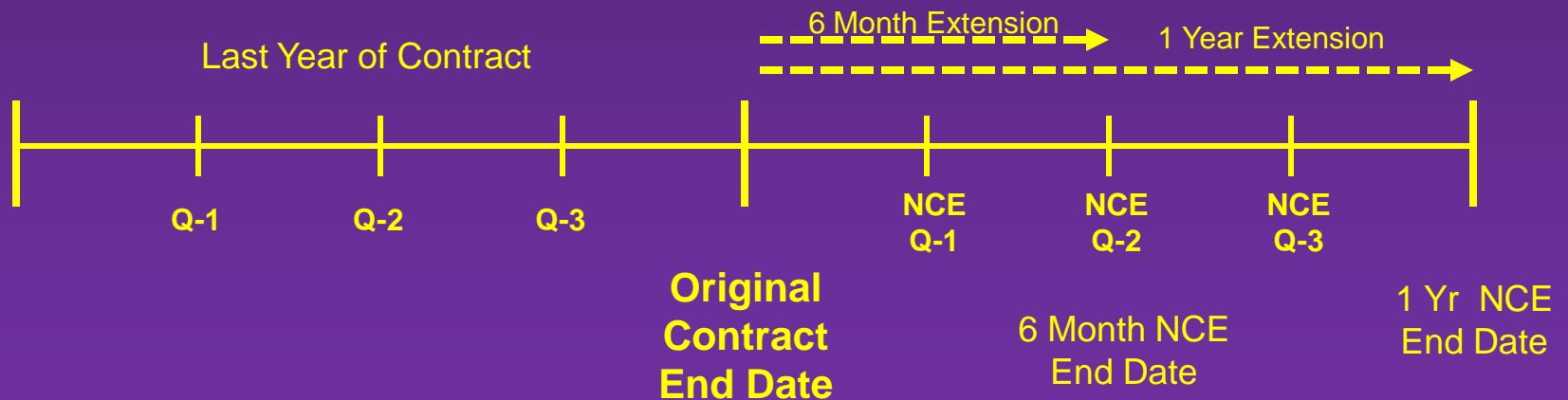


New York State  
Department of Health  
Extramural Grants Administration

Contractor Training  
No Cost Extensions

# No-Cost Time Extension Request

- Use to allow more time to complete research project
- Funds remain in current budget lines
- Start process at least 6 months prior to end of contract
  - Requires DOH , Office of Attorney General, and OSC approval
  - Progress Report required for approval
- Periodic and Final Progress Report still required



# No-Cost Time Extension Request Form

NYS Department of Health – Wadsworth Center – Extramural Grants Administration

## REQUEST FOR NO-COST TIME EXTENSION

(Circle One)

Breast Cancer Research  
[hrrb@wadsworth.org](mailto:hrrb@wadsworth.org)

Spinal Cord Injury Research  
[scirb@wadsworth.org](mailto:scirb@wadsworth.org)

Stem Cell Research  
[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)

Contract Number: \_\_\_\_\_

Extension Requested: 6 mos. Or 12 mos.

Principal Investigator(s): \_\_\_\_\_

Institution: \_\_\_\_\_

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

Use this form to request the extension of a project beyond the contracted ending date. This request must be received at least **6 months** prior to the end of the award period to allow for processing of the request

Explain why all the funds will not be expended during the final budget year. Explain the need specific to extend the project beyond the normal termination date to accomplish the aims of the contract. Use additional pages if necessary.

Signature of PI Named Above \_\_\_\_\_ Date \_\_\_\_\_

Signature of Contracts & Grants Official \_\_\_\_\_ Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature of Extramural Funding Administrator \_\_\_\_\_ Date \_\_\_\_\_

(EGA Use Only) Additional Approvals Needed?

NYS Department of Budget: Yes / No

NYS Office of the State Comptroller: Yes / No

BUDGET CATEGORY		CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
<b>PERSONAL SERVICES (PS):</b>				
1	<b>SALARY AND STIPENDS</b>			
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ -	\$ -	\$ -
2	FRINGE BENEFITS	\$ -	\$ -	\$ -
3	<b>TOTAL PS AND FRINGE</b>	\$ -	\$ -	\$ -
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ -	\$ -	\$ -
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	\$ -	\$ -	\$ -
9	<b>SUBTOTAL OTPS</b>	\$ -	\$ -	\$ -
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ -	\$ -	\$ -
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ -	\$ -	\$ -
13	<b>F &amp; A Costs</b>	\$ -	\$ -	\$ -
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ -	\$ -	\$ -

# No-Cost Time Extension Request Example

Contract Number: _____		Period Ending: _____		
	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
<b>PERSONAL SERVICES (PS):</b>				
1	<b>SALARY AND STIPENDS</b>			
	John Doe-PI	\$ 10,000.00	\$ 8,000.00	\$ 2,000.00
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
	SUBTOTAL PS	10,000.00	8,000.00	2,000.00
2	FRINGE BENEFITS	2,000.00	1,600.00	400.00
3	<b>TOTAL PS AND FRINGE</b>	<b>12,000.00</b>	<b>9,600.00</b>	<b>2,400.00</b>
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ 10,000.00	\$ 8,000.00	\$ 2,000.00
	OFFICE SUPPLIES	\$ 500.00	\$ 300.00	\$ 200.00
	SUBTOTAL SUPPLIES	10,500.00	8,300.00	2,200.00
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ 500.00	\$ 200.00	\$ 300.00
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	15,000.00	12,000.00	3,000.00
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	15,000.00	12,000.00	3,000.00
9	<b>SUBTOTAL OTPS</b>	<b>26,000.00</b>	<b>20,500.00</b>	<b>5,500.00</b>
10	<b>TOTAL PS AND OTPS</b> (lines 3 + 9)	<b>38,000.00</b>	<b>30,100.00</b>	<b>7,900.00</b>
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
12	<b>TOTAL DIRECT COSTS</b> (lines 10 + 11)	<b>\$ 38,000.00</b>	<b>\$ 30,100.00</b>	<b>\$ 7,900.00</b>
13	<b>F &amp; A Costs</b>	<b>\$ 7,600.00</b>	<b>\$ 5,000.00</b>	<b>\$ 2,600.00</b>
14	<b>GRAND TOTAL COSTS</b> (lines 12 + 13)	<b>\$ 45,600.00</b>	<b>\$ 35,100.00</b>	<b>\$ 10,500.00</b>

# No-Cost Time Extension Request Example

Contract Number: _____		Period Ending: _____		
	BUDGET CATEGORY	CURRENT BUDGET	EST. EXPENDITURES	EST. REMAINING FUNDS
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>				
4	<b>SUPPLIES</b>			
	LAB SUPPLIES	\$ 10,000.00	\$ 8,000.00	\$ 2,000.00
	OFFICE SUPPLIES	\$ 500.00	\$ 300.00	\$ 200.00
	<b>SUBTOTAL SUPPLIES</b>	<b>\$ 10,500.00</b>	<b>\$ 8,300.00</b>	<b>\$ 2,200.00</b>
5	EQUIPMENT	\$ -	\$ -	\$ -
6	TRAVEL	\$ 500.00	\$ 200.00	\$ 300.00
7	CONSULTANT COSTS	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>			
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ 15,000.00	\$ 12,000.00	\$ 3,000.00
	CORE FACILITIES	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -
	<b>SUBTOTAL OTHER EXPENSES</b>	<b>\$ 15,000.00</b>	<b>\$ 12,000.00</b>	<b>\$ 3,000.00</b>
9	<b>SUBTOTAL OTPS</b>	<b>\$ 26,000.00</b>	<b>\$ 20,500.00</b>	<b>\$ 5,500.00</b>
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	<b>\$ 38,000.00</b>	<b>\$ 30,100.00</b>	<b>\$ 7,900.00</b>
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	<b>\$ 38,000.00</b>	<b>\$ 30,100.00</b>	<b>\$ 7,900.00</b>
13	<b>F &amp; A Costs</b>	<b>\$ 7,600.00</b>	<b>\$ 5,000.00</b>	<b>\$ 2,600.00</b>
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	<b>\$ 45,600.00</b>	<b>\$ 35,100.00</b>	<b>\$ 10,500.00</b>

Actual amounts available may vary depending on further vouchering

Unexpended funds must stay in current budget line

# No-Cost Time Extension Request Approval Notification

- EGA returns countersigned request form with contingencies
- EGA obtains DOH, AG, and OSC approvals
- Copy of executed amendment sent to institution and EGA
- Institution can voucher for allowable expenses incurred during approved extension period

# NYS Department of Health Extramural Grants Administration

Contact us at:

[hrsb@wadsworth.org](mailto:hrsb@wadsworth.org)

[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)