



**Weill Cornell Medicine**

# 1st No Cost Extension Request

PI \_\_\_\_\_

Award Number \_\_\_\_\_

Current Project End Date: \_\_\_\_\_

# of Months of Requested Extension \_\_\_\_\_

Project Title: \_\_\_\_\_

## Please confirm the following:

No additional funds are required to be obligated by the NIH awarding office.

The project's originally approved scope will not change.

Additional time beyond the established expiration date is required to ensure adequate completion of the originally approved project.

It is understood that the fact that funds remain at the expiration of the grant is not, in itself, sufficient justification for an extension without additional funds.

## Select which of the following applies from the below:

The extension is necessary to permit an orderly phase-out of a project that will not receive continued support.

Continuity of NIH grant support is required while a competing continuation application is under review.

Enter the effort of all personnel during NCE phase below:

Enter any subawards that will need to be extended below:

Principal Investigator Name (Print): \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_

***All requests must be submitted to [grantsandcontracts@med.cornell.edu](mailto:grantsandcontracts@med.cornell.edu) with the subject line: 1st No Cost Extension Request***