



**Department  
of Health**

**Wadsworth  
Center**

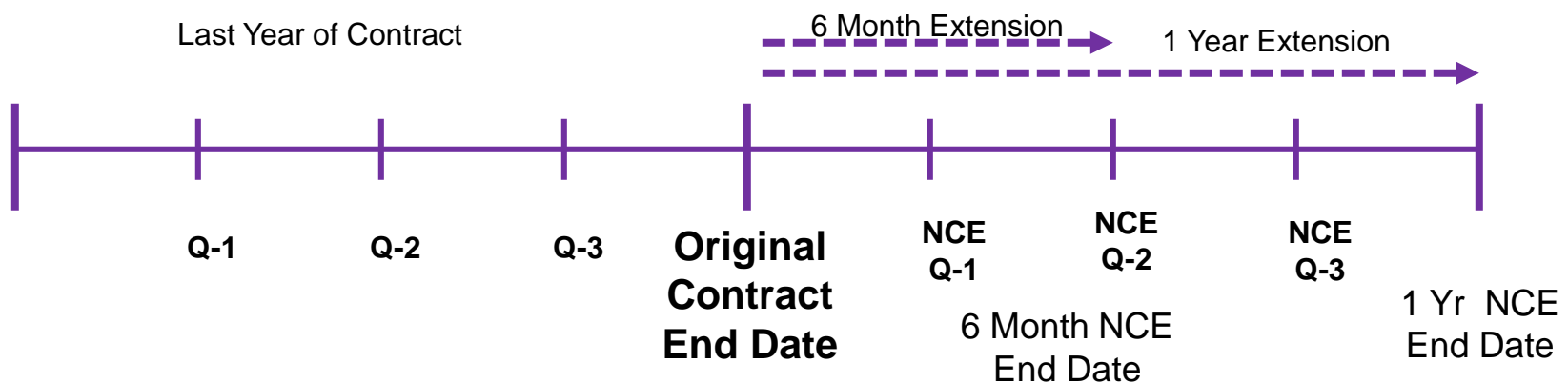
# **No-Cost Time Extensions**

**Provided by Extramural Grants Administration**

**June 23, 2015**

# No-Cost Time Extension Request

- Use to allow more time to complete contracted research project
- Funds **must** remain in current budget lines
- Start process **at least six (6) months** prior to end of contract
  - Requires DOH, AG and OSC approval
  - Progress Report required for approval
- Periodic and Final Progress Report still required



# All Fiscal Requests Require a Justification!

## Be Specific

- Strength of justification is *critical* to approval of the request
- Justification must be tied to progress made on contract aims
  - Progress to date on each specific aim
  - Plans for use of funds to accomplish stated aims

# No-Cost Time Extension Request Cover Page



**Extramural Grants Administration**

**REQUEST FOR NO-COST TIME EXTENSION**

2 (Choose One) [Breast Cancer Research](mailto:HBSB@health.ny.gov) [Spinal Cord Injury Research](mailto:SCIBB@health.ny.gov) [Stem Cell Research](mailto:NYSTEM@health.ny.gov)

1 Contract Number 3

6 Months 12 Months  
Extension Requested (Choose One)

4 Principal Investigator(s)

5 Organization

**Use this form to request the extension of a project beyond the contracted end date. This request must be received at least 6 months prior to the end of the contract to allow for processing of the request. Justification should be included on a separate worksheet and should explain why funds were not expended during the normal contract term. State the reasons why it is necessary for the project to be extended beyond the normal contract termination date to accomplish the aims of the contract.**

6 Project Title

7 Signature of PI Named Above Date

8 Signature of Contracts & Grants Official (Name/Title) Date

**DOH EGA USE ONLY!**

9 (EGA Use Only) Approval Signature of Extramural Funding Administrator Date

**Items 1-8 are required!**

1. Enter Contract Number (C0XXXXXX)
2. Circle appropriate program
3. Circle Extension Requested
4. Enter name of PI
5. Enter name of Organization
6. Enter Project Title
7. PI signature and date
8. Contract/Grants Official signature and date
9. For DOH-EGA USE ONLY! If this section is filled in, your request will be returned.



# No-Cost Time Extension Request Worksheet

1	ORGANIZATION: 0		
	CONTRACT # 0		
2	CONTRACT TERM: MM/DD/YY - MM/DD/YY		
3	BUDGET PERIOD ENDING: MM/DD/YY		
<u>This request must be received at least 6 months prior to the end of the contract.</u>			
	COLUMN I	COLUMN II	COLUMN III
	4 CURRENT BUDGET	5 ESTIMATED EXPENDITURES	ESTIMATED REMAINING FUNDS
<i>PERSONAL SERVICES (PS):</i>			
1	<b>PERSONAL SERVICES</b>		
	Principal Investigator	\$ 55,000	\$ 60,000 OVER BUDGET
	Title	\$ -	\$ -
	Title	\$ -	\$ -
	Title	\$ -	\$ -

## Completing the Worksheet

1. Organization and Contract # will populate from Cover Page
2. Enter Full Contract Term
3. Enter end date of current budget period
4. Current Budget (Column I) must reflect most recently approved Attachment B-1(A)
5. Estimated Expenditures (Column II) cannot exceed Current Budget or "Over Budget" error will appear

# No-Cost Time Extension Request Justification

**REQUEST FOR NO-COST TIME EXTENSION FORM JUSTIFICATION**

1 {

ORGANIZATION 0

CONTRACT # 0

CONTRACT TERM: MM/DD/YY - MM/DD/YY

BUDGET PERIOD ENDING: MM/DD/YY

Section 1 will populate from  
Cover Page and Worksheet

**This request must be received at least 6 months prior to the end of the contract.**

**Justification:** Explain why funds were not expended during the normal contract term. State the reasons why it is necessary for the project to be extended beyond the normal contract termination date to accomplish the aims of the contract.

**2 Detailed Justification Should:**

- Explain why funds were not expended during the normal contract term
- Provide reasons the contract term should be extended
  - Why necessary to achieve the approved research aims
- Describe steps that will be taken to utilize additional funds during new contract term



# No-Cost Time Extension Request: Approval Notification

- EGA returns countersigned request form
- EGA obtains DOH, AG and OSC approvals
- Copy of executed amendment or denial letter sent to organization and EGA
- Organization can voucher for allowable expenses incurred during approved extension period



# NYS DEPARTMENT OF HEALTH EXTRAMURAL GRANTS ADMINISTRATION SPECIFIC QUESTIONS?

Contact us at:

[HRSB@health.ny.gov](mailto:HRSB@health.ny.gov)

[NYSTEM@health.ny.gov](mailto:NYSTEM@health.ny.gov)

[SCIRB@health.ny.gov](mailto:SCIRB@health.ny.gov)

or

(518) 474-7002



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