

Creighton University Sponsored Programs Administration

**No-Cost Extension Request Form**

Submit completed forms at least 60 days prior to the project end date

PI Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dept. Contact \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Fund #: \_\_\_\_\_ Grant End Date: \_\_\_\_\_  
Grant Title: \_\_\_\_\_

**I. Extension request**

A No-Cost Extension is requested for the length of: \_\_\_\_\_

This is the: \_\_\_\_\_

Subawards (pick one): \_\_\_\_\_

**II. Extension is necessary to allow (check only one):**

- additional time beyond the Grant End Date to ensure adequate completion of the originally approved project
- continuity of grant support while a competing continuation application is under review
- an orderly phase-out of a project that will not receive continued support

**III. Certifications and Assurances** - Each box MUST be checked if no changes are expected during the extension period:

- No Human Subjects changes
- No Conflict of Interest changes
- No Vertebrate Animals changes
- No Debarment/Suspension changes
- No effort reduction >25% for any Key Personnel

**IV. Attachments** - Check each box to indicate attachment(s) provided with this form:

- A. For 1st extension - an estimated detailed budget and budget justification for the extension period is attached. If required, include a letter to Sponsor/Subcontractor requesting extension.
- B. For 2nd or 3rd extensions - letter requesting and justifying the no cost extension along with an estimated detailed budget and budget justification for the extension period is attached.
- C. Human Subjects and/or Vertebrate Animals changes - explanation is attached.
- D. Updated Conflict of Interest and/or Department/Suspension form(s) are attached.
- E. Effort reduction >25% for Key Personnel-request Sponsor/Subcontractor approval attached.

**Signatures:** Principal Investigator Assurance: By signing below, I certify that the information submitted within this request is true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me personally and/or Creighton University to criminal, civil or administrative penalties. I agree to accept responsibility for the scientific and financial conduct of the project(s) and to submit all required reports if the request is approved.

Grants Accounting \_\_\_\_\_

Principal Investigator  
Signature/Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsored Program Administration  
Signature/Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Submit signed form with any attachments to Sponsored Programs Administration**