***\*\*Note\*\* Route request on department’s letterhead through UFIRST. A no-cost extension request must be submitted in advance of the end date of the agreement based on agency requirements.***

**Address Letter as follows:**

Agency Representative

Agency Address

Agency Phone

Agency Email

Dear ( ):

This is to request a no-cost extension of the following grant:

 Agency project number:

 Principal Investigator name:

 Project title:

UF award number:

 Award period:

We would like to extend this project until (*requested end date*). (*Then provide a clear justification statement, summary of progress to date, estimate of funds remaining and if we haven’t received the funds a confirmation that we will continue to invoice the sponsor for remaining funds, and timetable for completion.)*

*(If effort is being reduced for any key person from what was originally budgeted, indicate the new commitment during the extension period and the reason for the reduction.)*

If more information is required, please contact ufawards@ufl.edu. Thank you for your consideration of this request. If you approve of the no-cost extension request, please sign below and return to the following address:

 University of Florida

 Division of Sponsored Programs

 ufawards@ufl.edu

Sincerely,

(*PI Name*)

Principal Investigator

(*Department Name/Address/etc.*)

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Division of Sponsored Programs

University of Florida

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Agency Representative