



EHF will allow a no-cost extension only in instances when a grantee's program implementation has been delayed for reasons deemed legitimate and the following conditions have been met:

1. the end of the project period is approaching and
2. there is programmatic need to continue the project and
3. there are sufficient funds remaining to cover the extended effort.

EHF retains the right to deny an extension request.

Please complete this form. Submit completed form at least **60 days prior to the project end date**. Send the completed form via e-mail to **RLanting@episcopalhealth.org** or fax to (713) 225-0901.

Contact Information

Requestor Name

Requestor E-mail

Organization

Phone No.

Date Submitted

Project Information

Grant Title

Grant ID

Grant Amount

Grant Award Balance

Program Officer

Request Information

Current End Date

New Requested End Date

This request is for

1st extension of 12 months or fewer

2nd or subsequent extension

Other

If this is a late request, please provide reason. If not applicable, write N/A.

Justification

Explanations should be brief. Attach additional pages as needed. Your Program Officer will contact you if additional information is required.

In the space below, please provide the following information for a No-Cost Extension (NCE) request:

- > Brief reason project could not be completed in current time period
- > Brief summary of work to be accomplished during the extension period

FOR EHF USE ONLY

**Program
Officer**

Approved

Declined

**Date
Processed**

VP of Grants

Approved

Declined

**Date
Processed**