



No-Cost Extension (NCE) Request

This form must be completed for an NCE request per procedures found at :
<https://www.research.ucf.edu/for-researchers/pre-award/no-cost-extensions/>

Grant ID:		Sponsor:	
Principal Investigator:		Business Unit:	
Award 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? **Select One**

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

Have all deliverables been submitted to the sponsor*? **Select One**

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)

Note:

**No cost extensions may be requested only if sponsor approved scope of work has not been completed by current award end date and adequate budget is available to support work through the proposed new end date.*