ 38,000.00 | \$ 30,100.00 | \$ 7,900.00 |
| 13 | F & A Costs | \$ 7,600.00 | \$ 5,000.00 | \$ 2,600.00 |
| 14 | GRAND TOTAL COSTS (lines 12 + 13) | \$ 45,600.00 | \$ 35,100.00 | \$ 10,500.00 |

Actual amounts available may vary depending on further vouchering

Unexpended funds must stay in current budget line

No Cost Time Extension Request Approval Notification

- EGA returns countersigned request form with contingencies
- Appendix X sent to institution for signature
- EGA obtains DOH, Department of Budget, and OSC approvals
- Copy of executed Appendix X sent to Institution (4-6 months)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: Lawrence S. Sturman Date: 4/1/09
(signature)

Printed Name: Lawrence S. Sturman, M. D., Ph. D.

Title: Director, Wadsworth Center

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

Page 2 of 2
Ver. 12/13/07

APPROVED
DEPT. OF AUDIT & CONTROL
SEP 30 2009
Deke D. Smith
FOR THE STATE COMPTROLLER

NYS Dept. of Health Extramural Grants Administration

Office Phone (518) 474-7002

Office Fax (518) 486-2191

hrsb@wadsworth.org

scirb@wadsworth.org

nystemgrants@wadsworth.org