



**REQUEST FOR NO COST NIH EXTENSION
VIA
ERA COMMONS ELECTRONIC SUBMISSION**
**Note: This request must be received at least 10 days prior to end of
project period (NIH rule).**

Under Expanded Authorities I, _____ request:
Print Name

Extension of final budget period without additional NIH funds.

NIH Grant #: _____

The following two conditions **must** apply:

Please initial both.....

_____ No additional funds are required and

_____ The project's originally approved scope will not change

and any **one** of the following must apply:

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

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

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

PI Signature

Date

RGA Signature

Date