**No-cost Extension Request**

*Instructions on next page*

**Part I: Project Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Click here to enter text. | | |
| Project Director(s) | Click here to enter text. | | |
| Project Title | Click here to enter text. | | |
| NCBC Agreement Number | Click here to enter text. |  | Award Amount Click here to enter text. |
|  |  |  |  |

|  |
| --- |
| **New end date requested:** Click here to enter text. **Length of extension in months:** Click here to enter text. |
| *Provide a brief explanation for the extension. Text below will be limited to the space provided.* |
| Click here to enter text. |

**Part II: Reason for Extension**

**Part III: Tasks Accomplished** *Text below will be limited to the space provided. Attach separate sheet if needed.*

|  |
| --- |
| Click here to enter text. |

**Part IV: Timeline for Remaining Tasks** *Attach a separate sheet as instructed.*

**Part V: Signatures**

|  |  |  |
| --- | --- | --- |
| Project Director Signature |  | Date |
| Authorized Institution Signature |  | Date |

FOR BIOTECHNOLOGY CENTER USE ONLY:

|  |  |  |
| --- | --- | --- |
| Approved by |  | Date |

### Instructions for No-cost Extension Request:

The extension request must be necessary to complete the project aims and must be submitted at least 30 days before the grant end date. The length of the extension requested may be no longer than 12 months, but we encourage requests for the shortest amount of time necessary.

No-cost extensions must be uploaded and submitted via the NC Biotech funding portal at this link: [https://ncbiotech.fluxx.io](https://ncbiotech.fluxx.io/).

**Please send all questions to:**

NC Biotechnology Center

Contracts and Grants

E-mail: [Contracts\_Grants@ncbiotech.org](mailto:Contracts_Grants@ncbiotech.org)

Office Phone: 919-549-8807

### Part I: Project Identification

The identifying data in Part I should be the same as those contained in the Grant Agreement.

### Part II: Reason for Extension

Describe the reason(s) for needing an Extension. Indicate the amount of additional time required to complete the project.

### Part III: Tasks Accomplished

### Provide a brief description of specific Aims and Tasks that have been accomplished. If applicable, describe any major revisions of the original plan.

### Part IV: Timeline of Tasks Remaining

Prepare and attach a separate timeline briefly describing the remaining aims and tasks and the anticipated completion dates or number of months required for completing those tasks. Please use the following format:

|  |  |  |
| --- | --- | --- |
| Aim/Task | Description of work to be completed | Timeline for completion |
|  |  |  |

### Part IV: Signatures

The extension request must be signed by the project director and an authorized institutional official.