



No-Cost Extension (NCE) Request

This form must be completed for an NCE request per procedures found at

<http://www.research.ucf.edu/Research/awardmgmt.html#nocost>. Please submit to osp@ucf.edu.

Account Number:		Sponsor:	
Principal Investigator:		Business Unit:	
RID Number:		Research Administrator:	
Prepared By:		Date of Request:	

Sponsor Reference #:		Sponsor Contact Name:	
Current End Date:		Requested End Date:	
Original Award Amount:		Current Remaining Balance:	

Is this NCE request the first for this project?

If not, how many previous NCE periods has the project received?

Provide a detailed programmatic justification for the NCE that clearly focuses on adequate completion of the original scope of work within the funds already made available. (Use an additional sheet if necessary.)

CERTIFICATION

Principal Investigator and Research Administrator certify to the best of their knowledge that the no-cost extension request is consistent with sponsor and university policies.

Principal Investigator Signature

Research Administrator (when applicable)

<i>Internal Office of Research Use Only</i>	
<i>Date of Review:</i>	
<i>Reviewer:</i>	
<i>Status of Request:</i>	
<i>Date of Submission to Sponsor:</i>	
<i>Internal Extension Pending Status:</i>	
<i>Date of Last Action:</i>	
<i>Notes:</i>	