## NEUP Header from PPT.jpg

**No-Cost Extension Request Form**

*Submit completed form to* [*haacktj@id.doe.gov*](mailto:haacktj@id.doe.gov) *for review and cc:* [*crystal.sosalla@inl.gov*](mailto:crystal.sosalla@inl.gov)*.*

*Contact NEUP at neup@inl.gov with any questions.*

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| --- | --- | --- | --- |
| Lead Principal Investigator: | Project ID: | Award Number: | |
|  |  | DE-NE000 | |
| Project Title: |  | |  |
|  | | | |
| Contract Start Date: | **End Date:** | | **Requesting End Date:** |
|  |  | |  |
| Reason(s) for No-Cost Extension Request: | | | |
| Hiring/Recruiting Team Members  Facility Shutdown  Construction of New Equipment/Facilities  Death of a Collaborator/Partner/Co-PI  Change in Collaborator/Partner/Co-PI  Student/Post-Docs Support Concluded  Other (*Fill in the Blank)* | | | |

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| **Written Justification:**  Explain the reason(s) marked above and how they have caused a significant delay in completion of the subcontract. Include the rationale to justify the length of the extension requested. |
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| **Budget Explanation:**  Explain how the remaining funds will be spent during the new requested period of performance. Include the amount of funds remaining, if any, that will not be spent if the subcontract is not extended. (If approved, an estimated monthly spend plan will be required.) |
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| **Revised Scope of Work:**  Include new deliverables, milestones, due dates, etc. |
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