

[DATE XX/XX/XXXX]

Aleta R. Gunsul, MPA

Director, Office of Sponsored Research Administration (OSRA)

Weill Cornell Medicine

Re: 1st No Cost Extension Request for Grant # X-XX-XXXXXXXX-XX

Sponsor Name: XXXXXXXX

Principal Investigator: Dr. XX

Dear Ms. Gunsul,

**I would like to request a one-year no cost extension for *[Grant Number],* entitled *[“Grant Title”]* which is scheduled to end on XX/XX/XX. The new budget period would be from XX/XX/XX – XX/XX/XX.**

**The scientific rationale for our request is…..**

Provide a detailed paragraph on why the extension is needed and explain the circumstances for the delay and what was done or being done to rectify. Examples:

(1) Need to finish specific aim(s) X, X and X (be specific) as indicated in the research plan due to (insert reason for delay)

(2) Delayed start due to inability to hire certain personnel;

(3) Project not complete due to waiting for a piece of equipment, analysis of data, etc.;

(4) Renewal pending

Note: “Renewal pending” should not be the sole justification and writing a renewal is not an allowable reason. There should be other justification as exemplified in #s 1, 2, and 3 in addition to the fact that a renewal is pending. Also, spending down funds is not an allowable reason for a no cost extension

**The IRB and/or IACUC protocol #’s are *[Protocol Number]* and the approval dates are *[Approval Date].*** If not applicable, state so.

**(If applicable) We are requesting the following subaward agreement(s) with *[Name of Institution(s)]*****be extended for the time period XX/XX/XX – XX/XX/XX.** *Should the subrecipient(s) require carryover approval, please obtain a letter signed from the subrecipient’s institutional official with the following information:*

*(1) Name of Subrecipient Institution*

*(2) Name of Subrecipient Principal Investigator*

*(3) Grant number*

*(4) Amount of carryover requested*

*(5) Reason for the carryover*

*(6) Explanation of how the funds will be used*

*(7) Detailed Budget for carryover amount*

**The study personnel and related percentage of effort who will be participating in the extension are listed below. *(****This should reflect all personnel, including those at subrecipient institutions)*

1.

2.

3.

*For all grants where an effort reduction approval is required from the Sponsor, complete the Effort Reduction Letter Template and include it with the No Cost Extension Request. NIH no longer requires prior approval for the reduction in effort for Senior/Key personnel named in the NOA during a no cost extension with the exception of grant programs that have an effort requirement, or where terms and conditions prohibit such reductions.*

Sincerely,

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr. X  [Position Title]  Division of XXXX  Department of XXXX  Weill Cornell Medicine  1300 York Avenue {Room/Box #}  New York, NY 10065  Phone:  Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved by:  Aleta R. Gunsul, MPA  Director, Office of Sponsored Research Administration Weill Cornell Medicine  1300 York Avenue, Box 89 New York, NY 10065-4805  Phone: 646-962-8290  Email: grantsandcontracts@med.cornell.edu |