

Extension Request Form

Name of Organization:	
Address:	
City, State, Zip:	
Phone:	Email:
Awarded Grant Amount:	Month and Year Grant Was Made:
County Name:	
Project Status I Please outline your need for an extension below. Attach an additional sheet, if needed.	
1. What is the expected timeline for awarded funds to be fully spent toward the project?	
2. What are the reasons for not fully spending the fund	s by the reporting deadline specified in the grant agreement?
3. Please share any additional information on frundrais toward the project that would be helpful for the board	ing and/or progress in fully spending the awarded funds 's consideration of your extension request. (Optional)

SUBMIT THIS FORM IF YOU HAVE CONCERNS WITH FULL FUND EXPENDITURE BY THE CORRESPONDING DATE BELOW.

- **Spring** grant evaluations or extension requests are due by **December 31st** of the same grant year.
- Fall grant evaluations or extension requests are due by May 31st of the following year.