



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	<input type="text"/>	Requestor E-mail	<input type="text"/>
Organization	<input type="text"/>		
Phone No.	<input type="text"/>	Date Submitted	<input type="text"/>

## Project Information

Grant Title	<input type="text"/>		
Grant ID	<input type="text"/>		
Grant Amount	<input type="text"/>	Grant Award Balance	<input type="text"/>
Program Officer	<input type="text"/>		

## Request Information

Current End Date	<input type="text"/>	New Requested End Date	<input type="text"/>
This request is for	<input type="radio"/> 1st extension of 12 months or fewer		
	<input type="radio"/> 2nd or subsequent extension		
	<input type="radio"/> Other	<input type="text"/>	

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

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**FOR EHF USE ONLY**

**Program Officer**

- Approved
- Declined

**Date Processed**

**VP of Grants**

- Approved
- Declined

**Date Processed**

**Director of Grants Mngt**

- Approved
- Declined

**Date Processed**