[PLACE ON DEPARTMENTAL LETTERHEAD]

[DATE]

[NAME AND TITLE OF PROGRAM OFFICER OR GRANT OFFICIAL]

[SPONSOR NAME]

[SPONSOR ADDRESS]

[CITY, STATE & ZIP CODE

RE: [Request for No-cost Extension], [sponsor award number], [PI Name]

Dear:

We are writing to request a second no-cost extension for the award referenced above. The current expiration date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are requesting the revised expiration date to be\_\_\_\_\_\_\_\_\_\_\_. We need additional time due to a delay in carrying out the research. The project was delayed because, [add the reason for the delay in the project and why an extension is necessary.] (Note: Do not state an extension is necessary to spend the remaining balance.)

We expect to have an unobligated balance of $\_\_\_\_\_\_\_\_\_. These funds are available due to [Add reason why there is a balance]. Attached is the budget form and budget justification. [If there will be a reduction of effort for Key personnel state what the new effort will be during the NCE period.] Note: We do not need approval to reduce effort 25% or more for NIH, but we should notify them as a courtesy. We do need to charge the effort to the account.

Sincerely,

[Principal Investigator Name]

[title]