

## No Cost Extension (NCE) Request Form

Many sponsors allow no cost extensions (NCE) on grant awards. A no cost extension pushes back the final project end date of the previously approved project period. This is typically allowable one time for a period of up to 12 months beyond the original expiration date shown in the award agreement. In order to request a NCE, there must be work left to complete on the original objectives **AND** there must be grant funds remaining.

In a NCE:

- No additional funds are required to be obligated by the sponsor; existing funds remain.
- The project's originally approved scope will not change.
- Additional time beyond the initial expiration date is required to ensure adequate completion of the originally approved project.

The best time to request a no cost extension is usually 30-90 days prior to the project end date and can vary by sponsor.

Just because there are funds left is not a justifiable reason for a no cost extension. There must be work left to accomplish on the original project.

As they are an extension of a legal agreement, all no cost extensions must be documented in writing. Until written sponsor approval is received the award will not be extended. No spending should ever occur after the project end date. See FAQs (<https://www.marquette.edu/research-sponsored-programs/documents/no-cost-extension-guidance-faq.pdf#search=no%20cost%20extension%20FAQ>) for more information.

This form is to be completed by Principal Investigators (PIs) requesting a no cost extension for their externally-funded project. Please provide all requested information to facilitate review of your request.

\* Required

\* This form will record your name, please fill your name.

1. PI Last Name \*

2. PI First Name \*

3. PI E-mail Address \*

Please enter an email

4. Title of Project for NCE request: \*

5. MU Account # \*

Account number will be five digits starting with a 7 (e.g., 7XXXX)

Number must be between 70000 ~ 79999

6. Project's Current End Date \*



7. I am seeking an NCE from: (select one) \*

- National Institutes of Health (NIH)
- National Science Foundation (NSF)
- Other Sponsor (including when MU is the subaward)

8. Is this your first NCE or is it a subsequent extension request to NIH? \*

- First request
- First request on an R15 - Academic Research Enhancement Award (AREA)
- Second or subsequent extension request

9. Is this your first NCE or is it a subsequent extension request to NSF? \*

- First request
- Second or subsequent extension request

PREVIEW ONLY

## NCE Request (neither NIH nor NSF)

Different sponsors have different requirements for requesting no cost extensions. Please review your award agreement to determine if your sponsor has outlined a no cost extension process. In all cases, the information requested below is required by Marquette University.

Once this form is submitted, ORSP can work with you, as the Principal Investigator, and University Advancement as appropriate, to determine who will make the request. All approvals of no cost extensions must be in writing. Often an e-mail will be sufficient for approval; other times, an amendment to the initial agreement will be required. ORSP will extend the project end date in Quali upon receipt of extension approval.

Note: If you are requesting an extension on an award from the National Institutes of Health or the National Science Foundation, please go back to the no cost extension landing page and use the agency-specific form)

35. Are you looking to complete an NCE Request, that is neither for NIH nor NSF? If so, select yes and proceed with the form. If no, click Back and select the appropriate option. \*

Yes

36. Sponsor Name \*

Enter your answer

37. Project Number (if available) \*

Enter your answer

38. Are you requesting a 12 month no cost extension? (12 months is the maximum request.) \*

Yes

No

39. If no, how many additional months are you requesting? \*

The value must be a number

40. Rationale for NCE less than 12 months \*

Only answer if you are requesting less than 12 months.

41. During the no cost extension period, will you be continuing to strive toward the originally proposed and approved objectives? \*

Yes

No

42. If no, please explain \*

Only answer if you will NOT be continuing toward the original objectives.

43. Will you be changing or expanding the originally approved scope of work? \*

- Yes
- No

44. If yes, please explain \*

Only answer if you will be changing or expanding the scope of work.

45. Provide a brief (1-2 sentences) overview of the progress made to date for the project. \*

46. Reason that the original timeline needs to be extended (e.g., difficulty staffing, equipment needed to be fixed, etc.) \*

47. Specifically describe what work is left to be done and to which initial objective(s) the activities relate. \*

48. Estimated remaining balance as of the original expiration date \*

Please verify with ORSP or with your unit's director of business affairs.

The value must be a number

49. Describe very generally how you will use the remaining funds. \*

50. You must commit some amount of measurable effort during the NCE period. The effort committed during the NCE can be different than what was promised throughout the life of the base grant, and it can be a very small amount (ex. .25 summer months). The effort can be paid from the grant or cost shared.

How much effort do you plan to devote to this project in the NCE period? \*

Select one method to report your effort.

- Summer Months & Academic Year Months
- Calendar Year Months

51. If Summer Months & Academic Year Months, please specify: \*

Enter as: [#] Summer Months, [#] Academic Year Months

52. If Calendar Year Months, please specify: \*

Enter as: [#] Calendar Year Months. If effort already entered as summer and academic year months in previous question, enter 0.

The value must be a number

53. Will this effort be: (select one) \*

Grant Funded

Cost Shared

54. Are there any subawards or other external agreements (e.g., consulting, etc.) that will need to be extended as a result of your no cost extension? \*

Yes

No

55. If yes, who is the other party? \*

56. Should their no cost extension match your new end date? \*

Yes

No

57. If no, what should their new end date be? \*

58. Will there be any budget increase or decrease in the NCE period? \*

Yes

No

59. If yes, please explain \*

60. Do you have another party that needs to be extended? If yes, please contact ORSP to provide additional information. \*

Yes

No

61. If there are any additional documents required by the sponsor for the No Cost Extension Request (i.e. budget, budget justification, special templates), please upload them here.

File number limit: 3 Single file size limit: 100MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

62. I, as Principal Investigator of this award, certify that to the best of my knowledge the information included in this form is true. Please confirm by typing your name below as a form of signature. \*

PREVIEW ONLY